

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 03/14/2026
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to implement its written abuse policy to prevent resident abuse, neglect, exploitation and misappropriation of property by failing to ensure employment screening was completed for 1 (S12) of 1 unknown alleged agency staff. On [DATE], S12, who was not employed by the facility or staffing agency, was assigned to provide direct care to residents R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10 without being screened for a history of abuse, neglect, exploitation or misappropriation of property. An Immediate Jeopardy situation began on [DATE] at 8:00 a.m. when S12, who was not employed by the facility or staffing agency, presented herself to S10LPN, S11LPN, and S13LPN stating she was a staffing agency CNA arriving to cover an open shift. Facility staff failed to ensure S12 was sent by the staffing agency and screened prior to being assigned direct care of residents. From approximately 8:30 a.m. to 10:30 a.m. S12 was assigned to provide direct care to residents R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10. Due to the facility's ineffective system to ensure only qualified nursing personnel were assigned to care for residents; residents R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10 were placed at a likelihood of serious harm, injury, impairment, or death from occurring. S1ADM was notified of the Immediate Jeopardy on [DATE] at 4:41 p.m. Findings: Cross Reference: F835 Review of the facility's revised policy dated 03/2025 and titled, Freedom From Abuse, Neglect, and Exploitation, Preventing and Prohibiting Abuse revealed, in part: Guidelines: 1. The facility will maintain and implement policies and procedures to prohibit and prevent abuse, neglect, and exploitation of residents, and misappropriation of resident property. 2. The policies and procedures will include the following components: a. Screening SCREENING 2. Potential employees will be screened with the appropriate licensing/certification boards, in various/multiple states when applicable. 3. When possible, previous and/or current employers should be contacted to obtain a reference for a potential employee. 4. Facility will conduct a criminal background check on potential employees who have been deemed qualified for hire. 5. The facility will not employ an individual whose pre-employment screening indicates a criminal or licensing/certification board history of abuse, neglect, or misappropriation of property. 6. The facility will report to the state nurse aide registry or other licensing authorities any knowledge of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff screening. 7. Contracted staff, temporary staff will be screened by a third-party agency or academic institution according the same or substantially similar guidelines as above. Review of the facility's Daily Assignment sheet dated [DATE] revealed S12's name was hand written and assigned to provide care to Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. Review of Resident #R1's clinical record revealed he was admitted to the facility on [DATE] with a primary diagnosis Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side. Review of Resident #R2's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Hemiplegia and Hemiparesis Following Other Cerebrovascular Disease Affecting Left Non-Dominant Side. Review of Resident #R3's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Chronic Obstructive Pulmonary Disease with Acute Exacerbation. Review of Resident #R4's clinical record revealed he was readmitted to the (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
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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>facility on [DATE] with a primary diagnosis Gastrostomy Malfunction. Review of Resident #R5's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side. Review of Resident #R6's clinical record revealed he was admitted to the facility on [DATE] with a primary diagnosis Unspecified Atrial Fibrillation. Review of Resident #R7's clinical record revealed she was readmitted to the facility on [DATE] with a primary diagnosis Non-Traumatic Subarachnoid Hemorrhage, Unspecified. Review of Resident #R8's clinical record revealed he was admitted to the facility on [DATE] with a primary diagnosis Hypertensive Urgency. Review of Resident #R9's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Acute Infarction of Spinal Cord (Embolic) (Non-Embolic). Review of Resident #R10's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Encephalopathy, Unspecified. An observation and interview was conducted on [DATE] at 10:26 a.m. with S12. S12 was observed walking up to the main hallway near the gym and appeared very anxious, speaking very loudly, repeating I want to speak to the State, I know they are here. Surveyor identified self and S12 agreed to an interview. S12 stated she was not employed by the facility or a staffing agency. S12 then explained she entered the facility at 8:00 a.m. and inquired if there were any job openings. She said S14CNA then allowed her entry into the locked building and directed her to the nurses' station in the back of the facility to speak with S10LPN or S13LPN. S12 stated when she arrived to the nurse's station, S10LPN told her we need a CNA on the hall and asked her to change her shoes from flip flops to tennis shoes. S12 stated she then left the facility to change her footwear and returned within 5-10 minutes around 8:30 a.m. S12 stated S9R allowed reentry into the building. S12 said she then told S10LPN, S11LPN and S13LPN she was agency staff reporting for the open shift. S12 stated S11LPN gave her a temporary ID badge and assigned her to provide care to R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. S12 stated she rounded, answered call lights, and went to the kitchen to obtain snacks for a couple of residents. S12 stated she answered the call light for Resident R4. S12 said she donned a gown and gloves because barrier precaution signage was posted outside the room, then entered the room and asked Resident R4 what he needed. S12 stated she then asked for S18CNA and S19CNA's assistance to help her after she touched Resident R4, rolled him over to remove his brief, and her gloved hand and gown sleeve became soiled with feces. S12 stated she then removed the soiled gloves and gown and left the room. S12 stated she became upset when S10LPN paged her, then approached S12 in the hallway, and asked where she had been. S12 stated she had then walked off the hall assignment, got a snack, and looked for the state surveyor. S12 stated S10LPN followed her down the hall and said You need to clock out. S12 then responded, I'm not clocked in. S12 confirmed S10LPN, S11LPN, and S13LPN were aware she had worked on the hall assignment, and at no point did any facility staff verify her identity or credentials prior to assigning resident care. An interview was conducted on [DATE] at 11:15 a.m. with S19CNA. S19CNA verified he had provided care for Resident #R4 earlier this morning with S12 present. S19CNA confirmed S12 had entered Resident #R4's room and came to the doorway and asked for his and S18CNA's assistance. S19CNA stated when he and S18CNA went into Resident #R4's room, S12 immediately removed her gloves and gown and said she had to leave to go wash her hands. S19CNA stated S12 never returned to Resident #R4's room. S19CNA stated he was unaware if S12 was facility or agency staff. An interview was conducted on [DATE] at 11:20 a.m. with S18CNA. S18CNA verified he had provided care for Resident #R4 earlier this morning with S19CNA. S18CNA confirmed he and S19CNA had completed incontinence care for Resident #R4 after S12 removed her gloves and gown and left the resident's room and never came back. S18CNA stated he had never worked with S12 and was unaware if she was facility staff or agency staff. Review of the facility's Visitor log sheet for [DATE] revealed S12 was not listed. Review of the facility's personnel list revealed S12 was not a current employee. An interview was conducted with S26BC on [DATE] at 11:25 a.m. S26BC stated she was responsible for ensuring agency staff were screened with registry information reviewed prior to being assigned to care for (continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>residents. S26BC confirmed S12 was not a current employee of the facility. S26BC verified the facility had not obtained or performed any screening verification of S12's registries or background check before S12 was assigned to care for residents on [DATE], and the facility staff had not provided orientation or completed a competency evaluation prior to S12's assignment. S26BC confirmed there was no current process for screening or onboarding agency staff upon entry into the facility prior to starting each shift. An interview was conducted with Resident #R4 on [DATE] at 9:20 a.m. Resident #R4 confirmed a female answered his call light yesterday morning, but didn't identify herself. Resident #R4 stated the female went to the door and asked 2 male CNA's from the hallway to come assist to change his brief. Resident #R4 confirmed the unknown female was dressed in a gown and gloves and left his room after she said her gloves and gown were soiled. Resident #R4 stated the female aide never removed his brief and never returned to his room. An interview was conducted with S13LPN on [DATE] at 11:27 a.m. S13LPN verified S12 presented herself as agency staff today around 8:30 a.m. with S10LPN present. S13LPN said S12 was asked if she was agency staff, and S12 responded yes. S13LPN stated she nor S10LPN verified if S12 was agency staff nor did they verify her credentials prior to S11LPN assigning S12 to the daily schedule to provide care for Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. S13LPN confirmed the facility had no current process to screen or provide orientation and competency evaluations of agency staff once they enter the facility for their shift. S13LPN stated agency staff are expected to report to any hall, clock in through their agency on their cell phones, and look at the daily assignment sheet for their assigned residents. S13LPN stated agency staff do not receive facility orientation to review the facility's policy and procedures, abuse/neglect training, or complete a competency evaluation prior to assigning resident care. An interview was conducted with S11LPN on [DATE] at 12:06 p.m. S11LPN verified she was approached by S12 this morning around 8:30 a.m. at the nurse's station, and S12 stated she was agency staff reporting for her shift. S11LPN stated she did not verify S12 was agency staff or ensure S12 had been screened, oriented to the facility, or deemed competent prior to assigning her to care for Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. An interview was conducted with S10LPN on [DATE] at 12:24 p.m. S10LPN verified S12 presented herself as agency staff today reporting for an assignment around 8:30 a.m. S10LPN confirmed the facility did not verify S12 to ensure she was agency staff. S10LPN said S11LPN assigned S12 to provide resident care to Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10 without ensuring S12 had been screened, oriented to facility policy and procedures or deemed competent to do so. S10LPN stated the facility utilized agency staff often. S10LPN stated S25S would requests all open shifts with the staffing agency during the week, and the nursing administration on-call staff were responsible for requesting staff after-hours and on weekends/holidays. S10LPN stated all agency staff should be pre-approved by either S25S or administrative staff, with verification of credentials and screening prior to adding the agency staff to the facility's daily shift schedule. S10LPN confirmed the facility had no current orientation process for onboarding agency staff. An interview was conducted with S2DON on [DATE] at 11:56 a.m. S2DON said S10LPN, S11LPN, and S13LPN reported S12 identified herself as agency staff reporting for duty around 8:30 a.m. S2DON stated S12 was then assigned to provide care to Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. S2DON confirmed she, S25S, nor any other administrative staff had verified S12's credentials or screening, and S12 was allowed to care for Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10 from 8:30 a.m. to approximately 10:30 a.m. S2DON confirmed S12 should not have been allowed to provide resident care without verification of her agency identification, registries, and background check credentials. S2DON confirmed the facility had no current orientation process for onboarding agency staff. An interview was conducted with S1ADM on [DATE] at 4:15 p.m. S1ADM confirmed S12 was not currently employed with the facility or the staffing agency the facility utilized as of [DATE]. S1ADM confirmed S12 should not have been allowed to provide care to residents residing in the facility without being screened. The Immediate Jeopardy was removed on [DATE] at 4:59 p.m., after it was determined through observation, interviews, and record review; that (continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>the facility implemented an acceptable Plan of Removal prior to the survey exit, which included:1. Immediate Action Taken to Remove the Immediate JeopardyOn [DATE], the facility became aware that an individual presented herself as agency staff and entered the facility without verification of employment or credentials. Immediate action was taken to ensure the individual was no longer present and to secure the building.On [DATE], the management team conducted an immediate search of the facility to locate the individual and confirmed she was no longer present in the building. The facility verified with the staffing agency that the individual was not employed by the agency and, through the facility staffing system, confirmed that she was neither an active nor a former employee. The receptionist and front desk staff were immediately instructed not to allow the individual entry should she return. Administration searched the parking lot to ensure the individual had left the premises.On [DATE], the facility contacted the Police Department, who responded at approximately 5:15 p.m. to document the incident, and obtained identifying information. A photograph of the individual was printed and displayed throughout the facility with instructions to contact law enforcement if she returned.On [DATE] at 5:30 p.m., a 24-hour door monitor was immediately established to ensure that all individuals entering the facility are identified, verified, and logged prior to entering the building.These actions immediately removed the potential for the unidentified individual to access residents.2. Identification of Residents Who Were Potentially AffectedOn [DATE], at approximately 12:00 p.m. the facility evaluated residents who could have potentially been affected.On [DATE], at approximately 12:00 p.m. residents residing in the area where the individual's name had been placed on the assignment sheet were interviewed to determine whether the individual provided care or engaged in any abusive behavior. No residents reported receiving care from the individual or experiencing abuse.To ensure the protection of all residents in the facility:On [DATE], starting at approximately 8:00 p.m., all residents with a BIMS score of 8 or greater were interviewed regarding any concerns related to abuse, neglect, or mistreatment.Residents with a BIMS score of less than 8 received a head-to-toe assessment by a licensed nurse to evaluate any signs or symptoms of abuse.All interviews and assessments will be completed on [DATE] by 6:00 p.m.No findings of abuse, injury, or concerns were identified.3. Systemic Corrective Actions ImplementedSystem for Verification of Employee and Agency Staff Credentialing Prior to WorkingTo ensure only properly screened, credentialed, and eligible staff are permitted to work in the facility, the following process has been implemented and will be followed for all facility employees and all agency/contract staff prior to assignment and prior to the start of each shift:1. Pre-Employment Screening for Facility EmployeesPrior to hire and prior to the employee being permitted to work in the facility, the facility will complete and verify all required pre-employment screening consistent with the facility's Freedom from Abuse, Neglect and Exploitation - Abuse Policies (1112017), Revised V2 (03/2025), including:Interview of the applicant prior to hire.Review and screening of employment history.Verification with the appropriate licensing and/or certification board(s), including multiple states when applicable.Reference checks with prior and/or current employers, when possible.Criminal background check for applicants deemed qualified for hire.Review of all screening results to ensure there is no history of abuse, neglect, exploitation, misappropriation of property, or other disqualifying findings Confirmation that the individual is eligible to work in the position for which they are hired.No employee will be permitted to begin orientation, resident care duties, or any work assignment until all required screenings have been completed and cleared.2. Verification of Active License/Certification Prior to StartFor any position requiring a professional license or certification, the facility will verify that the credential is current, active, and in good standing prior to the staff member's first shift. This includes, as applicable:CNA certificationNursing licenseOther professional license, certifications, or registration required for the assigned roleDocumentation of the verification will be maintained in the employee file and/or credentialing log.3. Final Clearance by Designated Facility LeadershipThe Administrator, DON, Staff Development Coordinator, Human Resources designee, and other assigned leadership personnel will review the completed pre-employment screening packet prior to clearing the (continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>license/certification status for licensed/certified staffAny variance identified through audit will be corrected immediately and trended through the facility's QAPI process.This process was implemented immediately to ensure that no facility employee or agency staff member is permitted to work without prior verification of screening, credentialing, and authorization, and to provide ongoing shift-by-shift validation that only approved personnel are allowed to enter and work in the facility.The facility implemented the following systemic corrective actions to ensure the noncompliance does not recur:On [DATE], at 4:45 p.m., a trained facility employee door monitor was implemented 24 hours per day to ensure all people entering the facility are verified.All people, including staff, entering the facility are required to sign in and out at the front desk.On [DATE], the front desk will not be left unattended, and staff coverage has been arranged to ensure continuous monitoring.Keypad door codes were changed throughout the facility: Starting [DATE] at 4:00 p.m. and completed on [DATE] to prevent unauthorized access. All previously stored codes were deleted, and new codes were input.Additionally, education for all staff in all departments began on [DATE] by the Staff Development Coordinator (SDC) at approximately 5:00 p.m. regarding:Abuse, neglect, and exploitation preventionStaff responsibility to identify and report unknown individualsVerification of agency staff with verification of licensing boards and registries will be completed by the scheduler and or the Payroll Benefits coordinator (PBC) and maintained on file with the facility prior to providing resident care.The facility will verify abuse training requirements are met by obtaining a copy of the training from the agency and providing the abuse training at the beginning of their first scheduled shift with the facility.Facility entry procedures and sign-in requirementsEducation for all staff will be completed by the Staff Development Coordinator (SDC) orDesignee on [DATE] at 11:00 p.m. Staff who are not present during initial education will receive education prior to their next scheduled shift.Competency Validation following the abuse prevention education, the Director of Nursing, Unit Managers, and Department Managers validated staff competency through verbal return demonstration and staff interviews. Staff were required to verbally explain:What constitutes abuse, neglect, and misappropriation of resident property. The requirement to immediately report any allegation or suspicion of abuseThe facility's reporting chain of commandsStaff who were unable to accurately verbalize the required reporting process received immediate re-education prior to returning to resident care duties.In addition, supervisory staff will conduct random staff interviews during rounds to confirm ongoing staff knowledge of abuse reporting requirements, and results will be monitored through the facility's Quality Assurance and Performance Improvement (QAPI) process.4. Monitoring to Ensure Ongoing ComplianceThe facility will monitor compliance with these corrective actions to ensure ongoing protection of residents.Nursing The Administrator and Director of Nursing will monitor the entry log and door monitoring process daily x 12 weeks and ongoing to ensure all individuals entering the facility are properly verified.Leadership will conduct random audits of the sign-in log and staffing assignments daily x 4 weeks, 3xweek x 4 weeks, weekly x 4 weeks and ongoing to ensure only verified staff are providing resident care.Verification of agency staff credentials and employment status [NAME] be completed prior to any agency staff member providing resident care by Scheduler/Payroll Benefits Coordinator.The verification of agency staff credentials and employment status is completed by the scheduler for nights and the DON on weekends. The Manager on Duty and the Nurse Supervisor complete the training on abuse with the agency staff secured for nights or weekends. The facility asserts that the likelihood of serious injury, serious harm, serious impairment, or death to residents no longer exists as of [DATE]. The deficient practice continued at a potential for more than minimal harm for the 83 residents residing in the facility.</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being for each resident residing in the facility. The facility failed to ensure an effective screening and onboarding system was developed and implemented to prevent 1(S12) of 1 unknown alleged agency staff from being assigned to provide direct resident to residents R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10. This deficient practice had the potential to affect any of the 83 residents residing in the facility that received direct care from nursing personnel. An Immediate Jeopardy situation began on 03/12/2026 at 8:00 a.m. when S12, who was not employed by the facility or staffing agency, presented herself to S10LPN, S11LPN, and S13LPN stating she was a staffing agency CNA arriving to cover an open shift. Facility staff failed to ensure S12 was sent by the staffing agency, screened with credential verification, and onboarding was completed including orientation to the facility's policy and procedures, with abuse/neglect training prior to being assigned direct care of residents. From approximately 8:30 a.m. to 10:30 a.m. S12 was assigned to provide direct care to residents R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10. Due to the facility's ineffective system for administrative staff to verify and approve agency personnel prior to assignment of resident care, residents R1, R2, R3, R4, R5, R6, R7, R8, R9 and R10 were placed at a likelihood of serious harm, injury, impairment, or death from occurring. S1ADM was notified of the Immediate Jeopardy on 03/13/2026 at 4:41 p.m. Findings: Cross Reference: F607 Review of the facility's revised policy dated 03/2025 and titled, Administration, Number 835 revealed, in part: Purpose: To administer the facility in such a way that residents are able to achieve their highest practicable level of functioning. Guidelines: 1. Resources may include, but are not limited to, operating budget, staff, supplies or other services necessary to provide for the needs of residents. 2. Facility administration may include the governing body, Management Company, and other identified by the facility as part of the facility administration, as well as the administrator. Review of the facility's Daily Assignment sheet dated 03/12/2026 revealed S12's name was handwritten and assigned to provide care to Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. Review of Resident #R1's clinical record revealed he was admitted to the facility on [DATE] with a primary diagnosis Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side. Review of Resident #R2's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Hemiplegia and Hemiparesis Following Other Cerebrovascular Disease Affecting Left Non-Dominant Side. Review of Resident #R3's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Chronic Obstructive Pulmonary Disease with Acute Exacerbation. Review of Resident #R4's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Gastrostomy Malfunction. Review of Resident #R5's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side. Review of Resident #R6's clinical record revealed he was admitted to the facility on [DATE] with a primary diagnosis Unspecified Atrial Fibrillation. Review of Resident #R7's clinical record revealed she was readmitted to the facility on [DATE] with a primary diagnosis Non-Traumatic Subarachnoid Hemorrhage, Unspecified. Review of Resident #R8's clinical record revealed he was admitted to the facility on [DATE] with a primary diagnosis Hypertensive Urgency. Review of Resident #R9's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Acute Infarction of Spinal Cord (Embolic) (Non-Embolic). Review of Resident #R10's clinical record revealed he was readmitted to the facility on [DATE] with a primary diagnosis Encephalopathy, Unspecified. An observation and interview was conducted on 03/12/2026 at 10:26 a.m. with S12. S12 was observed walking up to the main hallway near the gym and appeared very anxious, speaking very loudly, repeating I want to speak to the State, (continued on next page)</p>		

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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.			
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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>I know they are here. Surveyor identified self and S12 agreed to an interview. S12 stated she was not employed by the facility or a staffing agency. S12 then explained she entered the facility at 8:00 a.m. and inquired if there were any job openings. She said S14CNA then allowed her entry into the locked building and directed her to the nurses' station in the back of the facility to speak with S10LPN or S13LPN. S12 stated when she arrived to the nurse's station, S10LPN told her we need a CNA on the hall and asked her to change her shoes from flip flops to tennis shoes. S12 stated she then left the facility to change her footwear and returned within 5-10 minutes around 8:30 a.m. S12 stated S9R allowed reentry into the building. S12 said she then told S10LPN, S11LPN and S13LPN she was agency staff reporting for the open shift. S12 stated S11LPN gave her a temporary ID badge and assigned her to provide care to R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. S12 stated she rounded, answered call lights, and went to the kitchen to obtain snacks for a couple of residents. S12 stated she answered the call light for Resident R4. S12 said she donned a gown and gloves because barrier precaution signage was posted outside the room, then entered the room and asked Resident R4 what he needed. S12 stated she then asked for S18CNA and S19CNA's assistance to help her after she touched Resident R4, rolled him over to remove his brief, and her gloved hand and gown sleeve became soiled with feces. S12 stated she then removed the soiled gloves and gown and left the room. S12 stated she became upset when S10LPN paged her, then approached S12 in the hallway, and asked where she had been. S12 stated she had then walked off the hall assignment, got a snack, and looked for the state surveyor. S12 stated S10LPN followed her down the hall and said You need to clock out. S12 then responded, I'm not clocked in. S12 confirmed S10LPN, S11LPN, and S13LPN were aware she had worked on the hall assignment, and at no point did any facility staff verify her identity or credentials prior to assigning resident care. Review of the facility's Visitor log sheet for 03/12/2026 revealed S12 was not listed. An interview was conducted with S13LPN on 03/13/2026 at 11:27 a.m. S13LPN confirmed she was part of the administrative staff at the facility. S13LPN verified S12 presented herself as agency staff today around 8:30 a.m. with S10LPN present. S13LPN verified S12 was not currently employed with the facility. S13LPN said S12 was asked if she was agency staff, and S12 responded yes. S13LPN stated she nor S10LPN verified if S12 was agency staff nor did they verify her credentials prior to S11LPN assigning S12 to the daily schedule to provide care for Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. S13LPN confirmed the facility had no current process to pre-screen non-employees who enter the building or to provide onboarding orientation and competency evaluations of agency staff. S13LPN stated agency staff are expected to report to any hall, clock in through their agency on their cell phones, and look at the daily assignment sheet for their assigned residents. S13LPN stated agency staff do not receive facility orientation to review the facility's policy and procedures, abuse/neglect training, or complete a competency evaluation prior to assigning resident care. An interview was conducted with S11LPN on 03/12/2026 at 12:06 p.m. S11LPN verified she was approached by S12 this morning around 8:30 a.m. at the nurse's station, and S12 stated she was agency staff reporting for her shift. S11LPN stated she did not verify S12 was agency staff. S11LPN stated S12 did not have an agency ID badge, so she provided her a temporary ID badge and assigned her Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. An interview was conducted with S10LPN on 03/12/2026 at 12:24 p.m. S10LPN confirmed she was part of the administrative staff at the facility. S10LPN verified S12 presented herself as agency staff today reporting for an assignment around 8:30 a.m. S10LPN confirmed the facility did not verify S12 to ensure she was agency staff. S10LPN said S11LPN assigned S12 to provide resident care to Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. S10LPN stated the facility utilized agency staff often. S10LPN explained the process for obtaining agency staff would be for S25S to request staff for all open shifts with the staffing agency during the week, and then nursing administration on-call staff would request staff after-hours and on weekends/holidays. S10LPN stated all agency staff should be approved to work by either S25S or administrative staff, with verification of credentials confirmed. S10LPN stated the facility had no current process for completing agency (continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>staff's facility orientation, abuse/neglect training, or onboarding with competency verification prior to adding the agency staff to the facility's daily shift schedules. S10LPN confirmed S25S, S10LPN, nor any other administrative staff had verified S12 was agency staff, verified S12's credentials, or completed facility orientation or a competency evaluation prior to S12's assignment of resident care. An interview was conducted with S2DON on 03/12/2026 at 11:56 a.m. S2DON said S10LPN, S11LPN, and S13LPN reported S12 identified herself as agency staff reporting for duty around 8:30 a.m. S2DON stated S12 was then assigned to provide care to Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. S2DON confirmed S12 was not employed by the facility or the staffing agency the facility utilized. S2DON stated the facility currently used agency staff often. S2DON confirmed the facility had no process in place to verify the identity of a non-employee upon entry into the facility, screened with credential verification, and onboarding was completed including orientation to the facility's policy and procedures, with abuse/neglect training prior to being assigned direct care of residents. S2DON verified S12 was allowed to care Residents R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10 from 8:30 a.m. to approximately 10:30 a.m. An interview was conducted with S1ADM on 03/12/2026 at 4:15 p.m. S1ADM confirmed the facility had no process in place to verify the identity of non-employees upon entry into the facility and prior to assigning resident care. S1ADM confirmed S12 was not currently employed with the facility and had not been rehired or offered employment by the facility or the staffing agency the facility utilized as of 03/12/2026. S1ADM confirmed S12 should not have been allowed to provide care to residents residing in the facility. The Immediate Jeopardy was removed on 03/14/2026 at 4:59 p.m., after it was determined through observation, interview, and record review; that the facility implemented an acceptable Plan of Removal prior to the survey exit, which included:</p> <p>1. Immediate Action Taken to Remove the Immediate Jeopardy On 03/12/2026, at approximately 10:25 a.m. the facility became aware that an individual presented herself as agency nursing staff and entered the facility without verification of employment or credentials. Immediate action was taken to ensure the individual was no longer present in the facility and to ensure that only verified nursing staff were permitted to provide resident care. On 03/12/2026, the management team conducted an immediate search of the facility to locate the individual and confirmed she was no longer present in the building. The facility verified with the staffing agency that the individual was not employed by the agency and confirmed through the facility staffing system that she was not an active employee of the facility, as she had previously been terminated in December 2025. The individual, S12, is listed as a Certified Nursing Assistant in the State of Louisiana with certification dated 07/15/2025. She was not employed by the facility or the staffing agency at the time of the incident. The facility immediately ensured that S12 was not permitted to provide resident care and confirmed she was no longer present in the building. The Police Department was contacted by the Administrator and responded to the facility at approximately 5:15p.m., to document the incident and obtain identifying information related to the individual. Additionally, the facility implemented an immediate 24-hour monitoring of the front entrance at approximately 4:45p.m., to ensure that all individuals entering the building are identified, verified, and logged in before entering. These actions immediately removed the potential for the unidentified individual to access residents or provide resident care.</p> <p>2. Identification of Residents Who Were Potentially Affected Residents who could have potentially been affected were immediately evaluated. Residents assigned to the unit where S12's name had been placed on the assignment sheet were interviewed by the DON on 03/12/2026 at approximately 12:00 p.m. to determine whether she provided care or performed any nursing assistant duties. Residents reported that she had not provided care. To ensure the protection of all residents in the facility: On 03/14/2026, all residents with a BIMS score of 8 or greater were interviewed regarding any concerns related to care provided by unknown staff. Residents with a BIMS score of less than 8 received a head-to-toe assessment to evaluate any signs of injury, neglect, abuse, or improper care. All interviews and assessments will be completed by 6:00 p.m. on 03/14/2026. No findings of injury, neglect, abuse, or inappropriate care were identified. The facility's immediate investigation, resident interviews, assessments, staffing</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>verification review, and follow-up monitoring found no evidence that S12 provided resident care, performed resident services, or caused actual resident harm during the specified time period. 3. Systemic Corrective Actions ImplementedThe facility implemented the following systemic corrective actions to ensure that only qualified and verified nursing staff provide resident care:On 3/13/2026, at 4:45 p.m., a trained facility staff member 24-hour monitor was implemented to verify all individuals entering the facility.All staff and visitors entering the building are now required to sign in and out at the front desk.The front desk is monitored continuously to ensure the entry process is followed and that unknown individuals are not allowed entry.Keypad door codes were changed throughout the facility: Starting 03/12/2026 at 4:00 p.m. and completed on 03/13/2026 to prevent unauthorized access. All previously stored codes were deleted, and new codes were input.Additionally, education for all staff in all departments began on 03/13/2026 by the Staff Development Coordinator (SDC) at approximately 5:00 p.m. regarding:Verification of agency staff with verification of licensing boards and registries will be completed by the scheduler and or the Payroll Benefits coordinator (PBC) and maintained on file with the facility prior to being placed on the daily schedule. During weekends and/or holidays it will be performed by the DON.The facility will verify abuse training requirements are met by obtaining a copy of the training from the agency and providing the abuse training at the beginning of their first scheduled shift with the facility.Staff responsibility to report unknown individuals attempting to provide resident care immediately to the DON or Administrator after ensuring the resident's safety.Facility entry procedures and sign-in requirements.Abuse prevention and resident safety.Education will be completed for all staff by 03/16/2026 at 11:00 p.m., and staff who were not present during the initial education will receive education prior to their next scheduled shift.Education and training will be completed by the Chief Nursing Officer (CNO) with the Regional Director of Clinical (RDC), administrator, DON, ADONs, SDC, and administrative staff on3/14/2026.The RDC and/or regional and corporate staff, through onsite visits, will monitor the administrative staff for compliance, verifying that all agency staff have been verified and trained on abuse, and the facility requires all staff and visitors entering the building to sign in and out at the front desk. In addition to verifying, the front desk is monitored continuously to ensure the entry process is followed and that unknown individuals are not allowed entry. This will be monitored weekly for 4 weeks then monthly for 3 months. Regulatory Compliance Statement (F835 Alignment)The facility implemented immediate corrective actions to ensure compliance with 42 CFR 9483.35 Nursing Services, which requires the facility to provide sufficient numbers of nursing staff with the appropriate competencies and skill sets to assure resident safety and meet resident needs.Effective immediately, only nursing staff whose employment status, credentials, and agency authorization have been verified by facility leadership prior to assignment will be permitted to provide resident care.These measures ensure that only qualified, trained, and verified nursing personnel are assigned to residents, thereby protecting residents from the potential risk of serious injury, serious harm, serious impairment, or death. 4. Monitoring to Ensure Ongoing ComplianceThe facility will monitor compliance with these corrective actions to ensure ongoing resident safety and regulatory compliance.The Administrator and Director of Nursing will review the entry sign-in log daily x 12 weeks and ongoing to ensure all staff entering the facility are verified.The administrator, DON, ADON, and SDC will conduct random audits of staffing assignments daily x 4 weeks, 3xweek x 4 weeks, weekly x 4 weeks and ongoing to confirm that only verified employees or agency staff provide resident care.Verification of agency staff credentials and agency confirmation [NAME] be completed prior to assigning any agency staff to provide resident care by the Scheduler/Payroll Benefits Coordinator. The facility asserts that the likelihood of serious injury, serious harm, serious impairment, or death to residents no longer exists as of 3/14/2026. The deficient practice continued at a potential for more than minimal harm for the 83 residents residing in the facility.</p>		