

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 05/07/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36921</p> <p>Based on record reviews and interviews the facility failed to complete required reporting to the State Survey and Certification Agency in accordance with State law in a timely manner for 1 (#2) of 3 (#1, #2, and #3) sampled residents incidents that required reporting to be submitted. The facility failed to report an allegation of an inappropriate sexual relationship between a staff member and a resident in a timely manner to the State Survey and Certification Agency.</p> <p>Findings:</p> <p>Review of facility's Abuse Prevention Program (undated) revealed in part:</p> <p>Policy statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.</p> <p>Policy Interpretation and Implementation:</p> <p>As part of the resident abuse prevention, the administration will:</p> <p>7. Investigate and report any allegations of abuse within timeframes as required by federal requirements.</p> <p>Review of facility's Abuse Prevention Policy (revised February 2014) revealed in part:</p> <p>Policy: The facility is committed to protecting the resident from abuse by anyone including, but not necessarily limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual.</p> <p>Definitions:</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Abuse: Willful infliction on injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Abuse may be resident-to-resident, staff-to-resident, family-to-resident, or visitor-to-resident.</p> <p>Sexual Abuse: This includes, but is not limited to sexual harassment, sexual coercion or sexual assault, or non-consensual sexual contact of any type with a resident.</p> <p>Investigation: The facility will initiate at the time of any finding of potential abuse or neglect an investigation to determine cause and effect, and provide protection of any alleged victims to prevent harm during the continuance of the investigation. The Executive Director, or designee, shall report any allegations, neglect or misappropriation of resident property as well as report any reasonable suspicion of crime in accordance with Section 1150B of the Social Security Act of the Department of Health as required.</p> <p>Reporting: .Alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property are reported immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including State Survey Agency, APS (Adult Protective Services), and local law enforcement as requirement). Report the results of all investigations to the administrator or designated representative and other officials in accordance with state law including State Survey Agency within 5 working days of the incident.</p> <p>Review of Resident #2's face sheet revealed a admitted [DATE] with the following diagnoses: multiple fractures left/right foot, medical cuneiform of right foot, right toes, second metatarsal bone, left foot, nasal bones, unspecified lumbar vertebra, 1st, 2nd, 3rd metatarsal bone of the right foot, cuboid bone of right, anterior process of right calcaneus, 3rd, 4th, 5th metatarsal bone of the left foot, subsequent encounter for fracture with routine healing, subsequent encounter, multiple fractures of ribs, right/left side, unspecified fracture of fourth lumbar vertebra) bipolar disorder, current episode depressed, moderate, insomnia, unspecified, nightmare disorder, muscle weakness (generalized), difficulty in walking, lack of coordination, and dislocation of right hip.</p> <p>Review of Resident #2's State and Quarterly MDS (Minimum Data Set) dated 03/14/2025 revealed a BIMS (Brief Interview of Mental Status) of 15 out of 15 indicating cognitively intact.</p> <p>Review of facility's State Survey and Certification Agency Reporting Reports from December 2024 through May 2025 failed to reveal any allegations of a sexual/inappropriate relationship between a staff member and resident.</p> <p>Review of facility's Incident log from 02/06/2025 through 05/06/2025 failed to reveal any incidents involving Resident #2.</p> <p>Review of facility's investigation documentation dated 04/24/2025 revealed written employee statements were taken and life safety rounds were done in regards to an allegation of an inappropriate sexual relationship between a resident and facility employee.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/05/2025 at 10:00 a.m. S1 Administrator reported there was a rumor that was going around from S5 MDS coordinator to S2 Director of Clinical Operations about a facility employee possibly having a sexual relationship with a resident. S1 Administrator acknowledged not reporting the incident to the State Survey and Certification Agency because it was a rumor and she heard about it in passing from an employee and not from another resident. S1 Administrator reported there was not an incident report for this incident, the only results of investigation would be available in S6 CNA (Certified Nurse Assistant) personnel file.</p> <p>S1 Administrator reported both Resident #2 and S6 CNA denied having a sexual relationship. S1 Administrator reported Resident #2 had a high BIMS and had the right to have a relationship. S1 Administrator reported S6 CNA was in-serviced on not starting a relationship with a resident while being employed at the facility.</p> <p>During an interview on 05/05/2025 at 11:00 a.m. S2 Director of Clinical Operations reported hearing the rumor of an employee and resident having sexual relations but could not recall where she heard it. S2 Director of Clinical Operations reported maybe the rumor was heard from the Administrator. S2 Director of Clinical Operations reported S1 Administrator was responsible for submitting reports with an allegation of abuse to the State Survey and Certification Agency. S2 Director of Clinical Operations confirmed the allegation of an inappropriate sexual relationship between Resident #2 and S6 CNA was not reported to the State Survey and Certification Agency. S2 Director of Clinical Operations reported an internal investigation was completed and it was found there was nothing to report, just staff talking among themselves.</p> <p>During an interview on 05/06/2025 at 10:15 a.m. S5 MDS (Minimum Data Sets) Nurse reported overhearing a rumor a resident and staff member might be messing around. The next day S1 Administrator called her to ask had she heard of the rumor going around. S5 MDS reported she did not report it because it was overheard and no names were mentioned and she thought it was just gossip.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34708</p> <p>Based on record reviews and interviews the facility failed to ensure residents with pressure ulcers received necessary treatment and services consistent with professional standards of practice to promote healing for 1 resident (#3) of 2 residents (#1, #3) reviewed with pressure ulcers. The facility failed to ensure pressure ulcer treatments were performed as ordered and failed to measure and stage pressure ulcers according to professional standards of practice.</p> <p>Findings:</p> <p>Review of Resident #3's medical record revealed and admitted [DATE] with diagnoses that included in part, stage 4 pressure ulcer sacral region, stage 3 pressure ulcer unspecified hip, personal history healed physical trauma, non-pressure chronic ulcer of right thigh with unspecified severity, pressure ulcer right hip stage 4, pressure ulcer unspecified site stage 2, burn 2nd degree right knee, burn 3rd degree right knee, patient's noncompliance with other medical treatment and regimen for other reason, and contracture of muscle multiple sites.</p> <p>Review of Resident #3's May 2025 Physician Orders revealed the following wound orders dated 04/07/2025:</p> <ul style="list-style-type: none"> -Right Mid Back: cleanse with Dakin's. Pat dry. Apply skin prep to peri (perineal) area. Apply calcium alginate to open area and cover with dry dressing daily until resolved and PRN (as needed). -Sacrum: Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply calcium alginate to open area and cover with dry dressing daily until resolved. PRN one time a day and every 1 hours as needed. -Left Hip: Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply calcium alginate to open area and cover with dry dressing QD (every day) until resolved. PRN soilage/dislodgement one time a day and as needed. -Left Knee: Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply calcium alginate to open area and cover with dry dressing daily until resolved. PRN. -Right 5th Toe: Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply calcium alginate to open area and cover with dry dressing daily until resolved. PRN one time a day and every 1 hours as needed. -Left Buttock: Cleanse with Dakin's. Pat dry. Apply ski prep to peri area. Apply calcium alginate to open area and cover with dry dressing daily until resolved. PRN one time a day. -Left Medial Lower Leg: Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply calcium alginate to open area and cover with dry dressing daily until resolved. PRN one time a day. <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Right Medial Foot: Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply santyl, then calcium alginate to open area and cover with dry dressing daily and PRN one time a day every other day and every 1 hours as needed.</p> <p>-Right Ankle: Cleanse with Dakin's pat dry. Apply skin prep to peri area. Apply calcium alginate to open area and cover with dry dressing QOD (every other day) until resolved and PRN one time a day every other day.</p> <p>-Right Inferior Lower Leg: Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply collagen to open area and cover with dry dressing QOD until resolved and PRN.</p> <p>-Right Hip. Cleanse with Dakin's. Pat dry. Apply skin prep to peri area. Apply calcium alginate to open area and cover with dry dressing QOD until resolved. PRN soilage/dislodgement.</p> <p>Further review of Resident #3's May 2025 Physician Orders revealed an order dated 04/29/2025 to admit to ___ hospice services.</p> <p>Review of Resident #3's April 2025 Treatment Administration Record (TAR) failed to reveal treatments for Resident #3's Right Mid Back, Sacrum, Left Hip, Left Knee, Right 5th Toe, Left Buttock, and Left Medial Lower Leg pressure ulcers were performed daily as ordered on 04/08/2025, 04/11/2025, 04/18/2025, 04/20/2025, 04/21/2025, 04/23/2025, 04/25/2025, and 04/29/2025. Further Review of Resident #3's April 2025 TAR failed to reveal treatments for Resident #3's Right Medial Foot, Right Ankle, Right Inferior Lower Leg, and Right Hip pressure ulcers were performed every other day as ordered on 04/11/2025, 04/21/2025, 04/23/2025, 04/25/2025, and 04/29/2025.</p> <p>Review of Resident #3's medical record revealed Resident #3's pressure ulcers were measured and staged weekly by an outside wound care Nurse Practitioner (NP) with the exception of measurements and staging performed 04/11/2025 and 04/30/2025. Resident #3's medical record failed to reveal Resident #3's pressure ulcers were measured and staged by a Registered Nurse on 04/11/2025 and 04/30/2025 in the absence of the outside wound care NP.</p> <p>During an interview on 05/05/2025 at 11:45 a.m. S4 LPN (Licensed Practical Nurse)/Wound Care/ADON (Assistant Director of Nursing) reported she and the weekend RN (Registered Nurse) performed wound care to the residents in the facility with wounds. S4 LPN/Wound Care/ADON reported an outside wound care NP saw all residents with pressure ulcers and did measurements and staging weekly. S4 LPN/Wound Care/ADON reported Resident #3 was admitted to hospice last week and the hospice RN would start measuring and staging Resident #3's pressure ulcers weekly.</p> <p>During an interview on 05/06/2025 at 9:25 a.m. S4 LPN/Wound Care/ADON reported weekly pressure ulcer measurements and staging were performed in the absence of the outside wound care NP by the DON (Director of Nursing).</p> <p>During an interview on 05/06/2025 at 3:00 p.m. S4 LPN/Wound Care/ADON reviewed Resident #3's medical record and reported she performed wound care on Resident #3 on 04/11/2025 and 04/30/25 with the DON. S4 LPN/Wound Care/ADON reported she documented the pressure ulcer measurements and staging done by the DON on those dates and had not measured and staged the wounds. S4 LPN/Wound Care/ADON failed to provide documentation the DON signed confirmation of wound measurements and staging done on 04/11/2025 and 04/30/2025.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/06/2025 at 3:10 p.m. S3 Interim DON reported she had not performed any wound care and had not measured or staged any pressure ulcers since she began working as the interim DON on 04/07/2025.</p> <p>During an interview on 05/07/2025 at 2:30 p.m. S7 DON reported her first day at the facility was 05/05/2025 and she was not yet aware of her specific roll for pressure ulcer measuring and staging in the facility.</p> <p>During an interview on 05/06/2025 at 2:48 p.m. S2 Director of Clinical Operations reviewed Resident #3's April 2025 TAR and confirmed it failed to reveal treatments for Resident #3's Right Mid Back, Sacrum, Left Hip, Left Knee, Right 5th Toe, Left Buttock, and Left Medial Lower Leg pressure ulcers were performed daily as ordered on 04/08/2025, 04/11/2025, 04/18/2025, 04/20/2025, 04/21/2025, 04/23/2025, 04/25/2025, and 04/29/2025. S2 Director of Clinical Operations further acknowledged Resident #3's April 2025 TAR failed to reveal treatments for Resident #3's Right Medial Foot, Right Ankle, Right Inferior Lower Leg, and Right Hip pressure ulcers were performed every other day as ordered on 04/11/2025, 04/21/2025, 04/23/2025, 04/25/2025, and 04/29/2025. S2 Director of Clinical Operations confirmed an outside wound care NP measured and staged resident's pressure ulcers weekly with S4 LPN/Wound Care/ADON. S2 Director of Clinical Operations reported if the NP were not present for any reason to measure and stage wounds weekly, then she would perform the measurements and staging of the wounds with S4 LPN/Wound Care/ADON and sign behind her in confirmation. S2 Director of Clinical Operations reported she had not performed any wound care and had not measured or staged any pressure ulcers in the facility. S2 Director of Clinical Operations further reviewed Resident #3's medical record and acknowledged there was no documentation an RN had measured and staged Resident #3's pressure ulcers on 04/11/2025 and 04/30/2025 and should have.</p>		