STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195247	A. Building B. Wing	06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adira Medical Resort	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to assess a resident for the risk of elopement and failed to ensure an assessment accurately reflected the resident's status for 1 (#1) of 3 (#1, #2, #3) residents reviewed for elopement, impaired cognition and/or a diagnosis which may increase the risk of elopement by failing to: 1. Ensure a nursing assessment and elopement risk assessment were completed for Resident #1 at the time of readmission on [DATE]. 2. Ensure Resident #1's behavioral section on Minimum Data Set (MDS) with an assessment reference date (ARD) of 03/31/2025 was completed accurately. Findings: Review of the facility's undated Elopement/Missing Resident policy revealed in part: Purpose: - Ensure a safe and secure environment for all residents. - In the event a resident is missing from the facility, the resident is located in a timely manner. - Ensure staff awareness of the importance of the resident safety and security. Procedure: 3. All residents will be assessed for risk of elopement, following admission, quarterly, with significant change in condition Minimum Data Set (MDS) assessments and when behaviors indicate. Review of the facility's undated admission of Resident policy revealed in part: Purpose: - Process MDS Entry Tracking form in order to notify Centers for Medicare and Medicaid Services (CMS) Procedure: (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. When the resident has settled in a bit (no more than 2 hours after admission at most), the licensed nurse will begin the assessment of the resident's status upon admission, completing the Nursing Assessment/Data Collection or other nursing assessment form. Review of Resident #1's medical record revealed in part, Resident #1 was originally admitted to the facility on [DATE] and transferred/discharged to a local hospital on [DATE]. Further review of Resident #1's medical record revealed Resident #1 was readmitted to the facility on [DATE] with diagnoses including, but not limited to: dementia, unsteadiness on feet, and generalized muscle weakness. Review of Resident #1's admission MDS with ARD of 03/31/2025 revealed in part, Resident #1 had a Brief Interview Mental Status (BIMS) score of 7 indicating severe cognitive impairment and wandering behavior did not occur during 7 day look back period. Review of Resident #1's medical record failed to reveal a nursing assessment and risk for elopement assessment was completed at the time of Resident #1's 03/30/2025 readmission. Review of Resident #1's progress notes revealed in part: 03/30/2025 at 9:23 p.m. by S6Licensed Practical Nurse (LPN): Resident #1 wandered to nurse's station and attempted to exit out front door. Explained that door was kept locked for everyone's safety . 06/10/2025 at 10:35 a.m. by S7LPN: On the hall passing medication, Resident #1 was observed walking up and down Hall A when Resident #1 was asked if he wanted to take his medication, resident said no and continued walking . Later the social worker came and informed nurse (S7LPN) Resident #1 was found outside facility. I (S7LPN) immediately went to locate Resident #1 and found Resident #1 in the parking lot walking towards the entrance with several other staff members . During an interview on 06/17/2025 at 10:00 a.m., S3Director of Nursing (DON) reported if a resident is gone from the facility over 48 hours, an admission MDS and a risk for elopement assessment should be completed. S3DON reported a risk for elopement assessment is built into the admission assessment. S3DON further reported a risk for elopement assessment is performed at time of admission, with quarterly and significant change MDS, and if a resident is actively trying to get out of the facility. During an interview on 06/17/2025 at 12:57 p.m., S3DON confirmed a risk for elopement assessment was not conducted at Resident #1's readmission on [DATE] and should have been. S3DON reported S6LPN was the charge nurse on 03/30/2025 who was responsible for performing Resident #1's admission assessment. During an interview on 06/17/2025 at 1:25 p.m., S13Social Services (SS) reported she was the staff member who completed Section E, behaviors of the MDS. S13SS reported she did not read Resident #1's progress notes prior to completing Section E. S13SS reported she relied on other staff members' verbal reports to gather information for the behaviors section of Resident #1's MDS. S13SS reviewed Resident #1's nurse's progress note dated 03/30/2025 at 9:23 p.m. written by S6LPN and confirmed if she had read the progress note prior to completing Resident #1's behavior section on admission MDS with ARD of 03/31/2025, the behavioral section would have been completed differently. S13SS reported she would have answered the question regarding wandering to reflect Resident #1 displayed wandering behavior and exit seeking behavior. (continued on next page)

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/17/2025 at 1:35 p.m. S3DON confirmed S13SS should have read Resident #1's progress notes prior to completing section E, behaviors on Resident #1's MDS with ARD of 03/31/2025. During an interview on 06/18/2025 at 3:15 p.m., S6LPN confirmed an admission assessment which includes a risk for elopement assessment was not completed at time of Resident #1's readmission to the facility on [DATE]. S6LPN further reported she did not know a risk for elopement assessment needed to be completed at the time of Resident #1's readmission on [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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, and interviews, the facility failed to assess a resident upon readmission for the risk of elopement and failed to identify the need for supervision related to wandering tendencies displayed by a resident for 1 (#1) of 3 (#1, #2, #3) sampled residents reviewed for elopement. The deficient practice resulted in an Immediate Jeopardy for Resident #1 on 06/10/2025 when Resident #1 walked out of the facility's locked front door with S1Medical Director and was left unattended on the facility's front porch. Resident #1 walked along a busy 4 lane road without supervision and entered a dental office business approximately 37 feet from the facility's parking lot. Resident #1 was last observed in the facility at approximately 9:00 a.m. when Resident #1 was observed sitting in the day area on the couch. The facility was notified by dental office staff of Resident #1 being in their office at approximately 9:10 a.m. Resident #1 was retrieved from the dental office business by S11Physical Therapy Assistant (PTA). Resident #1 was returned to the facility by S11PTA and S12Occupational Therapist (OT) at approximately 9:20 a.m. and S3Director of Nursing (DON) notified of elopement. The facility failed to assess Resident #1 as an elopement risk and did not supervise Resident #1 to prevent Resident #1 from eloping. This deficient practice had the likelihood to cause more than minimal harm to any residents residing in the facility at risk for elopement. S2Administrator and S3DON were notified of the Immediate Jeopardy on 06/18/2025 at 1:20 p.m. The Immediate Jeopardy was removed on 06/18/2025 at 8:40 p.m. when it was determined the facility had implemented an acceptable Plan of Removal (POR) as confirmed through onsite interviews and observations prior to the survey exit. Findings: Review of the facility's undated Elopement/Missing Resident policy revealed in part: Purpose: - Ensure a safe and secure environment for all residents. - In the event a resident is missing from the facility, the resident is located in a timely manner. - Ensure staff awareness of the importance of the resident safety and security. Procedure: 3. All residents will be assessed for risk of elopement, following admission, quarterly, with significant change in condition Minimum Data Set (MDS) assessments and when behaviors indicate. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	7. This facility considers elopement to be a situation when a resident leaves the premises without the knowledge and supervision, when needed, of staff. A missing resident/elopement presents a risk to the resident's health and safety. Review of the facility's undated admission of Resident policy revealed in part: Purpose: - Process MDS Entry Tracking form in order to notify Centers for Medicare and Medicaid Services (CMS) Procedure: 7. When the resident has settled in a bit (no more than 2 hours after admission at most), the licensed nurse will begin the assessment of the resident's status upon admission, completing the Nursing Assessment/Data Collection or other nursing assessment form. Review of Resident #1's medical record revealed in part, Resident #1 was originally admitted to the facility on [DATE] and transferred/discharged to a local hospital on [DATE]. Further review of Resident #1's medical record revealed Resident #1 was readmitted to the facility on [DATE] with diagnoses including, but not limited to dementia, unsteadiness on feet, and generalized muscle weakness. Further review of Resident #1's medical record revealed Resident #1 was discharged during afternoon hours on 06/16/2025 to another local nursing home. Review of Resident #1's admission MDS with assessment reference date (ARD) of 03/31/2025 revealed in part, Resident #1 had a Brief Interview Mental Status (BIMS) score of 7 indicating severe cognitive impairment, wandering behavior did not occur during 7 day look back period, and Resident #1 received antipsychotic medication during 7 day look back period. Review of Resident #1's Comprehensive Care Plan dated 03/24/2025 revealed in part, Resident #1 was care planned for impaired cognitive function/thought processes and elopement risk/wanderer related to diagnoses of dementia. Further review of Resident #1's care plan failed to reveal updated interventions for increased supervision after Resident #1 demonstrated wandering tendencies. Review of Resident #1's medical record failed to reveal a risk for elopement assessment at time of Resident #1's 03/30/2025 readmission and/or prior to elopement on 06/10/2025. Review of Resident #1's physician orders failed to reveal any order(s) regarding wandering and/or elopement risk. Review of Resident #1's progress notes since admit on 03/30/2025 until 06/10/2025 revealed in part: 03/30/2025 at 9:23 p.m. by S6Licensed Practical Nurse (LPN): Resident #1 wandered to nurse's station and attempted to exit out front door. Explained that door was kept locked for everyone's safety . (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	05/16/2025 at 12:19 p.m. by S7LPN: Resident #1 was admitted on [DATE] .Level of consciousness noted as oriented to person .Behavioral problems are delusions, wanders throughout the facility and has to be redirected per staff. Resident #1 has delusions about the facility being his place of employment . 05/23/2025 at 10:27 a.m. by S3DON: Resident #1 was admitted on [DATE] . Level of consciousness noted as oriented to person . Behavioral problems are wandering, roams facility, into other's rooms at times. Will take food and drinks from other rooms/day spaces. Not exit seeking . 06/04/2025 at 7:15 a.m. by S7LPN: Resident #1was admitted on [DATE] .The resident has to be redirected to his room once or twice throughout the day when he accidentally enters another resident's room . 06/10/2025 at 10:35 a.m. by S7LPN: On the hall passing medication, resident #1 was observed walking up and down Hall A when Resident #1 was asked if he wanted to take his medication resident said no and continued walking. On the second attempt, resident was taken to get coffee in the dining area and took his meds. He proceeded to walk to the dining area. Later the social worker came and informed nurse resident was found outside facility. I immediately went to locate resident and found resident in the parking lot walking towards the entrance with several other staff members. Resident greeted nurse and smiled. Resident reported he was trying to go to his appointment and was trying to get a ride . An observation on 06/16/2025 at 7:46 a.m. revealed exit door at end of Hall A was unlocked. Further observation revealed Room A, immediately before Hall A exit door, had Resident #1's name on outside of the room door. During an interview on 06/16/2025 at 7:51 a.m., S8Assistant Administrator confirmed Hall A exit door was unlocked and should have been locked. During an interview on 06/16/2025 at 7:59 a.m., S9Maintenance reported all exit doors are supposed to remain locked except during an emergency. S9Maintenance reported someone on the night shift must have used the emergency key to unlock the Hall A exit door to go out and had not locked the door back. During an interview on 06/16/2025 at 9:44 a.m., S2Administrator confirmed Resident #1 was still a resident at the facility and resided on Hall A in Room A. S2Administrator further reported the facility does not have video surveillance inside or outside the facility. During an interview on 06/16/2025 at 12:15 p.m., Resident #1 reported he went outside the facility with staff and sat on porch. Resident #1 did not confirm he walked next door to the dental office building. During an interview on 06/16/2025 at 2:35 p.m., S2Administrator confirmed Resident #1 had eloped from the facility on 06/10/2025. S2Administrator reported she was not in the building at the time Resident #1 eloped. S2Administrator reported S3DON was in the facility at the time and S3DON had conducted the investigation. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 06/16/2025 at 2:40 p.m., S3DON reported no one witnessed Resident #1 elope from the facility. S3DON reported the facility was notified by the dental office staff next door at approximately 9:10 a.m. that Resident #1 had walked into their office. S3DON reported staff had seen Resident #1 sitting on couch near nurse's station approximately 10 minutes before the dental office staff called. S3DON reported facility staff immediately rushed over to the dental office and retrieved Resident #1. S3DON reported Resident #1 was brought back to the facility by staff and she was notified of the elopement at approximately 9:20 a.m. During an interview on 06/17/2025 at 9:20 a.m., S1Medical Director reported he let Resident #1 out the front door the day Resident #1 eloped from the facility. S1Medical Director reported he was talking with Resident #1 and Resident #1 walked out the front door with him and was standing outside the facility's front door. S1Medical Director reported he offered to open the locked door for Resident #1's reentry prior to leaving the facility, but Resident #1 reported he could push the button to get back in the facility. S1Medical Director reported he did not realize Resident #1 was an elopement risk. During an interview on 06/17/2025 at 9:33 a.m., S6LPN reported Resident #1 would constantly walk around the facility and would frequently sit at the nurse's station. During an interview on 06/17/2025 at 11:29 a.m., S10Certified Nursing Assistant (CNA) reported he was Resident #1's CNA while Resident #1 was a resident at the facility. S10CNA reported Resident #1 wandered the facility and stayed around the front of the facility the majority of the time. During an interview on 06/17/2025 at 12:57 p.m., S3DON confirmed a risk for elopement assessment was not conducted at Resident #1's readmission on [DATE] and should have been. S3DON reported the charge nurse would have been responsible for completing the admission assessment which includes the risk for elopement assessment. S3DON reported S6LPN was the nurse on 03/30/2025 who was responsible for performing Resident #1's admission assessment, including the risk for elopement assessment. During an interview on 06/17/2025 at 1:25 p.m., S13Social Services (SS) reported she was the staff member who completed Section E, behaviors of the MDS. S13SS reported she did not read Resident #1's progress notes. S13SS reported she relied on other staff members' verbal reports to gather information for the behaviors section of a Resident #1's MDS. S13SS reviewed Resident #1's nurse's progress note dated 03/30/2025 at 9:23 p.m. written by S6LPN and confirmed if she had read the progress note prior to completing Resident #1's behavior section on admission MDS with 03/31/2025 date, the section would have been completed differently. S13SS reported she would have answered the question regarding wandering to reflect Resident #1 displayed wandering behavior and exit seeking behavior. S13SS confirmed Resident #1 wandered around the facility every day. During an interview on 06/17/2025 at 3:15 p.m., S11Physical Therapy Assistant (PTA) reported he did go next door to the dental office on 06/10/2025 because the dental office staff had called and reported a resident of the facility was at their office. S11PTA reported he walked next door to the dental office and Resident #1 was in the dental office building. During an interview on 06/17/2025 at 3:45 p.m., S12Occupational Therapist (OT) reported she had just arrived at the facility the morning of 06/10/2025 when she saw S11PTA and Resident #1 standing outside the dentist office next door to the facility. S12OT reported she drove her car next door and brought S11PTA and Resident #1 back to the facility in her vehicle. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 06/18/2025 at 10:43 a.m., S7LPN reported she was Resident #1's nurse on 06/10/2025 when Resident #1 eloped. S7LPN reported she was giving medications and Resident #1 had refused morning medications. S7LPN reported when she left Resident #1, Resident #1 was near the nurse's station at the front door. S7LPN reported seeing S1Medical Director making rounds the morning of 06/10/2025 while she administered medications. During an interview on 06/18/2025 at 3:15 p.m., S6LPN confirmed an admission assessment which includes a risk for elopement assessment was not completed at time of Resident #1's readmission to the facility on [DATE]. The facility's POR submitted on 06/18/2025: Resident #1 and Resident #2 with risk assessment for elopements may be impacted by the noncompliance. Facility administration failed to have an adequate system in place to ensure Resident #1 was assessed for elopement risk when returning from the hospital. The process and systems for improvement were as follows: DON/Designee in serviced all nurses to report wandering to Administrator and/or DON, placed Resident on 1 on 1 on 06/10/2025 until further guidance from admin or DON, all completed on 06/18/2025. DON updated elopement risk assessments and binder at nurse's station on 06/10/2025. DON counseled the Medical Director on not letting any residents out the door without nursing staff on 06/18/2025. All nurses in-serviced on accurate elopement risk assessment for new admits and readmissions by DON/designee on 06/18/2025. DON/Designee to audit new admits and readmissions for elopement risk assessments 5 times a week for 4 weeks starting on 6/18/2025. Starting 06/18/2025, MDS will complete Section E of the MDS until new Social Services Director (SSD) is trained on elopement risk assessments and clinical documentation. Education/Training began immediately and was as follows: DON/Designee in-serviced all nurses to report wandering to Administrator and DON, place Resident on 1 on 1 until further guidance from Administrator or DON, all completed on 06/18/2025. Nurses in-serviced on accurate elopement risk assessment for new admits and readmissions by DON/Designee on 06/18/2025. S6LPN was in-serviced by DON/Designee on elopement precautions/wandering and when to complete a new elopement risk assessment on 06/18/2025. S6LPN in-serviced on proper procedure when a wandering resident is noted on 06/18/2025. The Medical director in-serviced by DON to not allow a resident to remain outside without nursing staff or to let a resident exit door with/behind him on 06/18/2025. DON/designee in serviced all staff to not use hall exit doors, except in an emergency on 06/18/2025. On 06/18/2025, DON and Administrator in serviced by corporate compliance consultant on elopement assessments, safety, and how to train staff. The monitoring of implemented actions was as follows: Starting on 06/18/2025 Maintenance will check exit doors twice a day, 7 days a week for 4 weeks and will report to quality assurance (QA) weekly on all findings until in compliance. Beginning 06/18/2025, DON/Designee to audit all admits/readmits for accurate elopement risk assessments and report to QA weekly until in compliance. On 06/18/2025 the wander guard system was activated, Resident #2 has been cared planned for wander guard and will be checked every shift with negative findings reported to DON and QA team until in compliance. Elopement Drills were performed 3 times over 3 days on 06/10/2025 at 9:10 a.m., 06/18/2025 at 10:13 a.m., and 06/13/2025 at 6:00 p.m. and will continue weekly for 4 weeks with all findings reported to the QA team weekly until in compliance. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Date facility asserts the likelihood for serious harm to any recipient no longer exists: 06/18/2025.

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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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to be administered in a manner that enabled its resources to be used effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being for 1 (Resident #1) of 3 (#1, #2, #3) sampled residents reviewed for elopement. S3Director of Nursing (DON) failed to ensure the nursing staff conducted a risk for elopement assessment for Resident #1 at the time of readmission to the facility and failed to implement elopement precautions. The deficient practice resulted in an Immediate Jeopardy for Resident #1 on 06/10/2025 when Resident #1 walked out of the facility's locked front door with S1Medical Director and was left unattended on the facility's front porch. Resident #1 walked along a busy 4 lane road without supervision and entered a dental office business approximately 37 feet from the facility's parking lot. Resident #1 was last observed in the facility at approximately 9:00 a.m. when Resident #1 was observed sitting in the day area on the couch. The facility was notified by dental office staff of Resident #1 being in their office at approximately 9:10 a.m. Resident #1 was retrieved from the dental office business by S11Physical Therapy Assistant (PTA). Resident #1 was returned to the facility by S11PTA and S12Occupational Therapist (OT) at approximately 9:20 a.m. and S3Director of Nursing (DON) notified of elopement. The facility failed to assess Resident #1 as an elopement risk and did not supervise Resident #1 to prevent Resident #1 from eloping. This deficient practice had the likelihood to cause more than minimal harm to any residents residing in the facility at risk for elopement. S2Administrator and S3DON were notified of the Immediate Jeopardy on 06/18/2025 at 1:20 p.m. The Immediate Jeopardy was removed on 06/18/2025 at 8:40 p.m. when it was determined the facility had implemented an acceptable Plan of Removal (POR) as confirmed through onsite interviews and observations prior to the survey exit. Findings, Cross Reference F689: During an interview on 06/17/2025 at 10:00 a.m., S3DON reported if a resident was gone from the facility over 48 hours, an admission MDS should be done and a risk for elopement assessment would be completed at that time. S3DON reported a risk for elopement assessment is built into an admission assessment. S3DON further reported a risk for elopement assessment should be performed at the time of admission, with quarterly and significant change MDS, and if a resident was actively trying to get out of the facility. During an interview on 06/17/2025 at 12:57 p.m., S3DON confirmed a risk for elopement assessment was not conducted at Resident #1's readmission on [DATE] and should have been. S3DON reported the charge nurse would have been responsible for completing the admission assessment which includes the risk for elopement assessment. S3DON reported S6LPN was the nurse on 03/30/2025 who was responsible for performing Resident #1's admission assessment, including the risk for elopement assessment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195247	A. Building B. Wing	06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adira Medical Resort	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)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 06/18/2025 at 3:15 p.m., S6LPN confirmed an admission assessment which includes a risk for elopement assessment was not completed at time of Resident #1's admission to the facility on [DATE]. S6LPN further reported she did not know a risk for elopement needed to be done at the readmission on [DATE]. During an interview on 06/23/2025 at 2:35 p.m. S2Administrator reported herself and S3DON were responsible for the oversite of facility policies and ensuring staff were educated on said policies. During an interview on 06/23/2025 at 2:38 p.m. S3DON confirmed she and the administrator were responsible for the oversite of facility's policies and ensuring staff were educated on facility policies. S3DON further confirmed she was responsible for the oversite of staff training including admission assessments, elopement assessments, and when assessments should be performed. The facility's POR submitted on 06/18/2025: Resident #1 and Resident #2 with risk assessment for elopements may be impacted by the noncompliance. Due to a lack of administrative oversight, S3DON failed to ensure S6LPN implemented elopement precautions for Resident #1 when he was readmitted . The process and systems for improvement were as follows: Resident #1 was placed on 1 on 1 on 6/10/2025 through 6/11/2025 till 10 p.m. and then hourly checks on 6/11/2025 to 6/13/2025 until 5:45 p.m. On 06/18/2025 at approximately 9:30 a.m. the facility's wander guard system was serviced by a 3rd party vendor and is functional on front door in order for the facility to be able to utilize ankle bracelets. Beginning 06/16/2025 doors will be checked by Maintenance or designee twice a day for 7 days for 4 weeks and report to quality assurance (QA) weekly until in compliance. Resident #1 was discharged to another facility on 06/16/2025 around 2:30 p.m. Elopement drills were performed times 3 starting on 06/13/2025 for 1st and 2nd shift, will do one weekly for 4 weeks and report to QA weekly. Wander guard placed on Resident #2 on 06/18/2025 around 1:45 p.m. to 2:15 p.m. Starting 06/18/2025, DON/Designee will review all new admissions for accurate elopement risk assessments. DON in-serviced MDS staff on 06/18/2025 to complete section E of the MDS until new Social Services Director (SSD) is trained on elopement risk assessments and clinical documentation. All doors have been serviced and checked and were in compliance by 6/18/2025 around 10:30 a.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195247	A. Building B. Wing	06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adira Medical Resort	4405 Airline Drive Bossier City, LA 71111

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Education/Training began immediately and was as follows: DON/designee in-serviced all staff to not use hall exit doors except in an emergency to be completed on 6/18/2025. On 06/10/2025 elopement drills started and continued over 3 days until 06/13/2025 with a total of 3 drills, will continue weekly elopement drills for 4 weeks and reported to QA weekly until in compliance. On 06/18/2025, DON and Administrator were in-serviced by corporate compliance consultant on the facility must have written policies and procedures that include training new and existing nursing home staff and in-service training on wandering or elopement-type behaviors; the facility policies should clearly define the mechanisms and procedures for assessing or identifying, monitoring and managing residents at risk for elopement that can help to minimize the risk of a resident leaving a safe area without the facility's awareness and/or appropriate supervision; all new admissions, readmissions, and those residents with changes in condition that can present as wandering, exit seeking behavior or statements, improved mobility, mental status changes and other changes should be assessed/reassessed for elopement risk; residents identified to be an elopement risk should have interventions in their comprehensive plan of care to address the potential for elopement; furthermore, the facility's disaster and emergency preparedness plan should include a plan to locate a missing resident; facilities are responsible for identifying and assessing a resident's risk for leaving the facility without notification to staff and developing interventions to address this risk; the facility must implement care plan interventions to monitor a resident with a known history of elopement attempts, which can result in the resident leaving the building unsupervised, putting the resident at risk for serious injury or death; this is to ensure the facility provides adequate supervision and necessary devices to each resident to prevent elopement; this includes identifying hazard(s) and risk(s); evaluating and analyzing hazard(s) and risk(s); implementing interventions to reduce hazard(s) and risk(s); monitoring for effectiveness and modifying interventions when necessary. The Corporate Compliance Nurse is responsible for the oversight and monitoring of the DON and Administrator with weekly scheduled conference calls for compliance. Starting 6/18/2025 Corp Compliance Nurse will monitor weekly for 4 weeks and report to Ownership and Compliance officer all negative findings and continue reporting to ensure continued compliance. The monitoring of implemented actions was as follows: Starting on 06/18/2025 Maintenance will check exit doors twice a day, 7 days a week for 4 weeks and will report to QA weekly on all findings until in compliance. Wander Guard will be checked every shift starting 6/18/2025 and ongoing by nursing staff and all negative findings reported to DON and QA team until in compliance. Drills performed by DON/SSD weekly for 4 weeks starting 06/18/2025 and turned into QA team. Drills started 06/13/2025, will report all findings to QA team weekly until in compliance. DON/Designee to audit all admits/readmits for accurate elopement risk assessments starting 06/18/2025 for 4 weeks with all findings reported to QA weekly until in full compliance. Corporate Compliance Nurse is responsible for the oversight and monitoring of the DON and Administrator with weekly schedule conference calls for compliance. Starting 06/18/2025, Corporate Compliance Nurse will monitor weekly for 4 weeks and report to Ownership and Compliance officer all negative findings and continue reporting to ensure continued compliance. Any negative findings will be reported in the morning meeting to the compliance officer for the next 4 weeks and to be reported to Corporate Compliance Nurse. All findings and monitoring started on 6/18/2025 will be reported in our next schedule QA meeting with our Medical Director and Interdisciplinary Team (IDT). Date facility asserts the likelihood for serious harm to any recipient no longer exists: 06/18/2025.