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	04/01/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record reviews and interview the facility failed to ensure physician orders were followed for 3 (#1, #2, and #5) of 5 (#1, #2, #3, #4, #5) sampled residents reviewed for wounds. The facility failed to ensure evidence that wound care was conducted as ordered. Findings:Review of undated policy titled Wound Treatment Management revealed, in part:Policy:To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders.Policy Explanation and Compliance Guidelines:1. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.7. Treatments will be documented on the Treatment Administration Record or in the electronic health record. Resident #1 Review of Resident #1's medical record revealed an admission date of 02/16/2026 with diagnoses that included, in part, burns involving 80-89% of body surface with 80-89% third degree burns, pressure ulcer of left heel stage, pressure ulcer of left hip unstageable, unspecified open wound of left back wall of thorax without penetration into thoracic cavity subsequent encounter, unspecified open wound of abdominal wall periumbilic region without penetration into peritoneal cavity subsequent encounter, morbid (severe) obesity due to excess calories, Type 2 diabetes mellitus without complications, anemia unspecified, chronic embolism and thrombosis of unspecified deep veins of left lower extremity, unspecified atherosclerosis of native arteries of extremities left leg, and unspecified diastolic (congestive) heart failure. Review of Resident #1's physician orders revealed:-03/05/2026 Left heel, cleanse with wound cleanser, apply collagen powder, apply Ca Alg (Calcium alginate), ABD (abdominal) pad, wrap with kerlix and secure with tape daily and prn (as needed) - every day shift for wound care. -03/24/2026 Right buttock - Cleanse with wound cleanser, apply collagen powder, Cal Alg, cover with border foam Q (every) day/prn - every day shift for wound care and as needed for wound care. -03/05/2026 (End date of 03/24/2026) Right buttock - Clean with wound cleanser, apply Santyl, Cal Alg, Cover with bordered gauze. Change daily/prn - every day shift for wound care. -03/24/2026 Left buttock - Cleanse with wound cleanser, collagen powder, Ca Alg, Cover with border foam Q day/PRN - every day shift for wound care and as needed for wound care. -03/05/2026 (End date of 03/24/2026) Left buttock - Cleanse with wound cleanser, apply Santyl, Cal Alg, Cover with bordered gauze. Change daily/prn every day shift for wound care. -03/24/2026 Left thigh- Cleanse with wound cleanser, apply collagen powder, cal alg, cover with bordered foam Q day/prn - Every day shift for wound care and as needed for wound care. -03/05/2026 (End date of 03/24/2026) Left thigh - Cleanse with wound cleanser, apply Santyl, Cal Alg, cover with bordered gauze, change daily/prn - every day shift for wound care. -03/24/2026 Back cleanse with wound cleanser, Collagen powder, Ca Alg, covered with border gauze change Q day/prn - Every day shift for wound care and as needed for wound care. -03/24/2026 Umbilical cleanse with wound cleanser, apply Santyl, Cal Alg, cover with bordered foam change Q day/prn - every day shift for wound care and as needed for wound care. -03/05/2026 (End date of 03/24/2026) Umbilical cleanse with wound cleanser, paint with Betadine, cover with bordered gauze, daily/prn every day shift for wound care. Review of Resident #1's Care Plan revealed potential for/actual impaired skin integrity and actual pressure ulcer development with (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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interventions that included, in part, administer treatments as ordered and monitor for effectiveness, assess/record/monitor wound healing weekly. Review of Resident #1's March 2026 TAR (Treatment Administration Record) revealed wound care was not documented as done for left heel wound, right buttock wound, left buttock wound, left thigh wound, and umbilical wound on 03/05/2026, 03/07/2026 to 03/12/2026, 03/14/2026 to 03/19/2026, 03/21/2026 to 03/25/2026, 03/27/2026, and 03/28/2026. Further review of Resident #1's TAR revealed wound care was not documented as done for back wound on 03/25/2026, 03/27/2026, and 03/28/2026. During an interview on 03/30/2026 at 11:30 a.m. S2 ADON (Assistant Director of Nursing)/Treatment Nurse reviewed Resident #1's March 2026 TAR and confirmed there were multiple times Resident #1's wound care was not documented as done. During an interview on 04/01/2026 at 09:20 a.m. S1 Administrator reviewed Resident #1's March 2026 physician orders and March 2026 TAR and confirmed there was no evidence wound care had been provided for Resident #1's left heel wound, right buttock wound, left buttock wound, left thigh wound, and umbilical wound on 03/05/2026, 03/07/2026 to 03/12/2026, 03/14/2026 to 03/19/2026, 03/21/2026 to 03/25/2026, 03/27/2026, and 03/28/2026. S1 Administrator further confirmed there was no evidence wound care had been provided for Resident #1's back wound on 03/25/2026, 03/27/2026, and 03/28/2026. Resident #2 Review of Resident #2's medical record revealed an initial admission date of 10/21/2025 and discharge date of 03/16/2026 with diagnoses including, in part, pressure ulcer of sacral region, essential (primary) hypertension, and paraplegia unspecified. Review of Resident #2's physician orders revealed:-01/12/2026 (end date of 02/24/2026) On Friday/Tuesday and prn Sacral Wound; cleanse wound with wound cleanser and pat dry. Apply adaptic, black vac (vacuum) foam to wound and seal with drape. Set at 120mmhg (millimeters of mercury) continuous. - every day shift every Tuesday, Friday for wound vac and as needed for dislodgement/leak. -02/24/2026 (end date of 03/05/2026) on Friday/Tuesday and prn Sacral Wound; cleanse wound with wound cleanser and pat dry. Apply adaptic, black vac foam to wound and seal with drape. Set at 125mmhg continuous. - every day shift every Tuesday, Friday for wound vac and as needed for dislodgement/leak Review of Resident #2's Care Plan revealed potential for impaired skin integrity and actual pressure ulcer development with interventions that included, in part, administer treatments as ordered and monitor for effectiveness, assess/record/monitor wound healing weekly, and turn/reposition at least every 2 hours. Review of Resident #2's February 2026 and March 2026 TAR revealed wound care was not documented as done for Resident #2's sacral wound on 02/24/2026 and 03/03/2026. During an interview on 03/30/2026 at 11:30 a.m. S2 ADON/Treatment Nurse reviewed Resident #2's February 2026 and March 2026 TAR and confirmed wound care was not documented as done a couple of times. During an interview on 04/01/2026 at 10:05 a.m. S1 Administrator reviewed Resident #2's February 2026 and March 2026 physician orders and February 2026 and March 2026 TARs and confirmed there was no evidence wound care had been provided for Resident #2's sacral wound on 02/24/2026 and 03/03/2026. Resident #5 Review of Resident #5's medical record revealed an initial admission date of 02/13/2026 with diagnoses that included, in part, pressure ulcer of left heel unstageable, displaced bimalleolar fracture of right lower leg subsequent encounter for closed fracture with routine wound healing, Type 2 diabetes mellitus without complications, and essential (primary) hypertension. Review of Resident #5's physician orders revealed the following orders, in part:-03/24/2026 Left breast-Cleanse with wound cleanser, apply Betadine, Q day/prn - every day shift for wound care and as needed for wound care.-03/05/2026 (End date of 03/24/2026) Left breast-cleanse with wound cleanser, Ca. Alg., cover with bordered foam gauze. Change daily/prn - every day shift for wound care and as needed for wound care. -03/24/2026 Left heel cleanse with wound cleanser, apply calcium alg, boarder foam dressing. Q day/prn - every day shift for wound care and as needed for wound care. -03/05/2026 (stopped on 3/24/2026) Left heel cleanse with wound cleanser paint with Betadine, cover with bordered foam gauze. Change daily/prn - every day shift for wound care and as needed for wound care. -02/13/2026 Right lower leg/right foot sx site, clean around pin sites with chloraprep, place ABD pad to heel, wrap with cast padding and secure in place (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with ace wrap every M-W-F (Monday-Wednesday-Friday) - one time a day every Mon (Monday), Wed (Wednesday), Fri. (Friday). Review of Resident #5's Care Plan revealed potential impaired skin integrity and actual pressure ulcer development with interventions that included, in part, administer treatments as ordered and monitor for effectiveness, assess/record/monitor wound healing and turn/reposition at least every 2 hours. Review of Resident #5's March 2026 TAR revealed wound care was not documented as done for left breast wound and left heel wound on 03/05/2026, 03/07/2026, 03/09/2026, 03/10/2026, 03/12/2026, 03/14/2026 to 03/16/2026, 03/22/2026, 03/24/2026, 03/25/2026, 03/27/2026, and 03/28/2026. Further review of Resident #5's March 2026 TAR revealed wound care was not documented as done for Resident #5's right lower leg/right foot surgery site on 03/02/2026, 03/04/2026, 03/06/2026, 03/09/2026, 03/13/2026, and 03/27/2026. During an interview on 03/30/2026 at 11:30 a.m. S2 ADON/Treatment Nurse reviewed Resident #5's TAR and confirmed there were multiple times Resident #5's wound care was not documented as done. During an interview on 04/01/2026 at 9:20 a.m. S1 Administrator reviewed Resident #5's March 2026 physician orders and March 2026 TAR and confirmed there was no evidence wound care had been provided for Resident #5's left breast wound and left heel wound on 03/05/2026, 03/07/2026, 03/09/2026, 03/10/2026, 03/12/2026, 03/14/2026 to 03/16/2026, 03/22/2026, 03/24/2026, 03/25/2026, 03/27/2026, and 03/28/2026. S1 Administrator further confirmed there was no evidence wound care had been provided for Resident #5's right lower leg/right foot surgery site on 03/02/2026, 03/04/2026, 03/06/2026, 03/09/2026, 03/13/2026, and 03/27/2026.