

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 03/26/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on record reviews and interviews, the facility failed to ensure residents had a safe, functional, sanitary, and comfortable environment by failing to provide clean bath towels and bed linen for Residents at all times. This deficient practice had the ability to affect the census of 58 Residents that resided in the facility. Findings:Review of the facility's Facility Assessment Tool updated on 03/23/2026 revealed:Physical environment and building/plant needs:Non-medical supplies: .bed and bath linen. maintain PAR levels at all times to ensure that adequate supplies are available Resident #2 Review of Resident #2's medical record revealed an admission date of 12/05/2022 with diagnoses including diffuse traumatic brain injury and allergic rhinitis. Further review revealed a BIMS score of 15, indicating no cognitive impairment. During an interview on 03/24/2026 at 1:30 p.m. Resident #2 reported bath towels and bed linen are often unavailable, most recent was last week [03/15/2-26 through 03/21/2026]. Resident #3 Review of Resident #2's medical record revealed an admission date of 07/12/2023 with diagnoses including type 2 diabetes mellitus and asthma. Further review revealed a BIMS score of 15, indicating no cognitive impairment. Review of the facility's grievance log for dates 01/01/2026-03/24/2026 revealed on 01/10/2026 Resident #3 complained of personal bath towels and sheets missing from laundry. During an interview on 03/25/2026 at 8:50 a.m. Resident #3 reported family provided her own personal linen because the facility is frequently out of bath towels and bed linen. During an interview on 03/24/2026 at 1:40 p.m. S3Laundry Staff reported the facility frequently does not have clean bath towels and bed linen available for Residents. During an interview on 03/25/2026 at 11:40 a.m. S4CNA reported clean bath towels and bed linen were unavailable for Residents two weeks ago [03/08/2026 through 03/14/2026]. During an interview on 03/25/2026 at 12:01 p.m. S2ADON reported the facility did not have clean bath towels and bed linen available for Residents on 03/23/2026.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interview, the facility failed to ensure an RN was on duty for 8 consecutive hours per day, 7 days a week, for 5 days throughout dates 02/22/2026 through 03/24/2026. Findings:Review of the facility's time card report for S5RN for dates 02/22/2026 through 03/24/2026 failed to reveal 8 consecutive hours of RN coverage on:02/25/2026 (6.50 hours)02/26/2026 (7.48 hours)02/27/2026 (6.48 hours)02/28/2026 (7.50 hours)03/01/2026 (7.50 hours) During an interview on 03/25/2026 at 9:35 a.m. S1 Administrator confirmed S5RN was the only RN scheduled 02/22/2026 through 03/21/2026 and the facility did not have 8 consecutive hours of RN coverage on 02/25/2026, 02/26/2026, 02/27/2026, 02/28/2026, and 03/01/2026.</p>		