STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195279	A. Building B. Wing	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor of Mandeville	2202 Lonesome Road Mandeville, LA 70448

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 - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 1 (#5) resident out of a total of 23 sampled residents. The facility failed to ensure Resident #5 was coded accurately for fall with major injury. Review of Resident #5's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Alzheimer's Disease, Muscle Weakness, Lack of Coordination, Abnormalities of Gait and Mobility.Review of Resident #5's Annual Minimum Data Set (MDS) dated [DATE] revealed Section J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), Section C: Major Injury - bone fractures, joint dislocations, close head injuries with altered consciousness, subdural hematoma was coded as 2. Two or more. Review of Resident #5's fall log and fall investigations from January 2025 to current revealed no falls resulting in major injury. An interview was conducted on 09/24/2025 at 1:26 p.m. with S5CNA. She stated Resident #5 has never had any falls with major injury. An interview was conducted on 09/24/2025 at 11:55 a.m. with S6LPN. She stated Resident#5 has never had any falls with major injury. An interview was conducted on 09/24/2025 at 3:51 p.m. with S7MDS. She reviewed the MDS dated [DATE] Section J1900, Section C and confirmed it was not accurate, and it should have been modified and resubmitted to accurately reflect Resident #5's fall history. An interview was conducted on 09/24/2025 at 3:59 p.m. with S2DON. She stated the MDS was inaccurate, and she expected the MDS staff to code correctly.

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure the services provided met professional standards of quality by failing to ensure nursing staff primed insulin pen needles prior to administering insulin for 1 (#8) of 2 (#8 and #81) residents reviewed for insulin administration.Review of the Novolog insulin pen manufacturer's insert revealed the following, in part:Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: Turn the dose selector to select 2 units.Review of Resident #8's Clinical Record revealed he was admitted to the facility on [DATE] with a diagnosis of Type 2 Diabetes Mellitus. Review of Resident #8's current Physician Orders revealed the following, in part:Order date: 07/09/2025; Novolog Flex Pen 100 unit/mL, inject per sliding scale, subcutaneously before meals and at bedtime. Resident #8's Novolog Insulin sliding scale order was 10 units of insulin for a blood glucose level of 301 to 350 mg/dL. An observation was made on 09/22/2025 at 11:52 a.m. of S4LPN administering Resident #8's Novolog insulin. Resident #8's blood glucose level was 303 mg/dL. S4LPN applied the insulin pen needle, dialed up 10 units of insulin, and administered the insulin. S4LPN did not prime the insulin pen needle prior to administering the insulin. An interview was conducted on 09/22/2025 at 11:53 a.m. with S4LPN. S4LPN confirmed she did not prime the insulin pen needle prior to administering insulin to Resident #8. She stated priming the insulin pen needle was not needed prior to insulin administration. An interview was conducted on 09/23/2025 at 9:30 a.m. with S2DON. She was made aware of the above mentioned observation. She stated insulin pen needles should be primed per the insulin pen and pen needles manufacturer's guidelines.

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record reviews and interviews, the facility failed to ensure adequate monitoring for side effects with the use of psychotropic medication was completed for 1 (#65) of 5 (#3, #9, #14, #65 and #98) residents reviewed for unnecessary medications.Review of Resident 65's current Physician Orders revealed orders the following: 8/25/25- Escitalopram Oxalate Tablet 20mg give 1 tablet via PEG-Tube one time a day09/20/2025-Buspirone HCL Tablet 7.5 mg give 1 tablet via PEG-Tube three times a day09/20/2025-Clonazeepam Tablet 0.5mg give 1 tablet via PEG-Tube two times a day09/22/2025-Depakote Sprinkles Capsule Delayed Release Sprinkle 125mg give 1 capsule via PEG-Tube two times a dayReview of Resident #65's current medication administration record revealed Resident #65 had received the above medications as ordered for 09/01/2025- 09/23/2025. Further review revealed there was no documentation for monitoring psychotropic medication side effects for Resident #65. On 09/23/2025 at 9:12 a.m., an interview was conducted with S8LPN. She stated Resident #65 took psychotropic medications. She reviewed the clinical chart for Resident #65 and confirmed she had not been monitoring and documenting Resident #65's psychotropic medication side effects.On 09/23/2025 at 4:02 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #65's clinical record and confirmed there was no documentation of monitoring for side effects of Resident #65's psychotropic medications and should have been.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interviews, and record review, the facility failed to ensure medications were properly stored in 1 (Med Cart 2) of 3 (Med Cart 2, Med Cart 3, and Med Cart 4) medication carts observed for medication storage.Review of the Humalog medication insert revealed in part, the following:Storage information:Opened: Total of 28 days.An observation was made on 09/22/2025 at 8:45 a.m. of Med Cart 2 with S3LPN. Observed 1 opened Humalog insulin pen for Resident #81, with a written opened date of 08/09/2025.An interview was conducted on 09/22/2025 at 8:46 a.m. with S3LPN. She confirmed the open date on Resident #81's Humalog insulin pen read 08/09/2025. She stated opened insulin pens should be discarded after 28 days. She confirmed Resident #81's Humalog insulin pen should have been discarded and was available for resident use.An interview was conducted on 09/22/2025 at 12:02 p.m. with S2DON. She stated nurses are responsible for ensuring all insulin pens in their medication carts are discarded 28 days after the open date. She stated Resident #81's Humalog insulin pen with an open date of 08/09/2025 should not have been available for resident use.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure adequate monitoring for side effects with the use of psychotropic medication was completed for 1 (#65) of 5 (#3, #9, #14, #65 and #98) residents reviewed for unnecessary medications. Review of Resident #47's clinical record revealed resident was admitted to the facility on [DATE].Review of Resident #47's Plan of Care Task revealed the following:Start Date- 01/06/2025- Assist Resident with inserting hearing aids in the morning and removing at night to put on charger. Further review revealed Resident #47 was assisted with placement of hearing aids on 09/01/2025, 09/08/2025, 09/12/2025, 09/17/2025, 09/21/2025, 09/22/2025 and 09/23/2025. On 09/24//2025 at 12:32 p.m., an interview was conducted with S3LPN. She stated Resident #47 was hard of hearing and did not wear hearing aids. She verified on 09/08/2025, 09/12/2025, 09/17/2025 and 09/22/2025 she documented she assisted Resident #47 with her hearing aids, and she did not. She confirmed she should not have documented she completed a task when she did not. On 09/24//2025 at 4:45p.m., an interview was conducted with S9LPN. She stated Resident #47 was hard of hearing and she did not wear hearing aids. She verified on 09/01/2025, 09/21/2025 and 09/23/2025 she documented she assisted Resident #47 with her hearing aids, and she did not. She confirmed she should not have documented she completed a task when she did not.On 09/24/2025 at 11:21 a.m., an interview was conducted with S2DON. S2DON reviewed Resident #47's Plan of Care Task log for assisting resident with hearing aids and confirmed the above dates mentioned had been documented as complete. She confirmed staff should not document a task completed if it was not.