

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  05/28/2025
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews the facility failed to conduct a significant change MDS (Minimum Data Set) for 1 (#1) of 3 (#1, #2, #3) sample residents after changes were noted that had an impact on the resident's health status and required interdisciplinary review and revision of the care plan.</p> <p>Findings:</p> <p>Review of resident #1's electronic medical records revealed a re-entry admission from a behavior hospital on [DATE].</p> <p>Review of resident #1's Discharge summary dated [DATE] from a local behavioral hospital revealed diagnoses of vascular dementia severe with agitation, bipolar disorder, current episode depressed moderate, medical diagnoses hypertension, atrial fibrillation, acute post procedural hematoma of skin and subcutaneous tissues following other procedure wedge compression fracture of T11-T12 vertebra. Stressors are problems with primary support group, problems related to social environment and housing problems, other psychosocial and environment problems. Prognosis as guarded.</p> <p>Review of resident #1's hospital discharge summary revealed Neurosurgery was consulted his evaluation revealed that resident #1 would be best served to be conservatively managed with a TLSO (thoracic lumbar and sacral orthosis) brace pain management therefore neurosurgical in indication as needed.</p> <p>Review of resident #1's current Physician orders dated 05/23/2025: OT (occupational therapy) to evaluate and treat as indicated. OT to provide skilled therapy services 5 times week for 30 days to address therapeutic exercises, therapeutic activities, self-care, neuromuscular re-education, group therapy, and modalities as indicated.</p> <p>Review of resident #1's Comprehensive Plan of Care revealed a problem with actual falls on 05/05/2025 with some of the interventions 05/2025 x-ray left wrist, resident moved to different room, and sent to emergency room for psychiatric evaluation.</p> <p>During an interview on 05/27/2025 at 2:10 p.m. S7 LPN (Licensed Practical Nurse) S7 LPN reported resident #1 had decline over the last few months, he is bored and had nothing to do.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/28/2025 at 9:10 a.m. S1 DON (Director of Nursing) reported a significant change assessment and the MDS should have been updated by S4 MDS (Minimum Data Set) nurse. S1 DON reported there is a system failure and started putting in to place last Thursday 05/22/2025 Performance Improvement Plan that is to be completed weekly. S1 DON reported the Care Plans are not being updated. S1 DON reported she had talked with S4 MDS Nurse about updating care plans and completing MDS assessments.</p> <p>During an interview on 05/28/2025 at 09:30 a.m. S4 MDS nurse reported she usually complete a significant change assessment when it is time to do the MDS. S4 MDS nurse reported she was going to complete a significant change assessment for resident #1 on 05/26/2025. S4 MDS nurse reported she did not complete a significant change assessment or update the care plan since his readmit from the Behavior Hospital. S4 MDS nurse reported a significant change assessment is usually completed when a resident have a change in ADLs (Activities of Daily Living). S4 MDS reported resident #1 wearing a brace, having therapy and using a wheelchair does indicate there should be a significant change assessment.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interview the facility failed to ensure standing orders were implemented for 1 (#3) of 3 (#1, #2, #3) residents reviewed. The facility failed to ensure S5 Physician's standing orders for a chest x-ray were completed.</p> <p>Findings:</p> <p>Review of S5 Physician's nursing home standing orders revealed:</p> <p>COVID (corona virus disease) Protocol Standing Orders: Chest X-ray AP (Anteroposterior)/Lateral</p> <p>Review of Resident #3's face sheet revealed an admission date of 05/02/2025 with the following medical diagnoses but not limited to right wrist ganglion metabolic encephalopathy, cellulitis to the right upper limb, repeated falls, other specified disorders of tendon-right shoulder, and mild cognitive impairment uncertain etiology.</p> <p>Review of Resident #3's record failed to reveal results of admit chest x-ray ordered on 05/02/2025.</p> <p>During an interview on 05/28/2025 at 9:30 a.m. S2 ADON (Assistant Director of Nursing) confirmed Resident #3 was admitted to the facility on [DATE] and she called local imaging company for an admission standing order chest x-ray not for Resident #3's hand or wrist as he was not complaining of pain or did not have any swelling to his right wrist. S2 ADON reviewed Resident #3's electronic health record and confirmed Resident #3's admission standing order chest x-ray was not done.</p> <p>During an interview on 05/28/2025 at 2:10 p.m. S1 DON (Director of Nursing) confirmed the admission standing orders for a chest x-ray was not done and should have been done.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews the facility failed to ensure nursing staff had appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 1 (#1) of 3 (#1, #2, #3) sample residents. This is evidenced by the facility failing to continue monitoring and assessment of a resident (#1) after a fall to identify any complications or changes in the resident condition.</p> <p>Findings:</p> <p>Review of facility Falls- Clinical Protocol Policy (undated) revealed in part-</p> <p>Monitoring and Follow-up</p> <p>The staff, with the physician's guidance, will follow-up on any fall with associated injury until the resident is stable and delayed complications such as late fractures and major bruising may occur hours or several days after a fall, while signs of subdural hematomas or other intracranial bleeding could occur up to several weeks after a fall.</p> <p>Review of resident #1's hospital records dated 05/07/2025 revealed in part - current active problems: Compression fracture of thoracic vertebra (Acute), Compression fracture of T9 vertebra (chronic), Subcutaneous hematoma (Acute), Closed wedge compression fracture of T11 vertebra (Chronic), Combative behavior(Acute), Macrocytic(Acute).</p> <p>Review of resident #1's most recent quarterly MDS (Minimum Data Set) dated 04/14/2025 a BIMS (Brief Interview for Mental Status) score of 03 indicating cognitive impairment.</p> <p>Review of resident #1's nursing progress note dated 05/05/2025 at 09:00 a.m. S6 LPN (Licensed Practical Nurse) documented she was called at the nurses station by resident #2 stating that his roommate resident #1 was trying to hit him with the PT (physical therapy) barbell. S6 LPN went to the room and pushed the door open and found resident #1 lying on his left side on the floor. S6 LPN and staff lifted him to his wheelchair. S6 LPN examined resident, he was able to move all extremities, but complained of pain in his left wrist and arm. S6 LPN notified resident #1's physician, he gave the ok to give him 2 extra strength Tylenol. _____ Imaging came and did an x-ray to the left arm.</p> <p>Review of resident #1's records failed to reveal any documentation that continue monitoring and assessment for injuries including pain had been completed prior to resident #1 being transferred out to a local hospital emergency room on [DATE] for a psych evaluation.</p> <p>Review of resident #1's May 2025 EMAR (Electronic Medication Administration Record) failed to reveal any documentation that 2 extra strength Tylenol was administered as ordered by physician.</p> <p>Further review of resident #1's nursing progress note dated 05/06/2025 at 9:08 p.m. revealed resident #1 was sent out to a local emergency room for a psych evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of resident #1's record revealed a service date of 05/06/2025 at 5:15 p.m. to the hospital emergency room.</p> <p>Resident #1 was admitted in patient to the hospital on [DATE]. Resident #1's ED (Emergency Department) notes dated 05/07/2025 at 4:14 p.m. Resident #1 diaper change, black and blue bruise noted to coccyx area. Resident noted to be in pain when being turned called nurse at transferring facility. Nurse at transferring facility reported resident #1 fell 2 days ago and complained of wrist pain and wrist was x-rayed and nothing else.</p> <p>During an interview on 05/28/2025 at 11:00 a.m. S2 ADON (Assistant Director of Nursing) reported after reviewing resident #1's medical records there was no documentation that revealed continued monitoring and assessments had been completed after resident #1 fall on 05/05/2025. S2 ADON agreed continue monitoring and assessment of resident #1 after the fall should have been completed and it was not.</p>