

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Many Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Natchitoches Hwy 6 East Many, LA 71449	

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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, and record review the facility failed to meet the nutritional needs of residents in accordance with established national guidelines. The facility failed to follow the menu in regard to portion size to ensure nutritional adequacy of the pureed meals for 13 Residents who receive pureed meals prepared by the facility kitchen. Findings: Review of the facility's policy titled: Food and Nutrition Services read in part . Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Review of the facility's Pureed lunch Menu revealed. Turkey Breast Thigh- 1/4 cup, Cornbread Dressing f/Mix- 1/2 cup, [NAME] Bean Casserole w/Cut Freeze & Soup- 1/3 cup, Unfrosted Red Velvet f/Choc Mix-1/4 cup. Review of the Pureed Recipe menu revealed preparation steps and resident serving sizes to prepare each individual food item for residents' pureed meals according to the number of residents on pureed diets. Observation on 03/10/2026 at 2:40 p.m. revealed S5 [NAME] prepared pureed turkey by scooping an unmeasured amount into a smaller pan, then into blender, and added turkey juice using a 6oz ladle with it totaling to 5 ladles of turkey juice added during blending. Next, S5 [NAME] was observed preparing corn bread dressing by scooping an unmeasured amount into smaller pan, then into blender, and adding turkey juice using a 6 oz ladle with it totaling to 3 ladles of turkey juice added during blending. Finally, S5 [NAME] prepared pureed green bean casserole by pouring half of the container of green bean casserole including the juice into the blender, adding thickener, and blended. S5 [NAME] was observed not using the pureed recipe menu. Observation of the pureed recipe binder which contained pureed recipe menus was closed sitting on the shelf. In an observation and interview on 03/10/2026 at 11:43 a.m., S5 [NAME] confirmed she does not measure any of the food in regard to portion sizes that she prepares for residents who are on pureed meals. S5 [NAME] shrugged her shoulders and stated, I just know how much food to prepare. In an interview on 03/10/2026 at 12:01 p.m., S11 RD confirmed the dietary staff are supposed to use the recipe menu to prepare pureed meals for residents on pureed diets. In an interview on 03/10/2026 at 12:45 p.m., S1 Admin acknowledged dietary cooks did not use the recipe menus to prepare the pureed meals at lunch, but should have.</p>

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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute and serve food under sanitary conditions by: Failing to ensure safe food was served on the food line; and Failing to store clean dishes appropriately This failed practice had the potential to affect all 73 residents who receive food prepared from the facility's kitchen. Findings:Review of the facility's policy dated 03/05/2026 titled Food Preparation and Service revealed in part.Food and nutrition services employees prepare and serve food in a manner that complies with safe food handling practices. Food Service/Distribution. 2. The temperatures of foods held in steam tables are monitored throughout the meal by food and nutrition services staff. Observation of temperature logs for steam tables for 03/2026 on 03/09/2026 at 9:15 a.m. revealed temperatures of prepared steam table foods were not completed for the following days and meals:March 3-breakfast and lunchMarch 5-breakfast, lunch, and dinnerMarch 6-breakfast, lunch, and dinnerMarch 7-breakfast, lunch, and dinnerMarch 8-breakfast, lunch, and dinnerMarch 9-breakfast In an interview on 03/09/2026 at 9:15 a.m., S4 DM confirmed temperatures of the prepared foods on the steam table were not completed for the dates and meals listed above but should have been. Observation and interview with S4 DM on 03/09/2026 at 8:52 a.m. revealed a dirty, dusty electric fan blowing on clean dishes placed in a drying rack next to drying station. S4 DM stated the fan is used to dry the dishes. S4 DM confirmed the fan was dirty and dusty but should not have been.</p>

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to notify the Ombudsman in writing of resident transfer/discharge for 2 (Resident #2 and Resident #81) of 2 residents reviewed for transfer/discharge. The total sample size was 33.</p> <p>Review of a facility policy on 03/11/2026 at 2:51 p.m. titled, Transfer or Discharge Notices with a revision date of 03/2025 revealed in part .Residents (or Resident Representatives) are notified of an impending transfer or discharge and the reasons for the move in writing and in a language and manner they understand. A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman. Notice of Transfer or Discharge (Anticipated) 2. Under the following circumstances, the notice of transfer is given as soon as it is practicable but before the transfer or discharge: b. The resident's health improves sufficiently to allow a more immediate transfer or discharge, c. An immediate transfer or discharge is required by the resident's urgent medical needs.</p> <p>Review of Resident #2's medical record revealed an admission date of 02/12/2026 and a discharge date of 03/04/2026. Resident #2 had diagnoses which included in part . Displaced Fracture of Shaft of Fourth Metacarpal Bone, Right Hand, Subsequent Encounter for Fracture with Routine Healing, Multiple Fractures of Ribs, Right Side, Subsequent Encounter for Fracture with Routine Healing and Displaced Fracture of Distal Phalanx of Right Thumb, Subsequent Encounter for Fracture with Routine Healing.</p> <p>Review of Resident #2's 03/2026 Physician orders revealed in part .Order Date 03/02/2026: Discharge home with LA Homecare Home Health skilled nursing therapy services on Wednesday, 03/04/2026.</p> <p>Review of Resident #2's Discharge Summary revealed in part .Effective date: 03/04/2026- admission Date 02/12/2026 and discharge date [DATE]. Reason for discharge: Resident discharged home with LA Home Care with skilled PT/OT.</p> <p>Review of the facility's transfer logs titled, Louisiana Ombudsman Program/Emergency Transfer Log from dates 01/01/2026-03/11/2026 revealed Resident #2's planned discharged home on [DATE] was not logged or reported.</p> <p>In an interview on 03/11/2026 at 2:13 p.m., S10 BOM revealed she was responsible for reporting the transfer logs to the LA Ombudsman Program. S10 BOM stated she was unaware to report planned discharges or any discharges to the LA Ombudsman Program. S10 BOM confirmed she did not report Resident #2's planned discharge home to the LA Ombudsman Program.</p> <p>Resident #81</p> <p>Review of Resident #81's Electronic Health Record (EHR) revealed an admission date of 01/30/2026 and a discharge date of 02/07/2026. Resident #81 had diagnoses that included in part.Displaced Mid-cervical Fracture of Left Femur, 2-Part Displaced Fracture of Surgical Neck of Left Humerus, and Disorientation, Unspecified. (continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #81's 02/2026 Physician Orders revealed in part, send to emergency room for evaluation/treatment due to complaining of chest pain (initiated 02/07/2026).</p> <p>Review of Resident #81's departmental progress notes revealed in part.</p> <p>02/07/2026 6:16 p.m. General Nurses Note Narrative: Resident #81 pulling nasal cannula off and yelling, I can't breathe! Nasal Cannula placed back on and she removed again. Resident #81 yelled, My chest hurts, I want to go to the hospital! Physician notified, new order received to send to emergency room for chest pain. Ambulance notified.</p> <p>02/07/2026 6:48 p.m. General Nurses Note Narrative: Resident #81 transferred out to emergency room at 6:45 p.m.</p> <p>Review of Resident #81's Facility Discharge summary dated [DATE] revealed in part, sent to hospital related to chest pains. Was transferred from emergency room to another hospital due to NSTEMI. Resident #81 was discharged from the hospital to home on hospice care.</p> <p>Interview on 03/11/2026 at 1:35 p.m. with S7 Unit Manager revealed Resident #81 was sent out to the hospital with chest pains and difficulty breathing. S7 Unit Manager stated Resident #81 did not return to the facility and was discharged from the hospital to home with hospice. Requested the Office of the State Long Term Care Ombudsman Emergency Transfer Log. S7 Unit Manager stated she would go get it.</p> <p>Interview on 03/11/2026 at 1:54 p.m., S7 Unit Manager confirmed that Resident #81 was not on the Office of the State Long Term Care Ombudsman Emergency Transfer Log and that S10 BOM was responsible for notifying the Ombudsman of transfers and discharges.</p> <p>Interview on 03/11/2026 at 2:16 p.m., S10 BOM revealed that she is responsible for notifying the Ombudsman of resident transfers and discharges. S10 BOM stated she only includes hospitalizations, not discharges, in the emergency transfer log. S10 BOM revealed she was cited for this last year so she reviewed the requirements and even had a discussion with the Ombudsman about the Emergency Transfer Log. S10 BOM confirmed she did not submit in writing to the Ombudsmen a notification of Resident #81's hospitalization or discharge from the facility.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that a person-centered plan of care was developed for 1 (Resident #6) of 33 sampled residents to reflect a diagnosis of Dementia. The facility had a total census of 73. Findings: Review of Resident #6's medical record revealed an admit date [DATE] with diagnoses which included: Unspecified Dementia, Major Depressive Disorder, Psychotic Disorder with Delusions due to known physiological condition and Age-Related Cognitive Decline. Review of Resident #6's Quarterly MDS with an ARD of 12/29/2025 revealed a BIMS score of 99 (indicating severe impaired cognition), and required partial/moderate assistance with oral hygiene, bathing and toilet use. Resident #6's MDS revealed he was coded for a diagnosis of Non-Alzheimer's Dementia. Review of Resident #6's most recent care plan revealed no documented evidence of a care plan related to his diagnosis of Dementia. Interview on 03/11/2026 at 11:43 a.m. with S3 LPN/MDS confirmed Resident #6 did not have a care plan related to his diagnosis of Dementia, but should have.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, record review and interview the facility failed to provide care and services that met professional standards of quality by failing to asses a Central Venous Catheter for 1 (Resident #59) of 33 sampled residents. Findings:Review of a facility policy titled, Dialysis Management and AV Access Policy with a review date of 02/26/2026 read in part.Purpose: To establish standardized procedures for safe management of residents receiving hemodialysis, ensuring preservation of vascular access integrity, continuity of care, regulatory compliance, and effective interdisciplinary coordination.Policy Statement: The facility shall ensure all residents receiving dialysis services are monitored, assessed, and managed in accordance with physician orders, accepted standards of nursing practice, and regulatory requirements. Review of Resident #59's medical record revealed an admit date of 08/04/2021 with diagnoses that included in part.End Stage Renal Disease, Hypertensive Chronic Kidney Disease, Protein-Calorie Malnutrition, Human Immunodeficiency Disease, and Acute on Chronic Diastolic Heart Failure. Review of Resident #59's Quarterly MDS with an ARD of 12/15/2025 revealed a BIMS sore of 7, which indicated severe cognitive impairment. Resident #59 required partial/moderate assistance with eating and upper body dressing; substantial/maximal assistance with lower body dressing; and dependent for hygiene, toileting, and bathing. Review of Resident #59's Care Plan revealed in part.Monitor dialysis catheter to left chest wall as ordered. Monitor/document/report as needed any signs or symptoms of infection to access site: Redness, swelling, warmth or drainage. Review of Resident #59's 03/2026 Physician Orders read in part .Resident to receive dialysis 3 days a week on Monday, Wednesday, and Friday at the Dialysis Center related to End Stage Renal Disease. Observation on 03/10/2026 at 11:00 a.m. revealed Resident #59 sitting in a wheelchair outside on the patio with a dressing noted to the left chest wall. Resident #59 was unable to state if staff were monitoring the dialysis catheter. Interview on 03/10/2026 at 11:10 a.m. S8 LPN revealed Resident #59 had a port to his left chest wall in which he received Hemodialysis through. S8 LPN revealed this information was documented on the resident's MAR (Medication Administration Record). Review of Resident #59's 03/2026 medical record revealed no documentation of Resident #59's Central Venous Catheter to the left chest being monitored or assessed.Interview on 03/11/2026 at 12:50 a.m. with S1 DON revealed Resident #59 previously had an Internal Jugular Catheter that was discontinued on 01/27/2026. S1 DON confirmed a Central Venous Catheter was placed in Resident #59's left chest wall, and was not put on to the MAR to monitor or assess, but should have been.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on record review, observations and interviews, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure oxygen was administered as ordered by the physician for 1 (Resident #4) of 33 sampled residents. Findings: Review of the facility's policy titled Oxygen Administration and Oxygen Safety, with a review date of 03/03/2026, revealed the following in part, Policy: The purpose of this procedure is to provide guidelines for safe oxygen administration and oxygen safety guidelines. Preparation: 1. Review the physician's orders or facility protocol for oxygen administration. Review of Resident #4's medical record revealed an admission date of 02/13/2025 with diagnoses that included in part, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side, Chronic Respiratory Failure, Type 2 Diabetes Mellitus with Hyperglycemia, and Functional Quadriplegia. Review of Resident #4's 03/2026 Physician Orders for revealed O2 (oxygen) at 2 liters per minute via nasal cannula continuously, every shift related to Chronic Respiratory Failure with an order date of 02/16/2025. Review of Resident #4's Annual Minimum Data Set (MDS) with an ARD (Assessment Reference Date) date of 01/16/2026 revealed the resident has a Brief Interview for Mental Status (BIMS) score of 99, which indicated severe cognition impairment. Further review revealed Resident #4 required oxygen therapy. Observation on 03/09/2026 at 8:55 a.m., revealed Resident #4 lying in bed alert to self only. Resident #4 observed with oxygen in progress at 1 liter/minute via nasal cannula per oxygen concentrator. Observation on 03/09/2026 at 3:00 p.m., revealed Resident #4 lying in bed asleep with oxygen infusing at 1 liter/minute via nasal cannula. Observation on 03/10/2026 at 8:50 a.m., revealed Resident #4 lying in bed alert to self only with oxygen infusing at 1 liter/minute via nasal cannula. Interview on 03/10/2026 at 8:55 a.m., S8 LPN stated Resident #4 is ordered continuous oxygen at 2 liters/minute via nasal cannula. S8 LPN revealed that she hadn't been in Resident #4's room yet to check the oxygen concentrator and that Resident #4 shouldn't have been on 1 liter of oxygen. Interview on 03/10/2026 at 8:58 a.m., S7 Unit Manager accompanied this surveyor to Resident #4's bedroom and confirmed that Resident #4 was ordered continuous oxygen at 2 liters/minute via nasal cannula and was currently on 1 liter/minute of oxygen, and shouldn't have been.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to ensure infection control measures were practiced to provide a safe, sanitary environment and prevent the development and transmission of communicable diseases and infections by failing to ensure medical equipment was cleaned in between uses with multiple residents. This had to potential to affect 73 residents. Findings: Review of the facility's policy dated 03/03/2026 on Infection Prevention and Control Program revealed in part Policy Statement-An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent and development and transmission of communicable diseases and infections. Observation of medication administration on 03/10/2026 at 9:20 a.m., revealed S9 LPN used an unclean, wrist blood pressure medical equipment in between uses with multiple residents. In an interview on 03/10/2026 at 10:05 a.m., S9 LPN revealed she did not clean wrist blood pressure medical equipment in between uses with multiple residents, but should have. In an interview on 03/11/2026 at 3:11 p.m., S2 DON acknowledged S9 LPN did not clean wrist blood pressure medical equipment in between uses with multiple residents, but should have.</p>		