

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2025
NAME OF PROVIDER OR SUPPLIER  Lakeshore Manor Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Lindberg Drive Slidell, LA 70458	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure a resident who was unable to carry out Activities of Daily Living (ADLs) received the necessary services to maintain good grooming and personal hygiene. The facility failed to provide nail care for 1 (#46) of 18 residents observed for ADL's in the final sample.</p> <p>Findings:</p> <p>Review of the policy titled, Quality of Life, Activities of Daily Living /Maintain Abilities dated 03/2023 revealed the following:</p> <p>Purpose:</p> <p>Facility provides necessary care and services to support the resident's needs and choices.</p> <p>Guidelines:</p> <ol style="list-style-type: none"> <li>1. A resident is given appropriate treatment and services to maintain or improve his/her ability to carry out the activities of daily living, including those specified below: <ul style="list-style-type: none"> <li>a. Hygiene-bathing, grooming, dressing and oral care</li> </ul> </li> <li>2. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene.</li> </ol> <p>Review of the clinical record for Resident #46 revealed he was admitted to the facility on [DATE] with diagnoses, which included Disorder of the Autonomic Nervous System and Unspecified Lack of Coordination.</p> <p>Review of Resident #46's Quarterly MDS with an ARD of 05/07/2025 revealed he had a BIMS of 9, which indicated moderate cognitive impairment. Further review revealed Resident #46 was Dependent and required assistance from staff for personal hygiene needs.</p> <p>Review of Resident 46's Care Plan revealed the following:</p> <p>Focus: Requires assistance with ADL's r/t hx of motorcycle accident, neuralgia, need for geri-chair for mobility</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2025
NAME OF PROVIDER OR SUPPLIER  Lakeshore Manor Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Lindberg Drive Slidell, LA 70458	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Intervention: The resident is dependent on staff for personal hygiene and oral care.</p> <p>On 06/30/2025 at 8:45 a.m., an observation was made of Resident #46's fingernails. Resident #46's fingernails were observed to be long, yellow in discoloration with dirt and grime embedded underneath nail.</p> <p>On 07/01/2025 at 9:45 a.m., an interview was conducted with Resident #46. He stated he had been asking to have his finger nails trimmed for over a month. He stated having long finger nails sucked and wanted them trimmed. An additional observation was made of Resident #46's nails remained long, yellow in discoloration with dirt and grime embedded underneath nail. He stated he was dependent on staff to assist him with trimming his nails.</p> <p>On 07/02/2025 at 2:53 p.m., an interview was conducted with S5CNA. S5CNA stated he had observed Resident #46's fingernails being long, unclean, and needed to be trimmed 3- 4 days ago. S5CNA denied assisting Resident #46 with nail cleaning and trimming or reporting this observation to anyone. S5CNA confirmed Resident #46 was dependent and required assistance for maintaining personal hygiene needs.</p> <p>On 07/02/2025 at 3:29 p.m., an observation and interview was conducted with S1IPRN. She described Resident #46's fingernails as being long, yellow in discoloration with dirt and grime underneath nail and in need of being trimmed immediately. She confirmed Resident #46 was dependent on staff to meet his personal hygiene and grooming needs.</p> <p>On 07/02/2025 at 3:30 p.m., an observation and interview was conducted with S2DON. She described Resident #46's fingernails as being long, yellow in discoloration with dirt and grime underneath nail and in need of being trimmed. She confirmed Resident #46 was dependent on staff to meet his personal hygiene and grooming needs. She stated nursing aides, floor nurse or treatment nurse assisted with maintaining nail care needs for residents. She stated she would expect staff to have identified Resident #46 need for nail care and provide assistance with cleaning and trimming nails and did not.</p>		