STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195312	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pierremont Healthcare Center	725 Mitchell Lane 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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on record reviews, observations and interviews the facility failed to provide appropriate infection control practices for 1 (#3) of 1 resident reviewed with an indwelling catheter. The facility failed to provide privacy and use appropriate infection control practices when removing Resident #3's catheter. Findings:Review of facility's Urinary Catheter Policy with a revision date of June 2025 revealed in part;Purpose: The purpose of this procedure is to prevent catheter-associated urinary tract infections.Preparation: 2. Assemble the equipment and supplies as needed.General Guidelines: 1. Following aseptic techniques of the urinary catheter, maintain a closed drainage system. Use Enhanced barrier precautions. Changing Catheters:Equipment and SuppliesThe following equipment and supplies will be necessary when performing this procedure:1. Wash basin;2. Soap and water;3. Wash cloth;4. Towel;5. Bed protector; and6. Gown, gloves and mask (follow Enhanced Barrier Precautions.)Steps in the Procedure:3. Fill the wash basin one-half (1/20) full of warm water. Place the wash basin on the bedside stand within easy reach.7. Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry.12. Provide privacy. Cover the resident with a sheet, exposing only the perineal area.Review of 802 Roster Matrix revealed Resident #3 had an indwelling catheter. Review of Resident #3's face sheet revealed initial admission date of 03/20/2026 and a re-entry admission date of 05/18/2026 with the following diagnoses but not limited to muscle weakness (generalized), gram-negative sepsis, bacteremia, sepsis due to enterococcus, and urinary tract infection.Review of Resident #3's June 2026 Physician Orders revealed an order dated 06/09/2026 to change urinary catheter afterwards collect urinalysis with reflex.During an interview on 06/09/2026 at 2:55 p.m. S5 LPN (Licensed Practical Nurse) reported Resident #3 had an order for a culture with catheter change on Resident #3.Observation on 06/09/2026 at 3:00 p.m. revealed S5 LPN, S6 LPN, and S7 CNA (Certified Nurse Assistant) Coordinator failed to close the blinds to the outside to provide privacy for Resident #3. S5 LPN failed to bring a bag to dispose of linen and waste that would be used during procedure. S5 LPN failed to set up a basin with soap and water. S5 LPN removed Resident #3's catheter with assistance from S6 LPN and S7 CNA Coordinator. Further observation revealed Resident #3 had a bowel movement. During perineal care, S6 LPN exited Resident #3's room with the contaminated PPE on to retrieve linen and supplies. S5 LPN failed to cover Resident #3's exposed lower body while awaiting S6 LPN return with linen and supplies. S6 LPN returned to Resident #3's room with the contaminated PPE. During an interview on 06/09/2026 at 3:30 p.m. S3 Infection Control Nurse reported staff should have removed contaminated PPE before exiting a resident's room on EBP. Staff should have brought another bag to dispose of linen and waste used during a catheter change procedure. During an interview on 06/09/2026 at 3:45 p.m. S5 LPN confirmed privacy was not provided to Resident #3 during catheter removal. S5 LPN confirmed a bag to dispose of linen and waste that was used during procedure was not provided. S5 LPN confirmed a basin with soap and water was not set up for the procedure. During an interview on 6/10/2026 at 8:30 a.m. S6 LPN confirmed the contaminated PPE was not removed and disposed of properly when leaving Resident #3's room. S6 LPN confirmed returning with linen and supplies to Resident #3's room with the same contaminated PPE on.

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
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection. The facility failed to ensure:Enhanced Barrier Precautions (EBP) posted outside the resident's room for 1 (Resident #2) of 3 residents reviewed for EBP, Suctioning supplies were stored properly for 1 (Resident #1) of 3 residents who needed respiratory care, including tracheostomy care Findings: Review of the facility's Enhanced Barrier Precautions (EBP) policy dated 04/01/2024 revealed in part:Enhanced Barrier Precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employ targeted gown and glove use during high contact resident care activities.EBP are indicated for residents with any of the following:Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies.Communication to Staff/Medical Professionals:The facility will utilize postings outside the room and Point Click Care to communicate to staff if a resident requires EBP. Resident #2 Review of the facility's roster matrix revealed Resident #2 had a tracheostomy. Review of Resident #2's face sheet revealed an admission date to the facility on [DATE] with the following diagnoses but not limited to Malignant Neoplasm of the larynx, Malignant Neoplasm of the supraglottis, acute respiratory failure with hypoxia, tracheostomy, gastrostomy, and acute respiratory distress.Review of Resident #2's current care plan revealed in part, resident required Enhanced Barrier Precaution related to tracheostomy with an intervention to apply signage outside resident room.Observation on 06/08/2026 and 06/09/2026 failed to reveal EBP signage outside Resident #2's room.During an Interview on 06/09/2026 at 1:55 p.m., S3 Infection Control Nurse acknowledged there was no EBP signage outside Resident #2's room but should have been. Resident #1Review of Resident #1's face sheet revealed an initial admission date of 12/23/2024 and a re-entry date of 03/23/2026 with following diagnoses revealed in part but not limited to quadriplegia and tracheostomy status. Review of facility policy on Infection Control with a revision date 06/30/2025 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 the development and transmission of communicable diseases and infections. Observation on 06/08/2026 at 1:00 p.m. revealed Resident #1's yankauer suction was in Resident #1's bedside table drawer without being properly placed in a plastic bag. During an interview on 6/8/2026 at 1:15 p.m. S4 LPN (Licensed Practical Nurse) reported Resident #1's yankauer suction should be stored in a plastic bag and labeled. During an interview on 6/10/2026 at 2:30 p.m. S1 Corporate Nurse reported Resident #1's yankauer suction should be stored in a plastic bag and not just be stored in Resident #1's bedside drawer.