

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 Airline Drive Bossier City, LA 71111	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36665</p> <p>Based on record review and interviews the facility failed to ensure quarterly statements were provided for 2 (#1, #3) of 5 (#1, #2, #3, #4, #5) residents whose personal funds accounts were reviewed. The facility failed to provide quarterly statements to residents and their responsible parties.</p> <p>Findings:</p> <p>Review of the facility's Personal Funds Policy revealed the following:</p> <p>Purpose: Ensure that each individual record is established for each resident on which only those transactions involving: his/her personal funds are recorded and maintained.</p> <ol style="list-style-type: none"> 1. The facility must establish and maintain a system that ensures a full and complete and separate accounting, according to generally accepted accounting principles, of each residents personal funds entrusted to the facility on the resident's behalf. 2. The individual financial record must be available to the resident through quarterly statements and upon requests. <p>Resident #1</p> <p>Review of resident #1's electronic health record revealed resident #1 was admitted to the facility on [DATE] with a diagnoses of but not limited to; dementia, without behavioral disturbance, type 2 diabetes, ulcerative proctitis, hypertension, muscle weakness, heart disease and anemia.</p> <p>Review of resident #1's MDS (minimum data set) revealed resident #1 had a BIMS (brief interview mental status) score of 99 indicating resident #1 was rarely/never understood.</p> <p>During a phone interview on 12/17/2024 at 1:24 p.m. resident #1's responsible party reported she had not received statements quarterly for resident #1. Resident #1's responsible party further reported only receiving 1 statement by mail since resident #1 had been in the facility.</p> <p>Resident #3</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2575 Airline Drive Bossier City, LA 71111	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident # 3's electronic health record revealed resident # 3 was his own responsible party.</p> <p>Review of resident #3's MDS dated [DATE] revealed resident #3 had BIMS score of 10 indicating moderately impaired cognition.</p> <p>During an interview on 12/19/2024 at 9:00 a.m. resident #3 reported he had never received a statement regarding the balance of his account.</p> <p>During an interview on 12/19/2024 at 11:30 a.m. S3 Social Services reported she was not aware of any residents that had received statements from their account and further stated she did not know this was required.</p> <p>During an interview on 12/17/2024 at 3:30 p.m. S2 BOM (Business Office Manager) reported it was her practice to have statements mailed quarterly to resident's responsible parties and give residents statements by placing them in their rooms. S2 BOM confirmed she was not able to provide documented evidence of the provision of quarterly statements to resident's responsible parties and to residents in the facility who were their own responsible party.</p> <p>During an interview on 12/19/2024 at 2:00 p.m. S1 Administrator confirmed the facility was unable to provide documented evidence of the provision of quarterly statements to resident's responsible parties and to residents in the facility who were their own responsible party.</p>