STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195323	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Health & Rehab	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to implement a comprehensive person-centered care plan which met the needs of 1 (#1) of 4 sampled residents reviewed for falls. The facility failed to ensure Resident #1 received one on one monitoring at all times as ordered.Findings: Review of Resident #1's medical record revealed an admission date of [DATE] under hospice services with diagnoses including chronic obstructive pulmonary disease and major depressive disorder. Further review of Resident #1's medical revealed Resident #1 expired on [DATE].Review of Resident #1's admission MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of 14, indicating intact cognition. Further review of Resident #1's admission MDS assessment revealed Resident #1 was dependent on staff for transfers.Review of Resident #1's physician orders revealed an order dated [DATE] which read Resident #1 is on 1:1 monitoring at all times for safety; Resident #1 to sit in wheelchair/Geri-chair near nurses station for monitoring; every shift.Review of Resident #1's comprehensive care plan dated [DATE] revealed Resident #1 had a fall on [DATE], [DATE], [DATE], and [DATE]. Further review of Resident #1's comprehensive care plan revealed Resident #1 would remove oxygen tubing, one on one monitoring at all times for safety was updated after a fall on [DATE] at 3:08 a.m. Review of the facility's incident log revealed Resident #1 had an unwitnessed fall on [DATE] at 1:30 a.m.Review of Resident #1's progress notes revealed Resident #1 had a fall on [DATE] at 3:08 a.m. with complaints of 10/10 right arm pain. Resident #1 was sent to the ER for further evaluation on [DATE] at 3:08 a.m. Resident #1 remained in the ER until Resident #1 returned to the facility on [DATE] with an arm sling in place for a radial head fracture. One on one monitoring began on [DATE]. Further review of Resident #1's progress notes revealed an entry by S5LPN on [DATE] at 7:58 a.m. noted Resident #1 was found on the floor, had removed oxygen tubing, removed sling, was lifted back into bed, and assessment performed with no bleeding or abrasions.During an interview on [DATE] at 3:40 p.m. S7LPN reported Resident #1 would remove oxygen tubing and become confused. S7LPN further reported Resident #1 would not use the call light, attempt to get up and walk around without assistance.During an interview on [DATE] at 9:00 a.m. S1Administrator reported the facility does not have a one on one monitoring policy.During an interview on [DATE] at 11:55 a.m. S3ADON reported one on one monitoring required a staff member to observe the resident at all times. S3ADON confirmed Resident #1 had an unwitnessed fall on [DATE] at 1:30 a.m.During an interview on [DATE] at 1:35 p.m. S2DON reported one on one monitoring required a staff member to observe the resident at all times. S2DON confirmed Resident #1 had an unwitnessed fall on [DATE] at 1:30 a.m. when S4CNA left Resident #1 unsupervised to gather supplies. S2DON further reported a staff member assigned to one on one monitoring would leave the room to answer other call lights for other residents.During the survey, multiple attempts to contact S4CNA on [DATE] at 10:21 a.m., 11:05 a.m., and 12:43 p.m., [DATE] at 07:34 a.m., and S2DON attempted on [DATE] at 8:08 a.m. with surveyors present. All attempts to contact S4CNA were unsuccessful. During (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an interview on [DATE] at 3:15 p.m. S1Administrator confirmed Resident #1's physician's order dated [DATE] for one on one monitoring was not followed when an unwitnessed fall occurred on [DATE] at 1:30 a.m. S1Administrator further confirmed staff member assigned to one on one monitoring would leave the room to answer other call lights for other residents.During a telephone interview on [DATE] at 3:55 p.m. S6MD confirmed one on one monitoring at all times was ordered for Resident #1 on [DATE] to increase supervision after multiple falls.