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	01/21/2026

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on record reviews and interview, the facility failed to ensure CNA's were able to demonstrate competency in skills necessary to care for residents' needs as identified through resident assessments and described in residents' plans of care for 2 (S5, S6) of 5 CNA personnel records reviewed. Findings: Review of S5CNA's personnel record revealed a hire date of 01/14/2025. Further review of S5CNA's personnel record failed to reveal a skills competency had been conducted. Review of S6CNA's personnel record revealed a hire date of 10/22/2025. Further review of S6CNA's personnel record failed to reveal a skills competency had been conducted. During an interview on 01/21/2026 at 1:34 p.m., S1Administrator reviewed S5CNA and S6CNA's personnel files and confirmed the facility did not have documented evidence of skills competencies for S5CNA or S6CNA.

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 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. Based on record reviews and interview, the facility failed to obtain a CNA registry verification prior to hire for 2 (S4CNA, S7CNA) of 5 CNA personnel records reviewed. Findings: Review of S4CNA's personnel record revealed a hire date of 09/20/2025. Further review of S4CNA's personnel record failed to reveal a CNA registry verification had been obtained. Review of S7CNA's personnel record revealed a hire date of 09/04/2025. Further review of S7CNA's personnel record failed to reveal a CNA registry verification had been obtained. During an interview on 01/21/2026 at 2:28 p.m., S1Administrator reviewed S4CNA and S7CNA's personnel files and confirmed the facility did not have documented evidence of CNA registry verification prior to hire for S4CNA or S7CNA.

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	195247	A. Building B. Wing	01/21/2026

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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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interviews, and record review, the facility failed to honor and accommodate resident food allergies, intolerances, and preferences by failing to ensure a resident received meals that did not include food allergies for 1 (#20) of 1 (#20) resident reviewed for food. This deficient practice had the potential to affect all 20 residents who consumed meals from the kitchen. Findings:Review of Resident #20's medical record revealed an admit date of 11/21/2025 with diagnoses that included in part type 2 diabetes mellitus without complications, and urinary tract infection. Further review revealed Resident #20's allergies included tomatoes and potatoes. Review of Resident #20's meal ticket dated 01/19/2026 revealed in part: allergies: tomatoes, potatoes.Review of Resident #20's record revealed a Diet Requisition Form dated 11/21/2025 indicating New Admission, Allergies: potatoes, tomatoes. Signed by DON. Observation on 01/19/2026 at 12:30 p.m. revealed Resident #20's lunch food tray meal ticket: allergy-allergic to tomatoes. Further observation revealed tomatoes on lunch tray in tomato based shrimp etouffee. During an interview on 01/19/2026 at 12:30 p.m. Resident #20 confirmed she was allergic to tomatoes. During an interview on 01/19/2026 at 12:30 p.m. S2 CNA read Resident #20's meal ticket and confirmed Resident #20 was allergic to tomatoes. During an interview on 01/21/2026 at 9:15 a.m. S3 Dietary Manager reported the shrimp etouffee with a tomato base just got overlooked by accident. S3 Dietary Manager confirmed Resident #20 is allergic to tomatoes and should not have been served shrimp etouffee.