STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195478	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Columns Rehabilitation and Healthcare Center	3025 Fourth Street Jonesville, LA 71343

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. Based on record review and interview the facility failed to ensure an effective Quality Assurance and Performance Improvement (QAPI) program was developed, implemented, and/or maintained in an effective and comprehensive manner for falls. The facility failed to provide documentation of evidence of its ongoing facility QAPI program. This deficient practice had the potential to affect 85 residents residing in the facility. Findings:A facility policy titled Quality Assurance and Performance Improvement (QAPI), with a revision date of 04/28/2025 revealed in part.It is the policy of this facility to develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provides.Definitions: Quality Assurances and Performance Improvement (QAPI) refers to the coordinated application of two mutually reinforcing aspects of a quality management system: (QA) and Performance Improvement (PI). QAPI takes a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes, while involving residents and families in practical and creative problem solving.Review of the facility's incident log for 09/2025, 10/2025 and 11/2025 revealed the following:Fall incidents for 09/01/2025 to 09/30/2025 revealed a total of 15 falls with 3 major injures.Fall incidents for 10/01/2025 to 10/31/2025 revealed a total of 20 falls with 3 injuries.Fall incidents for 11/01/20245 to 11/30/2025 revealed a total of 14 falls with 4 injuries.Review of a facility form titled Quality Assessment and Improvement Committee Summary revealed there was no QAPI program developed, implemented, and/or maintained in an effective and comprehensive manner for falls. Interview on 12/03/2025 at 1:55 p.m. with S1 Administrator and S2 DON confirmed the facility had no evidence of an effective QAPI for falls. S1 Administrator stated the facility's QAPI program was not up to standard.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE