

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Claiborne Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 Claiborne Ave. Shreveport, LA 71103	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on record review and interview the facility failed to develop a comprehensive care plan for 1 (#14) of 1 resident reviewed for urinary tract infection. Findings:Review of the facility's Care Plans, Comprehensive, Person-Centered policy, last review date 06/02/2025 revealed the following, in part:Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. Review of Resident #14's medical record revealed an admit date of 06/17/2025 with a diagnosis of personal history of urinary tract infections (UTI). Review of S6Nurse Practitioner progress note created 01/27/2026 revealed the following, in part:Levofloxacin Oral Tablet 750 MG, Give 1 tablet by mouth one time a day for wound infection for 14 Days, 750 milligrams, active, 01/22/2026 to 02/05/2026. Cranberry-Vitamin C-Inulin, UTI-Stat Oral Liquid, Give 30 milligrams by mouth two times a day related to personal history of urinary tract infections, active, 07/18/2025. Chronic UTI: Chronic, asymptomatic. Continue Estrace cream intravaginally at bedtime three times per week. Patient on Levaquin for osteo, should cover for UTI as well. Encourage hydration and routine hygiene measures. During an interview on 03/17/2026 at 1:55 p.m., S2DON reported Resident #14 had a UTI on 01/27/2026 and was treated. During an interview on 03/17/2026 at 2:30 p.m., S3Corporate Nurse verified a care plan was not completed for Resident #14's urinary tract infections.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations and interviews the facility failed to ensure nurse staffing data information was posted daily and retained for a minimum of 18 months. Findings: Observation on 03/16/2026 at 1:15 p.m. failed to reveal nurse staffing data information was posted. Observation on 03/17/2026 at 1:00 p.m. failed to reveal nurse staffing data information was posted. During an interview on 03/17/2026 at 1:09 p.m. S1 Interim Administrator reported the daily nurse staffing data information was not posted and should be. During an interview on 03/17/2026 at 2:00 p.m. S1 Interim Administrator reported she was unable to locate the daily staffing data information postings since 08/27/2025 and the daily postings should have been retained at least 18 months.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observations and interviews the facility failed to accommodate the needs of 1(#29) resident of 2 residents reviewed for environment. The facility failed to ensure resident's call light remained within reach. Findings: Review of the facility's Resident Call System policy with review date of 03/28/2023 revealed in part: Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation. Policy interpretation and implementation:1. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor. Review of Resident #29's 12/29/2025 Quarterly MDS assessment revealed in part, Resident #29 had a BIMS score of 00 which indicated severe cognitive impairment and did not have any functional impairment to upper or lower extremities. An observation on 03/16/2026 at 8:25 a.m. revealed Resident #29 lying in bed with dresser positioned at foot of bed. Further observation revealed Resident #29's call light lying on floor behind Resident #29's dresser. During an interview on 03/16/2026 at 8:30 a.m., S5Social Services Assistant confirmed Resident #29's call light was out of reach and should always be within reach of Resident #29. Observation on 03/18/2026 at 1:05 p.m. revealed Resident #29 lying in bed with eyes closed. Further observation revealed Resident #29s call light lying on the floor between Resident #29's foot of bed and dresser. During an interview on 03/18/2026 at 1:10 p.m., Resident #29's roommate, Resident #48, reported he calls for assistance when Resident #29 yells out for help. During an interview on 03/18/2026 at 1:14 p.m., S2DON observed Resident #29's call light on the floor out of Resident #29's reach and confirmed call light should be kept within Resident #29's reach.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on record review, observation and interview the facility failed to ensure the outside dumpster lids were closed. Findings:Review of the provider's Food-Related Garbage and Refuse Disposal policy, reviewed and revised 03/05/2026 revealed the following, in part:7. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter. Observation on 03/16/2026 at 8:14 a.m. revealed both of the dumpster's lids were completely open to the backside of the dumpster. During an interview on 03/16/2026 at 8:15 a.m., S4Dietary Manager verified both of the dumpster lids were completely open to the backside of the dumpster.</p>		