STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195136	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Progressive Care Center	2550 Kings Hwy Shreveport, LA 71103

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews the facility failed to accurately identify each resident's fall risk status by failing to complete the Fall Risk Assessment for 3 (#1, #2, and #3) of 3 total sampled residents.Findings:Review of the facility's Fall Risk Assessment Policy and Procedure with a review date of 04/01/2026 revealed in part: Policy: It is the policy of the facility to provide an environment that is free from accident hazards over which the facility has control, and provides supervision and assistive devices to each resident to prevent avoidable accidents. Policy Explanation and Compliance Guidelines: 1. The risk assessment will be completed by the nurse or designee upon admission, quarterly, or when a significant change is identified. 2. The risk assessment will contain the following components:a. Identify environmental hazards and individual risks, including the need for supervision.b. Evaluate and analyze hazards and risks. Resident #1 Review of Resident #1's medical record revealed an admission date of 05/18/2026 and a readmission date of 06/03/2026 with diagnoses which included in part, age related physical debility, Iron deficiency anemia, gout, falls, pain, pathological fracture of right femur due to osteoporosis with routine healing, fracture of greater trochanter of right femur, closed fracture of right proximal humerus, cachexia and multiple lung nodules, acute comminuted left intertrochanteric femur fracture; right gluteus medius, left iliopsoas and left hip adductor intramuscular hematomas. Review of Resident #1's medical record revealed an unwitnessed fall with injury (left hip fracture) on 05/27/2026. Review of Resident #1's readmission Fall Risk assessment dated [DATE] after the fall incident on 05/27/2026 was incomplete. Further review failed to reveal the following sections had been completed: balance, sitting, transfers, systolic blood pressure, age, health conditions, and medications. Further review of Resident #1's Fall Risk Assessment failed to reveal a fall risk score or a level of risk had been identified. Resident #2Review of Resident #2's medical record revealed an admission date of 05/27/2026 with diagnoses which included in part, Type 2 diabetes, essential hypertension and anxiety disorder. Review of Resident #2's admission Fall Risk assessment dated [DATE] revealed the mobility section had not been completed. Further review of Resident #2's admission Fall Risk assessment dated [DATE] failed to reveal a fall risk score or a level of risk had been identified. Review of Resident #2's medical record revealed an unwitnessed fall without injury on 05/31/2026. During an interview on 06/10/2026 at 2:00 p.m. S3 MDS reviewed Resident #2's admission fall assessment dated [DATE] and reported the total score was not captured due to the unanswered mobility section. S3 MDS further reported all questions on the Fall Risk Assessment had to be answered in order to calculate a resident's fall risk score. S3 MDS acknowledged Resident #2's Fall Risk Assessment was incomplete. Resident #3 Review of Resident #3's medical record revealed an admission date of 06/02/2026 with diagnoses which included in part, Type 2 diabetes and non-displaced fracture of fourth metatarsal. Review of Resident #3's admission Fall Risk assessment dated [DATE] revealed the continence section had not been completed. Further review of Resident #3's admission Fall Risk assessment dated [DATE] failed to reveal a fall risk score or a level of risk had been identified. During an observation/ interview on 06/10/2026 at 3:50 p.m., S3 MDS reviewed Resident #3's admission Fall Risk assessment dated (continued on next page)

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE] and reported the total score was not captured due to the unanswered continence section. S3 MDS acknowledged Resident #3's Fall Risk Assessment was incomplete. During an interview on 06/10/2026 at 4:50 p.m. S2 DON reviewed Resident #1, Resident #2 and Resident #3's Fall Risk Assessments and acknowledged the assessments had not been completed and the fall risk statuses were not identified and should have been. During an interview on 06/10/2026 at 5:00 p.m., S1 Administrator acknowledged Resident #1, Resident #2 and Resident #3's Fall Risk Assessments had not been completed and should have been.