

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Progressive Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice by failing to ensure 1 (#69) of 1 resident reviewed for wound care received treatment. Findings: Review of Resident #69's medical record revealed an admission date of 03/20/2026 and diagnoses including status post BKA of right lower extremity and status post trans metatarsal [toe] amputation of left foot. Further review of Resident #69's medical record revealed a BIMS score of 15, indicating intact cognition. During an interview on 03/31/2026 at 2:37 p.m. Resident #69 reported surgical dressings on right BKA surgical site and left toe surgical site were not changed for 5 days until 03/25/2026. Review of Resident #69's physician's orders revealed a start date of 03/25/2026 for: -Wound care, surgical: right below knee amputation site (20 staples) clean with wound cleanser, pat dry, wrap in rolled gauze and secure with ace wrapping daily until resolved; frequency: daily-Wound care, surgical: left 5th [toe] amputation site clean with dermal wound cleanser, pat dry, apply dry gauze to the wound bed and wrap in rolled gauze every two days until resolved; frequency: every 2 days. During an interview on 04/01/2026 at 12:15 p.m. S1Corporate Director reported Resident #69 was admitted [DATE]. S1Corporate Director confirmed Resident #69's wound care assessment was completed on 03/25/2026, 5 days after admission, and wound care treatment was not documented until 03/25/2026. During an interview on 04/01/2026 at 12:17 p.m. S5MDS Nurse confirmed Resident #69 should have had a wound care assessment and wound care treatment upon admission on [DATE].</p>		

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record reviews, observations, and interviews the facility failed to maintain an effective infection prevention and control program and ensure staff practices were consistent with current infection control principles and practices to prevent infection by:1) failing to ensure staff wash and/or sanitize their hands prior to and in between resident care and medication administration for 2 (#59, #74) of 6 residents observed for medication administration;2) failing to sanitize glucometer machine after use for 1(#59) of 1 resident observed for blood glucose monitoring.Findings: Review of facility policy (no name or date) received 03/31/2026, withPurpose: It is the policy of Progressive Care Center that PCC considers hand hygiene the primary means to prevent the spread of infections.Procedure:6. In most situations, the preferred method of hand hygiene is with soap & water. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations:d. Before preparing or handling medications;j. After removing gloves7. Hand hygiene is always the final step after removing and disposing of personal protective equipment.8. The use of gloves does not replace handwashing/hand hygiene. Review of facility policy (no name or date) received 03/31/2026, with Purpose: It is the policy of Progressive Care Center to disinfect all durable medical equipment (DME).Procedure:4. Cleaning and disinfection of DME should be performed prior to and after resident use.6. DME that shall be cleaned/disinfected should include (but not limited to):b. Glucometers During a medication administration observation of 03/31/2026 at 8:34 a.m., S3LPN failed to perform proper hand hygiene after each resident and prior to checking a blood glucose level on Resident #59. Further observation revealed S3LPN did not perform proper disinfection of blood glucose monitor after resident use. During an interview on 03/31/2026 at 9:00 a.m., S3LPN confirmed hand hygiene was not performed prior to and in between resident contact during medication administration and it should have been. S3LPN also confirmed disinfection of blood glucose monitor was not performed after resident use and confirmed she does not clean the glucometer between residents. During a medication administration observation on 03/31/2026 at 12:00 p.m., S4LPN failed to perform proper hand hygiene prior to medication administration for Resident #74. During an interview on 03/31/2026 at 12:10 p.m., S4LPN confirmed hand hygiene was not performed prior to medication administration for Resident #74 and should have been.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record review, observations, and interviews, the facility failed to ensure a resident who is unable to carry out activities of daily living received the necessary services to maintain good personal hygiene for 1 (#60) of 2 resident records reviewed for ADL care. Findings: Review of the facility's Care of Fingernails/Toenails policy revised 10/23/2025 revealed: Nail care includes needed cleaning and regular trimming. Review of Resident #60's medical record revealed an admission date of 03/08/2026 and diagnoses including lung cancer, gout, and atrial fibrillation. Further review of Resident #60's medical record revealed a BIMS score of 12, indicating moderate cognitive impairment. An observation on 03/30/2026 at 11:04 a.m. revealed Resident #60 had long fingernails past the fingertips on both hands with brown substance under fingernails. During an interview on 03/30/2026 at 11:04 a.m. Resident #60 reported feeling unhappy with long fingernails. Resident #60 further reported food gets stuck underneath nails and would like fingernails trimmed. An observation on 03/31/2026 at 8:30 a.m. revealed Resident #60 had long fingernails past the fingertips on both hands with brown substance under fingernails. During an interview on 03/31/2026 at 8:34 a.m. S2DON confirmed Resident #60 had long fingernails past the fingertips on both hands with brown substance under fingernails. S2DON reported Resident #60's fingernails should have been cleaned and trimmed during ADL care.</p>		