

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Adira Medical Resort		STREET ADDRESS, CITY, STATE, ZIP CODE 4405 Airline Drive Bossier City, LA 71111	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record reviews and interviews, the facility failed to implement the care plan for 2 (#2, #3) of 3 (#1, #2, #3) sampled residents reviewed. The facility failed to administer antibiotic for Resident #2 and provide wound care for Resident #3 as ordered.</p> <p>Findings:</p> <p>Resident #2</p> <p>Review of Resident #2's medical records revealed an admitted [DATE] with the following diagnoses, including in part: dependence on renal dialysis, type 2 diabetes mellitus without complications and myalgic encephalomyelitis/chronic fatigue syndrome.</p> <p>Review of Resident #2's Physician's orders revealed an order dated 03/27/2025 for Levofloxacin oral tablet 250 mg (milligram) give 1 tablet by mouth one time a day for UTI (urinary tract infection) for 10 Days.</p> <p>Review of Resident #2's March and April 2025 Medication Administration Records (MAR) failed to reveal Levofloxacin tablet 250 mg give 1 tablet by mouth one time a day for 10 days was administered on 03/28/2025, 03/31/2025, 04/02/2025 and 04/04/2025.</p> <p>During an interview on 04/16/2025 at 1:30 p.m. S2 LPN (Licensed Practical Nurse) acknowledged Resident #2 did not receive Levofloxacin tablet 250 mg give 1 tablet by mouth one time a day for 10 Days on 03/28/2025, 03/31/2025, 04/02/2025 and 04/04/2025 as ordered.</p> <p>During an interview on 04/16/2025 at 2:30 p.m. S1 Interim DON (Director of Nursing) acknowledged Resident #2 did not receive Levofloxacin ablet 250 mg give 1 tablet by mouth one time a day for 10 days on 03/28/2025, 03/31/2025, 04/02/2025 and 04/04/2025 and should have.</p> <p>Resident #3</p> <p>Review of Resident #3's medical records revealed an admitted [DATE] with the following diagnoses, including in part: pressure ulcer of sacral region, muscle wasting and atrophy/multiple sites, other spondylosis with myelopathy lumbar region, dependence on wheelchair and chronic pain syndrome.</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #3's Physician's orders revealed an order dated 04/01/2025 to clean left hip with wound cleanser and pat dry, apply calcium alginate to wound bed and cover with a dry dressing every other day and as needed. Further review revealed orders dated 03/15/2025 for 1) sacrum - cleanse with wound cleanser, pat dry, apply skin prep to peri area; apply medihoney to slough and then calcium alginate then cover with dry dressing daily until resolved and prn (as needed); 2) left hip - cleanse with wound cleanser, pat dry, apply skin prep to peri area, apply betadine to eschar and cover with a dry dressing daily until resolved. (discontinued on 03/30/2025).</p> <p>Review of Resident #3's March and April 2025 MAR/TARs (Treatment Administration Record) failed to reveal left hip and sacrum wound care was completed on 03/18/2025, 03/24/2025, 03/28/2025, 04/01/2025, 04/07/2025, and 04/09/2025.</p> <p>During an interview on 04/16/2025 at 2:30 p.m. S1 Interim DON acknowledged Resident #3 did not receive wound care to left hip and sacrum on 03/18/2025, 03/24/2025, 03/28/2025, 04/01/2025, 04/07/2025, and 04/09/2025 and should have.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>40193</p> <p>Based on observation and interview, the facility failed to ensure the nurse staffing data was posted on a daily basis at the beginning of each shift.</p> <p>Findings:</p> <p>Observation on 04/16/2025 at 8:30 a.m. revealed staffing posted was dated 04/12/2025.</p> <p>During an interview on 04/16/2025 at 9:05 a.m. with S2 Interim DON (Director of Nursing)/Director of Clinical Operations acknowledged the staffing posted was dated 04/12/2025 and should have been posted daily.</p>		