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	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pierremont Healthcare Center	725 Mitchell Lane Shreveport, LA 71106

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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 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** Based on observations and interviews the facility failed to accommodate the needs of 2 (#5, #100) out of 4 (#5, #15, #21, #100) residents reviewed for environment. The facility failed to ensure:Resident #5 had a cord on the wall light next to the bed.Resident #100's bathroom emergency call light was functional.Findings:Resident #5Review of Resident #5's record revealed Resident #5 had a BIMS score of 14 indicating intact cognition. During an interview on 02/10/2026 at 7:59 a.m., Resident #5 reported the wall light next to her bed didn't work. Observation on 02/10/2026 at 7:59 a.m. revealed Resident #5's over-bed light on the wall did not have a pull cord to turn it on. During an interview on 02/10/2026 at 8:17 a.m., S17 CNA confirmed Resident #5's wall light did not have a pull cord to turn it on. Observation on 02/12/2026 at 8:18 a.m. revealed Resident #5's wall light did not have a pull cord to turn it on. During an interview on 02/12/2026 at 8:20 a.m., S17 CNA reported they told S1 Administrator on 02/11/2026 Resident #5's wall light did not have a cord to turn it on.During an interview on 02/12/2026 at 8:58 a.m., S18 Maintenance Supervisor observed Resident #5's wall light and confirmed it was missing the entire light switch and the pull cord that attached to the switch and needed to be repaired. Resident #100Review of Resident #100's 5 Day MDS assessment dated [DATE] revealed Resident #100 had a BIMS score of 11 indicating moderately impaired cognition. Observation on 02/09/2026 at 9:00 a.m. revealed Resident #100's bathroom emergency call light did not activate the call system when pulled. During an interview on 02/09/2026 at 9:00 a.m., Resident #100 reported she used the bathroom for toileting, washing her hands, and brushing her teeth. During an interview on 02/09/2026 at 9:05 a.m., S16 Social Worker entered Resident #100's room, and confirmed Resident #100's bathroom emergency call light did not work. Observation on 02/12/2026 at 9:02 a.m. revealed Resident #100's bathroom emergency call light did not activate the call system when pulled. During an interview on 02/12/2026 at 9:03 a.m., S18 Maintenance Supervisor observed Resident #100's bathroom emergency call light with surveyor and confirmed it did not work and needed to be fixed again or replaced.

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, and interviews, the facility failed to provide services to prevent further contractures and potential decline in range of motion for 2 (#24, #81) of 2 residents reviewed for positioning & mobility. Findings: Resident #24 Review of Resident #24's medical record revealed an admit date of 11/01/2019 with diagnoses, including in part: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and contracture right hand. Review of Resident #24's MDS assessment dated [DATE] revealed a functional status of dependent on dressing, toileting, bed mobility, transfers, shower/bathe, eating and personal hygiene. Review of Resident #24's Physician's orders revealed orders dated 12/31/2025 for resident to wear right elbow extension hand splint, on before breakfast, off after lunch or as tolerated. Resident to receive RNP services at least 6 x week for PROM and splinting due to diagnosis of CVA. Review of Resident #24's comprehensive care plan revealed: Resident at risk for loss of ROM - Splints as ordered. Observation on 02/09/2026 at 8:15 a.m. revealed Resident #24's right hand was contracted. Further observation revealed right hand contracted inward and splint lying on bedside table. Observation on 02/10/26 at 8:30 a.m. revealed Resident #24's right hand was contracted. Further observation revealed right elbow extension hand splint on bedside table. Observation on 02/11/2026 at 9:15 a.m. revealed Resident #24's right hand was contracted. Further observation revealed right elbow extension hand splint on bedside table. During an interview on 02/11/2026 at 11:50 a.m., S4 Restorative Aide reported Resident #24 had orders to place the splint once a day. S4 Restorative Aide confirmed on 02/09/2026 and 02/10/2026 she and the other restorative aide were working on the floors and were unable to apply the splint to Resident #24's right hand. Resident #81 Review of Resident #81's medical record revealed an admit date of 05/17/2024 with diagnoses, including in part: hemiplegia and hemiparesis following cerebral infarction affecting dominant side and right shoulder muscle wasting and atrophy. Review of Resident #81's Quarterly MDS assessment dated [DATE] revealed impairment to ROM to one side of upper extremities and one side of lower extremities. Further review of Resident #81's Quarterly MDS dated [DATE] revealed a functional status of dependent with dressing, toileting, bed mobility, transfers, shower/bath, eating, and personal hygiene. Review of Resident #81's active physician orders revealed in part an order dated 01/02/2026 for resident to have Restorative Nursing Program for passive range of motion to right upper elbow and shoulder, flexion/extension 3 sets of 20 two times a week, and right resting hand splint applied after breakfast and removed after lunch. Review of Resident #81's task section of medical record for past 30 days, 01/14/2026 through 02/11/2026, failed to reveal documentation Resident #81's splint had been applied during the 30 day look back period. Further review of Resident #81's tasks revealed the not applicable box was checked every day during the 30 day look back period for Resident #81's amount of minutes spent providing splint or brace assistance task. An observation on 02/10/2026 at 12:30 p.m. revealed Resident #81 lying in bed without splint in place to right hand. An observation on 02/11/2026 at 10:30 a.m. revealed Resident #81 lying in bed without splint in place to right hand. An observation on 02/12/2026 at 9:00 a.m. revealed resident #81 lying in bed without splint to right hand. During an interview on 02/12/2026 at 9:05 a.m., S4 Restorative Aide reported Resident #81 did not have a splint. During an interview on 02/12/2026 at 9:20 a.m., S14 LPN, on Resident #81's hall, reviewed Resident #81's orders and confirmed Resident #81 did have an order for splint to right hand. During an interview on 02/12/2026 at 9:21 a.m., S14 LPN observed Resident #81 and confirmed Resident #81 did not have a splint in place to right hand.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations, and interviews, the facility failed to provide adequate supervision to prevent accidents and ensure the residents' environment remained free of hazards for 1 (#83) of 1 residents reviewed for smoking. The facility failed to:1. Ensure Resident #83 was supervised while smoking according to the facility's policy and the residents' plan of care;2. Ensure Resident #83's smoking materials were secured according to the facility's policy and the residents' plan of care, and;3. Ensure Resident #83's smoking safety evaluations were conducted quarterly according to the facility's policy. Findings: Review of the Facility Smoking Policy - Supervised and Unsupervised - latest revision date of 07/01/2025 revealed in part:This policy is intended to minimize the risks to residents who smoke, including possible adverse effects on treatment .Residents wishing to smoke while at the facility will have a Smoking Safety Evaluation completed by the interdisciplinary team to determine the resident's ability to follow smoking policies safely .If resident is determined to be an Unsafe Smoker then they must be supervised at all times when smoking. Facility staff will keep all smoking supplies and smoking times will be established by the facility and adhered to by the resident. A supervised smoking schedule will be posted and residents will be required to smoke with supervision only, according to the schedule. Resident smoking evaluations will be conducted: admit/readmit, quarterly, change in condition. Review of the facility provided Smoker's list revealed Resident #83 was listed as an unsafe smoker. Review of Resident #83's record revealed an initial admission date of 11/26/2008, a readmission date of 02/09/2009, and diagnoses including: other cerebral infarction due to occlusion or stenosis of small artery, chronic obstructive pulmonary disease, other lack of coordination, unspecified visual disturbance, weakness, and tobacco use.Review of Resident #83's Quarterly MDS dated [DATE] revealed Resident #83 had a BIMS Score of 15 indicating intact cognition.Review of Resident #83's comprehensive care plan revealed in part: the resident is a smoker. Date Initiated: 06/06/2025 - observe clothing and skin for signs of cigarette burns. Date Initiated: 06/06/2025 - The resident requires a smoking apron while smoking. Date Initiated: 06/06/2025 - The resident requires supervision while smoking. Date Initiated: 06/06/2025 - The resident's smoking supplies are stored on med cart. Date Initiated: 06/06/2025. Review of Resident #83's most recent Smoking/Vaping Safety Evaluation dated 06/05/2025 revealed in part: -Can the Resident dispose of ashes or other tobacco-related residue appropriately? = no-Does the Resident have finger dexterity problems? = no-It is confirmed resident is NOT a safe smoker/vaper.-Smoking/Vaping Additional Notes/Comments - Resident has smoking apron that he wears every day. Resident educated at this time and resident's responsible party.Observation on 02/09/2026 at 9:55 a.m. revealed Resident #83 had a cigarette lighter in his lap while seated in his wheelchair wearing a smoking apron. Further observation revealed a pack of cigarettes on Resident #83's bed side table. During an interview on 02/09/2026 at 9:55 a.m., Resident #83 reported he went outside to smoke about 3 times a day. Resident #83 further reported he had burned himself about a year ago and he had to wear the smoking apron ever since then but was still allowed to keep his own smoking supplies. Observation on 02/10/2026 at 3:10 p.m. revealed Resident #83 seated in his wheelchair in his room wearing a smoking apron with a pack of cigarettes and a lighter on the bedside table next to him. Observation on 02/11/2026 at 8:30 a.m. revealed Resident #83 was in bed in his room with a pack of cigarettes and a lighter on the bedside table. Observation on 02/11/2026 at 1:22 p.m. revealed a cigarette lighter on the bedside table in Resident #83's room. Resident #83 was observed to be outside on the patio just outside the end of the hall smoking a cigarette with a smoking apron in place. Further observation revealed another resident, Resident #32, was outside holding two packs of cigarettes and smoking with Resident #83. Further observation revealed no staff member was present outside with Resident #83. During an interview on 02/11/2026 at 1:22 p.m. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #83 reported sometimes he was able to light his own cigarette, but usually his friend, Resident #32, would light it for him. Resident #83 reported Resident #32 was holding his pack of cigarettes for him. During an interview on 02/11/2026 at 1:26 p.m. S19 LPN reported unsafe smokers should be supervised when smoking, but she did not know Resident #83's smoking status. During an interview on 02/11/2026 at 1:28 p.m., S3 ADON confirmed the facility policy required unsafe smokers to be supervised when smoking and that smoking supplies be kept by staff. S3 ADON reported Resident #83 did not always have staff supervision when smoking because he wore a smoking apron. S3 ADON further reported staff did not keep Resident #83's smoking supplies because he would get really angry if you tried to take his cigarettes and lighter from him. S3 ADON further confirmed quarterly smoking safety assessments had not been completed for Resident #83 and should have been. During an interview on 02/11/2026 at 1:40 p.m., S5 Corporate Nurse confirmed Resident #83 did not have quarterly smoking safety assessments and should have. S5 Corporate Nurse further confirmed Resident #83 was an unsafe smoker, should not be in possession of his own smoking supplies, and should have staff supervision when smoking. During an interview on 02/11/2026 at 2:00 p.m., S20 LPN/MDS Nurse reported the floor nurses were responsible for performing the quarterly smoking safety assessments. S20 LPN/MDS Nurse further reported Resident #83 refused to give up possession of his smoking supplies and told them he's grown, he's going to smoke when he wants to, and that all they could do was chart it as a behavior.

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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 review and interview, the facility failed to provide appropriate and sufficient services, treatment and care, based upon current standards of practice and the resident's comprehensive assessment and care plan to prevent urinary tract infections. The facility failed to provide suprapubic catheter care for 1 (#122) of 3 residents reviewed for urinary catheter or UTI.Findings: Review of Resident #122's medical record revealed an admit date of 02/26/2024 and discharge date of 05/06/2025 with the following diagnoses, including in part: quadriplegia C1-C4 complete, other retention of urine, UTI, and neuromuscular dysfunction of bladder unspecified. Review of Resident #122's comprehensive care plan revealed resident has indwelling catheter -suprapubic catheter care as ordered and prn.Review of Resident #122's Physician's orders revealed an order dated 05/15/2024 for suprapubic catheter care every shift and as needed for patency.Review of Resident #122's April 2025 TAR failed to reveal suprapubic catheter care was provided on the following shifts: day shift on 04/04/2025 and 04/23/2025, night shift from 04/01/2025 to 4/04/2025, 04/07/2025 to 04/10/2025, 04/12/2025, 04/14/2025, 04/23/2025 and 04/24/2025.During an interview on 2/10/2026 at 2:30pm S2 DON reviewed Resident #122's April 2025 TAR and acknowledged Resident #122 did not receive suprapubic catheter care on day shift 04/04/2025 and 04/23/2025, night shift from 04/01/2025 to 4/04/2025, 04/07/2025 to 04/10/2025, 04/12/2025, 04/14/2025, 04/23/2025 and 04/24/2025.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview the facility failed to store food in accordance with professional standards for food service safety. The facility failed to ensure resident snack/nourishment refrigerators contained sealed, dated, labeled and dated food items from residents. Findings: Review of Policy titled Food: Safe Handling for Foods from Visitors (reviewed 08/08/2025) revealed, in part:Policy StatementResidents will be assisted in properly storing and safely consuming food brought into the facility for residents by visitors.Procedures .4. When food items are intended for later consumption, the responsible facility staff member will: .Ensure that the food is stored separate or easily distinguishable from the facility food.Ensure that foods are in a sealed container to prevent cross contamination.Label foods with the resident name and the current date.5. Refrigerator/freezers for storage of foods brought in by visitors will be properly maintained and: .Daily monitoring for refrigerated storage duration and discard of any food items that have been stored for >7 days. (Storage of frozen foods and shelf stable items may be retained for 30 days.) Review of the following resident snack/nourishment refrigerators revealed:Hall A-An unsealed, unlabeled and undated carton of a dozen eggs in a plastic grocery bag with [DATE] date on the end of the carton.-A partially used, unsealed, unlabeled and undated 4 ounce container of applesauce.Hall B-Signage on the front of the resident snack/nourishment refrigerator which read Resident Refrigerator Only, Food must be labeled with resident's name and date, Absolutely no employee's food/drinks allowed, and Food will be discarded if not labeled/dated or not resident's food/drink.-A partially used, unlabeled and undated 12 ounce container of chicken salad.-3 partially used, unsealed, unlabeled and undated 4 ounce containers of applesauce.-A partially used, unlabeled and undated 46 ounce carton of cranberry cocktail.-An undated and unlabeled paper plate with food on it and covered in plastic wrap.-A partially used 46 ounce carton of thickened apple juice with Best if used by 12/30/2025 on the side of the carton. During an interview on 2/10/2026 at 7:54 a.m. S2 DON reported the snack/nourishment refrigerators were used for things like residents' personal food for those residents who don't have a refrigerator in their room. Further reported residents were to put name and date before being placed in the refrigerator. Further reported the night shift would check for things outdated and discard. During an interview on 02/10/2026 at 8:10 a.m. S3 ADON observed the items in the Hall B resident snack/nourishment refrigerator and reported the chicken salad, container of applesauce, carton of cranberry cocktail, covered paper plate with food, and thickened apple juice should have been sealed, labeled with resident name and dated when placed in the refrigerator and were not. During an interview on 02/10/2026 at 8:15 a.m. S13 LPN observed the items in the Hall A resident snack/nourishment refrigerator and reported the dozen eggs and applesauce should have been sealed, labeled with resident name and dated when placed in the refrigerator and were not.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on record review, observation, and interview, the facility failed to provide appropriate treatment and services for 1 (#90) of 2 (#90, #3) residents reviewed for tube feeding. The facility failed to ensure Resident #90's tube feeding and water bags were labeled correctly.Findings:Review of Resident #90's record revealed an admit date of 04/21/2025 and diagnoses including dysphagia following cerebral infarction, type 2 diabetes mellitus with other specified complication, moderate protein-calorie malnutrition, and encounter for attention to gastrostomy.Review of Resident #90's physician orders revealed orders including:- 01/05/2026 - Enteral feed every shift - Tube Feeding Continuous: Formula Osmolite 1.5 at 60cc/hr for 22 hours and 150cc H20 flush every 4 hrs to allow for ADL care.- 06/09/2025 - Jevity 1.5 maybe used as needed if Osmolite isn't available -04/30/2025 - Enteral Feed - every night shift Change feeding syringe, bag/bottle and tubing every 24 hrs or as directed by product manufacturer.Observation on 02/09/2026 at 10:00 a.m. revealed Resident #90 lying in bed with HOB elevated 30 degrees. Further observation revealed Resident #90 had tube feeding in progress with Jevity 1.5 at 60cc/hr. The container of Jevity and the bag of water for flushes were not labeled with the date and time they were prepared.During an interview on 02/09/2026 at 10:00 a.m., S15 LPN observed Resident #90's Jevity container and bag of water and confirmed they were not labeled and should have been.