

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  05/14/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36665</p> <p>Based on record review and interview the facility failed to implement the plan of care to meet the needs of 1 (#1) out of a total of 3, (#1, #2, #3) sampled residents by failing to complete an x-ray as ordered by the physician.</p> <p>Findings:</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses of but not limited to acute respiratory failure with hypercapnia, pneumonia, type 2 diabetes mellitus without complications, spinal stenosis cervical region, cognitive communication deficit, spinal stenosis lumbar region without neurogenic claudication, essential (primary) hypertension and dysphagia.</p> <p>Review of Resident #1's physician's orders revealed an order for a STAT (immediately or right now) Chest x-ray on 04/18/2025.</p> <p>Review of Resident #1's medical record revealed a chest x-ray report with a completion date of 04/19/2025.</p> <p>Review of Resident #1's progress notes revealed an entry on 04/19/2025 at 4:05 p.m. stating, Resident #1's chest x-ray was completed at 1:15 p.m. and results were sent to the provider.</p> <p>During an interview on 05/13/2025 at 8:30 a.m. S2LPN (licensed practical nurse) confirmed Resident #1's chest x-ray should have been done on 04/18/2025 instead of 04/19/2025 because it was ordered STAT which meant it should have been done on the same day it was ordered by Resident #1's physician. S2LPN further confirmed failing to notify Resident #1's physician that Resident #1's STAT chest x-ray was not completed until the next day.</p> <p>During an interview on 5/13/2025 at 9:00 a.m. S1DON (Director of Nurses) confirmed Resident #1's chest x-ray should have been completed on the same day it was ordered and Resident #1's physician should have been notified of its completion on the next day.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36665</p> <p>Based on observation and interviews the facility failed to ensure a resident received the necessary care and services to maintain the highest practicable physical, mental and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care for 1( #3) resident out of 3 (#1,#2, #3) sampled residents. The facility failed to ensure a resident request for toileting assistance was answered in a timely manner.</p> <p>Findings:</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] and a readmitted [DATE] with diagnoses of but not limited to unspecified fracture of left femur, hyperlipidemia, essential hypertension, hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, irritable bowel syndrome, parkinsonism, major depressive disorder, esophageal obstruction, gastronomy and dysphagia.</p> <p>Review of Resident #3's MDS (Minimum Data Set) revealed Resident #3 was assessed to require assistance with using the toilet.</p> <p>Review of Resident #3's Care Plan revealed a problem of:</p> <p>ADL (activities of daily living) self-care performance deficit related right sided hemiplegia and required total assistance by staff with toileting.</p> <p>Observation on 05/12/2025 at 1:45 p.m. revealed Resident #3 in the restroom calling out for help, while hovering over the toilet attempting to sit down without assistance. Observation also revealed the emergency call light was activated and lit up outside of Resident #3's room door with an audible beeping at the nurse's station. Further observation failed to reveal staff on the hallway and no staff at the nurse's station monitoring the call system.</p> <p>Observation revealed staff failed to respond to Resident #3's emergency call light and request for assistance for 15 minutes.</p> <p>During an interview 05/12/2025 at 2:00 p.m. S3 LPN confirmed the assigned certified nursing assistants were not on the hall when Resident #3's emergency call light was activated.</p> <p>During an interview on 05/12/2025 at 2:01p.m. S1 DON confirmed Resident #3's request for assistance should have been answered in a timely manner. S1 DON further confirmed there should have been a staff member at the nurse's station answering resident request for assistance with call light system.</p>