STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195177	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeshore Manor Nursing & Rehab	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure residents received care, consistent with professional standards of practice, to prevent pressure ulcers. The facility failed to ensure heel protectors were placed on a resident per Physician's Orders for 1 (#3) of 3 sampled residents. Findings: Review of the facility's Skin Integrity Policy dated 05/2026 revealed the following, in part:Policy Statement:The facility, based on a resident's comprehensive assessment, will provide care, consistent with professional standards of practice, to prevent pressure ulcers and promote healing, prevent infection and prevent new ulcers from developing unless the resident's clinical condition demonstrates that they were unavoidable. Policy Components:5. A resident identified as at risk of developing impaired skin integrity will have individualized interventions implemented to attempt to prevent areas of skin integrity impairment from developing. Review of Resident #3's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction and Mild-Protein Calorie Malnutrition. Review of Resident #3's Braden Evaluation dated 04/23/2026 revealed a score of 10. Further review revealed a total score of 12 or less represented high risk for skin breakdown. Review of Resident #3's active Physician's Orders revealed the following, in part:Bilateral heel protectors at all times. Revision date 05/07/2025. On 05/12/2026 at 8:15 a.m., an observation was made of Resident #3. He was sitting up in his geri-chair with his eyes closed. He was not wearing bilateral heel protectors. On 05/12/2026 at 12:35 p.m., an observation was made of Resident #3. He was sitting up in his geri-chair watching television. He was not wearing bilateral heel protectors. On 05/12/2026 at 1:51 p.m., an observation was made of Resident #3. He was lying in bed. He was not wearing bilateral heel protectors. His bilateral lower extremities were observed to be directly on the mattress. On 05/13/2026 at 11:00 a.m., an interview was conducted with S2CNA. She verified she was assigned to Resident #3 on 05/12/2026. She stated Resident #3 did not have heel protectors as a pressure ulcer intervention. She confirmed Resident #3 was not wearing heel protectors on 05/12/2026 during her shift. On 05/13/2026 at 2:15 p.m., an interview was conducted with S3CNA. He stated he had been assigned to Resident #3 multiple times and was familiar with him. He stated Resident #3 did not have heel protectors as a pressure ulcer intervention. He confirmed Resident #3 never wore heel protectors on any of the shifts he was assigned to Resident #3. On 05/13/2026 at 12:35 p.m., an interview was conducted with S2DON. She confirmed if a resident had heel protectors ordered, the heel protectors should have been placed on the resident.

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