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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195220	A. Building B. Wing	02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Slidell	106 Medical Center Drive Slidell, LA 70461

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133 Based on record review and interviews, the facility failed to ensure nursing staff notified the resident representative when a resident had a significant change in condition for 1 (#1) of 3 (#1, #2, #3) sampled residents reviewed. Findings: Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses that included, Drug Induced Subacute Dyskinesia, Type 2 Diabetes Mellitus, Dysphagia, Essential Hypertension, Primary Generalized Osteoarthritis, Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, Stage 2, Schizophrenia, Unspecified, and Peripheral Vascular Disease Review of Resident # 1's MDS Assessment, with an ARD of 10/29/2024, revealed a BIMS Score of 01, indicating the facility assessed him to be severely cognitively impaired. Further review revealed he required extensive one person assistance for bed mobility/transfers. Review of Resident #1's Initial wound assessment completed 07/07/2025 at 12:30 p.m. by S2RN revealed the following, in part: Open lesion to left medial thigh, acquired in-house, new wound, wound measurements 12.0 cm x 8.7 cm x 2.0 cm, depth not applicable, tunneling not applicable, 100% of wound covered, surface intact, no evidence of infection, no exudate, edges attached, no induration, no edema, no pain. Treatment-generic wound cleanser, dry dressing, Practitioner notified, Responsible Party notified. On 02/04/2025 at 1:50 p.m., an interview was conducted with S2RN, wound care nurse. S2RN confirmed she documented she notified the Responsible Party for Resident #1 on 01/07/2025 regarding left upper thigh wound discovered but confirmed she did not notify the Responsible Party. On 02/04/2025 at 10:20 a.m., an interviewed was conducted with S1ADM. S1ADM confirmed S2RN had documented she had contacted Resident #1's Responsible Party after the initial wound assessment. S1ADM further confirmed it was the S2RN responsibility to notify Resident #1's Responsible Party of the change in condition and she did not.

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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NAME OF PROVIDER OR SUPPLIER Heritage Manor of Slidell		STREET ADDRESS, CITY, STATE, ZIP CODE 106 Medical Center Drive Slidell, LA 70461	

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43133 Based on interviews and record review, the facility failed to ensure alleged injuries of unknown origin were reported to the State Agency within the required time frame for 1 (#1) of 3 (#1, #2, and #3) sampled residents. The facility failed to report Resident #1's injury of unknown origin to the state agency within 24 hours of being made aware. Findings: Review of Resident #1's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses that included, Type 2 Diabetes Mellitus, Dysphagia, and Peripheral Vascular Disease. Review of Resident # 1's MDS Assessment, with an ARD of 10/29/2024, revealed a BIMS Score of 01, indicating the facility assessed him to be severely cognitively impaired. Review of Resident #1's Nurses Notes dated 01/06/2025 to 01/11/2025 revealed the following: On 01/11/2025 at 9:33 p.m., S3RN wrote: I was summoned to resident #1's room by S5CNA, stating that Resident #1's family was there and wanted to know what happened to his leg. Before speaking with the family, I reviewed the residence medical record to ascertain the origin of his injuries. I was unable to find any supportive data to the origin of injury to the left thigh. Family member stated Resident #1 stated that he spilled hot coffee on his leg. S1ADM was notified of my findings and series of events. Multiple attempts were made during survey to contact S3RN, without success. On 02/03/2025 at 10:09 a.m., a telephone interview was conducted with Resident #1's Responsible Party. She stated she was at the facility the evening of 01/11/2025 and during Resident's #1 incontinent care she saw he had a wound to his inter left thigh. She stated she questioned Resident #1 and he stated it was a coffee spill. On 02/04/2025 at 12:17 p.m., a telephone interview was conducted with S5CNA. He stated on 01/11/2025, during incontinent care, he notice a wound to Resident #1's left inner thigh. He stated skin was missing from the leg. He stated he immediately reported to S3RN. On 02/03/2025 at 3:45 p.m., an interview was conducted with S2RN wound care. She stated on 01/07/2025 she was notified of a small dry lesion to Resident #1's upper left thigh. She stated at the time of the initial assessment the lesion did not appear to be a burn or skin injury. She stated two days later when she assessed the wound, skin had sluffed off of the wound. She stated the wound care nurse practitioner was notified and treatments were continued. She stated she documented the wound as a burn on 01/13/2025 after family claimed Resident #1 alleged spilling coffee on his leg. She stated on 01/13/2025 she questioned the resident multiple times about how he obtained his wound and each time Resident #1 stated I don't know. She stated Resident #1 has a low BIMS and was unable to tell her exactly what happen. She stated she then ask if he had spilled coffee on himself and Resident #1 stated no, I wasted it. She stated the wound could have been a burn but she was unsure due to no witnesses. She stated she did not notify administration of Resident #1's injury of unknown origin. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/04/2025 at 3:25 p.m., an interviewed was conducted with S1ADM. S1ADM confirmed he was the person responsible for filing self-reported incidents to the state for the facility. S1ADM stated he was made aware of Resident #1's injury on 01/11/2025. S1ADM further confirmed no self-reported incident to the state was filed regarding injury of unknown origin involving Resident #1 and should have.