

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  06/12/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation and interviews the facility failed to maintain all kitchen equipment in safe operating condition as evidenced by the walk-in refrigerator and freezer leaking water and in need of repair. This deficient practice has the potential to affect any of the 51 residents consuming food from the kitchen according to S3 Dietary Manager.</p> <p>Findings:</p> <p>Observation on 06/10/2025 at 8:45 a.m. revealed;</p> <ol style="list-style-type: none"> <li>1. water dripping from the water sprinkler into a bucket inside the walk-in refrigerator,</li> <li>2. water running from the condenser into a bucket and onto the floor in the walk-in freezer,</li> <li>3. a wooden palate on the floor of the freezer, and</li> <li>4. ice buildup on the wall and floor of the freezer.</li> </ol> <p>During an interview on 06/10/2025 at 9:00 a.m. S2 [NAME] reported the freezer had not been working for approximately one month and water had been leaking from around the condenser, causing water to freeze and build up ice on the floor. S2 [NAME] further reported the walk-in refrigerator had a drip around the sprinkler.</p> <p>During an interview on 06/10/2025 S3 Dietary Manager confirmed water was leaking from the sprinkler in the walk-in refrigerator and from the condenser in the freezer. S3 Dietary Manager reported the water from the condenser in the freezer leaked into a bucket, ran down the wall, and built up ice on the floor. The wooden palate was on the floor for safety. S3 Dietary Manager reported the leaks have been present approximately a month and the S1 Administrator and S5 Maintenance were aware.</p> <p>During an interview on 06/11/2025 at 2:30 p.m. S1 Administrator acknowledged the kitchen findings and confirmed the repairs had not been completed and should have been.</p> <p>During an interview on 06/11/2025 at 3:20 p.m. S5 Maintenance Supervisor acknowledged the kitchen findings and confirmed the repairs had not been completed.</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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