STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39897 Based on observations, interviews, and record reviews the facility failed to accommodate the needs of 4 (#9, #34, #106, #108) of 4 (#9, #34, #106, #108) residents reviewed for accommodation of needs out of a total sample of 31. The facility failed to ensure the resident's call light was within reach of the resident. Findings: Review of the facility's undated Fall Prevention Program Policy revealed in part: II: Preventive Protocol: A. Admission Guidelines concerning fall: a. Prevention for High Risk residents: 2. Resident will be instructed regarding use of call bell by staff. Call bell will be placed within each resident's reach when feasible while in personal room. Resident will also be instructed to call for assistance when needed. Resident #9 Review of Resident #9's medical record revealed an admitted [DATE] with diagnoses that included lack of coordination, dementia without behavioral disturbances, presence of left artificial knee joint, and Alzheimer's disease with late onset. Review of Resident #9's care plan revealed Resident #9 was at high risk for falls, had a history of falls and required assistance to transfer. Observation on 08/05/2024 at 9:35 a.m. revealed Resident #9 sitting up in her wheelchair with her call light across the room, out of reach. Observation on 08/06/2024 at 9:30 p.m. revealed Resident #9 sitting in her recliner, call light hanging on the wall across the room, out of reach. (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
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 08/06/2024 1:30 p.m. revealed Resident #9 lying in bed, call light stretched behind the headboard to the recliner and in a closed drawer of the bedside table, out of reach. Observation on 08/06/2024 at 3:10 p.m. with S4 LPN (Licensed Practical Nurse) revealed Resident #9's call light was out of reach. During interview on 08/06/2024 at 3:10 p.m. S4 LPN (Licensed Practical Nurse) confirmed Resident #9's call light was out of reach and should not have been. Resident #34 Review of Resident #34's medical record revealed an admitted [DATE] with diagnoses that included muscle wasting and atrophy, essential primary hypertension, lack of coordination, repeated falls, Alzheimer's disease, paroxysmal atrial fibrillation, and major depressive disorder severe with psychotic features. Review of Resident #34's care plan revealed Resident #34 was at high risk for falls, had a history of falls, and requires assistance to transfer. Observation on 08/05/2024 at 9:40 a.m. revealed Resident #34 sitting in her wheelchair near the head of her bed and the call light on the wall, near the foot of her bed, out of reach. Observation on 08/05/2024 at 2:30 p.m. revealed resident sitting up in wheelchair in her room near the head of the bed, call light remained against the wall at the foot of the bed out of reach. Observation on 08/06/2024 at 3:05 p.m. with S4 LPN (Licensed Practical Nurse) revealed Resident #34's call light was out of reach. During an interview on 08/06/2024 at 3:05 p.m. S4 LPN confirmed Resident #34's call light was out of reach and should not have been. Resident #106 Review of Resident #106's medical record revealed an admitted [DATE] with diagnoses that included muscle wasting and atrophy, contracture of left knee and ankle, left foot drop, contracture of right knee, primary generalized (Osteo) arthritis, other forms of scoliosis, major depressive disorder, and need for assistance with personal care. Review of Resident #106's care plan revealed Resident #106 was at high risk for falls, had a history of falls and requires assistance to transfer and uses a reclined Geri chair for locomotion. Observation on 08/06/2024 at 2:50 p.m. revealed Resident #106 sitting in reclined Geri Chair and Resident #34's call light was across the room, out of reach. Observation on 08/06/2024 at 3:10 p.m. with S4 LPN revealed Resident #106 sitting in reclined Geri Chair and Resident #34's call light was out of reach. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/06/2024 at 3:30 p.m. S4 LPN confirmed Resident #106's call light was out of reach and should not have been. Resident #108 Review of Resident #108's medical record revealed an admitted [DATE] with diagnoses that included muscle wasting and atrophy, aphasia, repeated falls, Alzheimer's disease, paroxysmal atrial fibrillation, generalized anxiety disorder, syncope and collapse, and severe dementia with mood disturbance. Review of Resident #106's care plan revealed Resident #108 was at high risk for falls, had a history of falls and requires assistance to transfer. Observation on 08/05/2024 at 9:20 a.m. revealed Resident #108 sitting in her recliner and Resident #108's call light was across the room, out of reach. During an interview on 08/05/2024 at 9:20 a.m. Resident #108 reported she was not supposed to get up unless she called staff but she did not know where her button was. Observation on 08/06/2024 at 1:55 p.m. revealed Resident #108 lying in bed, with her call light stretched behind her headboard and over to her recliner, out of reach. Observation on 08/06/2024 at 3:10 p.m. with S4 LPN revealed Resident #108 lying in bed, call light out of reach. During an interview on 08/06/2024 at 3:10 p.m. S4 LPN (Licensed Practical Nurse) confirmed Resident #108's call light was out of reach and should not have been. During an interview on 08/06/2024 at 3:30 p.m. S1 DON (Director of Nursing) acknowledged resident's call lights should be kept within reach at all times even if they don't remember to use it, they still have to have access to it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37867 Based on record review and interview, the facility failed to ensure resident assessments were transmitted within the required timeframe for 1 (#100) of 1 (#100) residents investigated for assessments. Findings: Review of Resident #100's record revealed an admitted [DATE]. Review of MDS (Minimum Data Set) Assessments in Resident 100's electronic medical record revealed annual assessments with assessment reference dates of 07/01/2024 were completed on 07/15/2024 with a status of Export Ready that had not been transmitted. During an interview on 08/06/2024 at 1:41 p.m., S5 MDS Nurse confirmed the 07/01/2024 assessments had been completed on 07/15/2024 and had not been transmitted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37867 Based on observations, interviews, and record reviews, the facility failed to provide residents' respiratory care and services in accordance with accepted professional standards of practice for 6 (#18, #23, #73, #57, #40, #290) out of 10 (#18, #23, #73, #57, #40, #290, #110, #35, #95, #51) residents reviewed for respiratory care. The facility failed to ensure: 1. Oxygen was administered at the ordered rate for Resident #40; 2. Oxygen tubing and humidification bottles were changed and dated weekly for Resident # 18, #23, #73, #57, and #290, and; 3. No Smoking signs were posted on the entrance to the rooms of residents on oxygen in accordance with facility policy for Resident #73. Findings: Review of the facility's Oxygen Administration (Concentrator or Tank) Policy (undated) revealed in part: While oxygen is in use, No Smoking signs will be posted at the entrance to the room . Humidifier bottles, cannulas and O2 (oxygen) tubing will be changed at least once weekly and dated .When not in use, cannula or mask should be placed in a plastic bag .Oxygen equipment, tanks, humidifier bottles, cannulas, masks and other related items should be checked on a regular basis during oxygen administration for proper functioning. Resident #18 Review of Resident #18's medical record revealed an admitted [DATE] with diagnoses including: persistent atrial fibrillation, pulmonary fibrosis, and essential primary hypertension. Review of Resident #18's physician orders revealed an order dated 11/21/2022 to change oxygen tubing/humidifier bottle and clean filter every week on Friday one time a day. Observation on 08/05/2024 at 8:05 a.m. revealed Resident #18 with oxygen in use at 2 L/min (liters /minute) via nasal cannula (NC). Further observation failed to reveal the oxygen tubing was dated when changed. Observation on 08/06/2024 at 3:00 p.m. revealed Resident #18 lying in bed with oxygen in use via NC, and oxygen tubing remained undated. Observation on 08/06/2024 at 3:30 p.m. with S1 DON (Director of Nursing) revealed Resident #18 oxygen tubing was undated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/06/2024 at 3:30 p.m. S1 DON confirmed Resident #18's oxygen tubing had not been dated when changed and should have been. Resident #23 Review of Resident #23's medical record revealed an admitted [DATE] with diagnoses including: paroxysmal atrial fibrillation, dependence on supplemental oxygen, anxiety disorder, and chronic obstructive pulmonary disease. Review of Resident #23's physician orders revealed an order dated 07/01/2024 to change oxygen tubing/humidifier bottle and clean filter every week every Friday, night shift. Observation on 08/05/2024 at 8:20 a.m. revealed Resident #23's oxygen concentrator running at 2 L/min with oxygen tubing attached. Further observation failed to reveal the oxygen tubing was dated when changed. Observation on 08/06/2024 at 1:50 p.m. revealed Resident #23 with oxygen in use per NC. Further observation failed to reveal the oxygen tubing was dated when changed. Observation on 08/06/2024 at 3:10 p.m. with S4 LPN (Licensed Practical Nurse) revealed Resident #23 with oxygen in use via NC. Further observation failed to reveal the oxygen tubing had been dated when changed. During an interview on 08/06/2024 at 3:10 p.m., S4 LPN confirmed Resident #23's oxygen tubing was not dated with the date it was changed and it should have been. Resident #73 Review of Resident #73's record revealed an admitted [DATE] with diagnoses including: metabolic encephalopathy and acute upper respiratory infection unspecified. Further review revealed the resident was admitted to Hospice Services on 07/29/2024. Observation on 08/05/2024 at 9:05 a.m. revealed Resident #73 had oxygen in use at 2L/min via NC. Further observation revealed the humidification bottle and oxygen tubing were not dated when changed. Further observation revealed there was not a No Smoking sign on the entrance door to the room. Observation on 08/06/2024 at 3:02 p.m. revealed Resident #73 had oxygen in use at 2L/min via NC per oxygen concentrator. Further observation revealed the humidification bottle and oxygen tubing were not labeled with the date they had been changed. Further observation revealed there was not a No Smoking sign at the entrance to the room. Observation on 08/06/2024 at 3:55 p.m. with S2 RN (Registered Nurse)/Charge Nurse revealed Resident #73 had O2 in use via oxygen concentrator at 2L/min via NC. Further observation revealed the oxygen humidification bottle and oxygen tubing were not labeled with the date they had been changed, and there was not a No Smoking sign at the entrance to the room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 08/06/2024 at 3:55 p.m. S2 RN/Charge Nurse confirmed Resident #73's oxygen humidification bottle and oxygen tubing were not dated with the date they were changed and they should be. S2 RN/Charge Nurse further confirmed there was not a No Smoking sign at the entrance to Resident #73's room and there should be. Resident #57 Review of Resident #57's record revealed an admitted [DATE] and diagnoses including: heart failure, shortness of breath, asthma, personal history of nicotine dependence, chronic respiratory failure with hypoxia, dependence on supplemental oxygen, and chronic obstructive pulmonary disease. Review of Resident #57's physician orders revealed an order dated 08/25/2023 to change oxygen tubing/humidifier bottle and clean filter every week on Friday. Observation on 08/05/2024 at 8:35 a.m. revealed Resident #57 was up in her wheelchair with O2 2L/min via NC in use via portable oxygen cylinder on the back of the wheelchair. The oxygen tubing was not labeled with the date it had been changed. Further observation revealed an oxygen concentrator next to the recliner in her room with humidification bottle dated 07/19/2024. The oxygen tubing attached to the concentrator was not labeled with the date it had been changed. Observation on 08/05/2024 at 11:55 a.m. revealed Resident #57 was up in her wheelchair with 2L/min via NC in use via portable oxygen tank on the back of the wheelchair. The oxygen cannula had no date indicating when it had been changed. Further observation revealed an oxygen concentrator next to the recliner in her room with humidification bottle dated 07/19/2024. The oxygen tubing attached to the concentrator was not labeled with the date it had been changed. Observation on 08/06/2024 at 3:55 p.m. with S2 RN/Charge Nurse revealed resident #57 was up in her wheelchair with oxygen in use per concentrator at 2L/min via NC with humidification bottle dated 08/06/2024. Further observation revealed the oxygen cannula attached to the concentrator was not labeled with the date it had been changed. Further observation revealed a portable oxygen tank on the back of Resident #57's wheelchair with oxygen tubing that was not labeled with the date it had been changed. During an interview on 08/06/2024 at 3:55 p.m., S2 RN/Charge Nurse confirmed Resident #57's oxygen tubings should both be labeled with the date they were changed and were not. Resident #40 Review of Resident #40's record revealed an admitted [DATE] with diagnoses including: heart failure, dependence on supplemental oxygen, chronic respiratory failure with hypoxia, obstructive sleep apnea, chronic obstructive lung disease. Review of Resident #40's physician orders revealed an order dated 07/01/2024 for oxygen via 2L/min via NC continuous every shift related to chronic respiratory failure with hypoxia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195248	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Nursing & Rehab Ctr, LLC	9111 Linwood Avenue Shreveport, LA 71106

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 08/06/2024 at 2:17 p.m. Resident #40 was wearing oxygen tubing connected to an oxygen concentrator that was not turned on and was set at 0L/min. During an interview at this time, Resident #40 reported she wore the oxygen all the time. Resident #40 further reported she was a little short of breath. During an observation and interview on 08/06/2024 at 2:51 p.m., S3 LPN confirmed Resident #40's oxygen was turned off and should be on continuous at 2L/min. Resident #290 Review of Resident #290's record revealed an admitted [DATE] and diagnoses including: shortness of breath, dependence on supplemental oxygen, and chronic obstructive pulmonary disease. Review of Resident #290's physician orders revealed an order dated 07/19/2024 to change oxygen tubing, nasal cannula, humidifier bottle and clean filter one time a day every Friday. Observation on 08/05/2024 at 11:55 a.m. revealed Resident #290 had oxygen in use at 2L/min via NC per oxygen concentrator. Further observation revealed the humidifier bottle was not labeled with the date it had been changed. Observation on 08/06/2024 at 1:51 p.m. revealed resident #290 in the therapy gym in her wheelchair. Oxygen was in use via a portable oxygen tank at 2L/min via NC. Further observation revealed the oxygen tubing was not labeled with the date it had been changed. Observation on 08/06/2024 at 3:55 p.m. with S2 RN/Charge Nurse revealed Resident #290 had oxygen at 2L/min via NC in use via oxygen concentrator with a humidifier bottle that was not labeled with the date it had been changed. Further observation revealed a portable oxygen tank on the back of Resident #290's wheelchair with oxygen tubing that was not labeled with the date it had been changed. During an interview on 08/06/2024 at 3:55 p.m., S2 RN/Charge Nurse confirmed Resident #290's oxygen humidifier bottle and the oxygen tubing attached to the portable oxygen tank should be labeled with the date they had been changed and were not. 39897