

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  08/07/2025
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)
F 0552  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments.  (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:  195323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to ensure 5 (#1, #6, #7, #8, and #49) of 5 (#1, #6, #7, #8, and #49) residents reviewed for unnecessary medications were informed of the risks, benefits, and side effects of psychotropic medication, and allowed to choose the treatment option they preferred prior to the start of the medication. Findings:Resident #1 Review of Resident #1's record revealed an initial admission date of 01/17/2025 with a re-entry admission date of 02/17/2025 with the following diagnoses but not limited to generalized muscle weakness, lack of coordination, difficulty in walking, cognitive communication deficit, severe vascular dementia with agitation, uncomplicated stimulant abuse, and metabolic encephalopathy. Review of Resident #1's Quarterly MDS (Minimum Data Sets) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) of 14 indicating intact cognition. Further review of Resident #1's MDS revealed Resident #1 received antipsychotic and antianxiety. Review of Resident #1's August 2025 Physician Orders revealed:-07/21/2025: Buspirone HCl (Hydrochloride) tablet 5 mg (milligram); Give 10 mg by mouth two times a day for anxiety give 2 tabs-05/29/2025: Clonazepam oral Tablet 1 mg; Give 1 tablet by mouth at bedtime for anxiety-03/04/2025: Donepezil HCl Tablet 10 mg; Give 1 tablet by mouth at bedtime for dementia-02/04/2025: Trileptal Oral Tablet 150 mg; Give 1 tablet by mouth two times a day for moodReview of Resident #1's July 2025 and August 2025 MAR (Medication Administration Records) revealed Resident #1 received Buspirone HCL, Clonazepam, Donepezil HCL, and Trileptal. Review of Resident #1's Chemical Restraint/Psychoactive Drug Consent signed by the resident on 01/17/2025 revealed the consent was incomplete and did not specify whether the resident did or did not consent to the use of psychoactive medication. During an interview on 08/06/2025 at 10:30 a.m. S4 Social Services confirmed the Chemical Restraint/Psychoactive Drug Consent did not specify whether Resident #1 did or did not consent to the use of psychoactive medication, and it should.Resident #6Review of Resident #6's record revealed an initial admit date [DATE], readmission [DATE], and diagnoses including: unspecified psychosis not due to a substance or known physiological condition, major depressive disorder, and bipolar disorder.Review of Resident #6's Significant Change MDS assessment dated [DATE] revealed the resident had a BIMS of 13 indicating intact cognition. Review of Resident #6's current physician orders revealed orders including: -07/15/2025-Sertraline Hydrochloride Tablet 100 mg (milligram) every evening for depression-05/02/2025-Quetiapine Fumarate Tablet 200mg give 0.5 tablet by mouth at bedtime for psychosis.Review of Resident #6's July 2025 and August 2025 MARs revealed the resident was receiving Sertraline Hydrochloride and Quetiapine Fumarate.Review of Resident #6's Chemical Restraint/Psychoactive Drug Consent signed by the resident 05/05/2025 revealed the consent was incomplete and did not specify whether the resident did or did not consent to the use of psychoactive medication. During an interview on 08/06/2025 at 1:03 p.m. S4 Social Services confirmed Resident #6's Chemical Restraint/Psychoactive Drug Consent did not specify whether the resident did or did not consent to the use of psychoactive medication, and it should.Resident #7 Review of Resident #7's medical record revealed an admission date of 12/09/2014 with diagnoses of, but not limited to, insomnia unspecified; major depressive disorder single episode unspecified; major depressive disorder recurrent unspecified; and bipolar disorder current episode, depressed, severe with psychotic features. Review of Resident #7's physician orders revealed the following orders:-01/27/2025 Risperidone oral tablet 1mg - give 1mg by mouth three times a day.-01/27/2025 Seroquel oral tablet 100mg - give 50mg by moth at bedtime.-01/28/2025 Cymbalta oral capsule delayed release particles 20mg - give 1 capsule by mouth one time a day.-01/27/2025 Temazepam oral capsule 30mg - give 1 capsule by mouth at bedtime. Review of Resident #7's July 2025 and August 2025 MAR revealed documentation of administration of Risperidone, Seroquel, Cymbalta, and Temazepam. Review of Resident #7's medical record failed to reveal consents for use of psychoactive medication therapy had been obtained. During an interview on 08/06/2025 at 3:20 p.m. S3 ADON (Assistance Director of Nursing) provided an incomplete form, with a signature on it, titled Chemical Restraint/Psychoactive Drug Consent with no medication, resident name, diagnosis, and no check indicating whether the resident consented for the use of psychoactive medication. S3 ADON further agreed the consent was incomplete, confirming Resident #7 did not give informed consent for the use of psychotropic medications. Resident #8 Review of Resident #8's record revealed an initial admission date of 03/14/2024, a readmission date of 08/14/2024, and diagnoses including: restlessness and agitation, paranoid schizophrenia, and major depressive disorder. Review of</p>		

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  08/07/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on record review, observations, and interviews, the facility failed to ensure residents received services with reasonable accommodation of resident needs. The facility failed to ensure: 1. Resident #54's call light functioned properly and Resident #54's calls for assistance were answered in a timely manner. 2. The emergency call light in the hall bathroom between room A and room B had a pull cord in place.</p> <p>Findings:</p> <p>1.</p> <p>Review of Resident #54's medical record revealed an admit date of 07/31/2025 with a diagnoses of but not limited to spondylosis without myelopathy or radiculopathy lumbosacral region, scoliosis, unspecified and type 2 diabetes.</p> <p>Review of Resident #54's Quarterly MDS (Minimum Data Set) dated 07/09/2025 revealed Resident #54 was assessed to have a BIMS (Brief Interview Mental Status) score of 13 indicating intact cognition.</p> <p>Review of Resident #54's comprehensive plan of care revealed a problem of: the resident has an ADL (activities of daily living) self-performance deficit with interventions of total dependence with one person assistance for toilet use, total dependence with two person assistance with transfers and encourage resident to use call light to call for assistance.</p> <p>During an interview on 08/04/2024 at 8:33 a.m., Resident #54 stated, "When I call for help they take a long time to come because my call light does not work, the light does not come on outside of the door."</p> <p>Observation on 08/04/2024 at 8:34 a.m. revealed when Resident #54 punched his call light, the light on the outside of Resident #54's door did not light up and no one answered the call light.</p> <p>Observation on 08/04/2025 at 11:35 a.m. revealed no one was sitting at the nurse's station. Further observation revealed Resident #54's room lit up on call system board. An audible buzzing continued unanswered for 15 minutes. Further observation revealed the light outside of Resident #54's door did not lit up to indicate Resident #54 was calling for assistance. Observation also revealed facility staff standing on the hallway not responding to Resident #54's call for assistance.</p> <p>During an interview on 08/04/2025 at 11:45 a.m. S5Medical Records reported the facility did not have a unit clerk or a ward clerk to answer the call system and the CNA's (certified nursing assistants) would observe the lights outside of the door and assist residents when they call.</p> <p>During an interview on 08/04/2025 at 12:00 p.m. S9Maintenance reported he had not been made aware of Resident #54's call light not working until this morning after the survey had begun.</p> <p>During an interview on 08/04/2025 at 3:00 p.m. S2DON (Director of Nurses) confirmed Resident #54's call light was not functioning, and Resident #54's needs were not accommodated and should have been.</p> <p>(continued on next page)</p>		

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  08/07/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2.</p> <p>Observation on 08/05/2025 at 11:30 a.m. revealed the bathroom between Room A and Room B, which had 2 entries from the hallway did not emergency call light cord in place.</p> <p>During an interview on 08/05/2025 at 1:55 p.m. S11LPN (Licensed Practical Nurse) observed the bathroom between Room A and Room B and confirmed there was no emergency call light cord and should have been.</p>

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  08/07/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and an interview, the facility failed to inform and provide written information to residents or resident's representative concerning the right to formulate an advance directive for 1 (#37) of 2 (#2, #37) residents reviewed for advanced directives. Findings:Review of Resident #37's medical record revealed an initial admission date of 07/12/2023 and a re-entry admission on [DATE] with severe morbid obesity, type 2 diabetes mellitus, unspecified lack of coordination, generalized muscle weakness, pain in left shoulder, and unspecified osteoarthritis. Review of Resident #37's admission Packet revealed an Advance Directive Acknowledgment Form was signed by Resident #37. Further review revealed Resident #37's Advance Directive Acknowledgment Form was incomplete, with no options selected. During an interview on 08/06/2025 at 11:30 a.m. S4 Social Services confirmed Resident #37's Advance Directive Acknowledgment Form was not completed and should have been.</p>		

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  08/07/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record reviews and interviews, the facility failed to ensure residents who received psychotropic drugs were free from unnecessary drugs for 1 (#7) of 5 (#1, #6, #7, #8, and #49) residents reviewed for unnecessary medication. The facility failed to ensure: 1. Pharmacy GDR (gradual dose reduction) requests were conducted and communicated to the physician for consideration. 2. Psych NP (Nurse Practitioner) recommendation was communicated to the physician for consideration. Findings: Review of Resident #7's medical record revealed an initial admission date of 12/09/2014 with diagnoses that included, in part, insomnia unspecified; major depressive disorder single episode unspecified; major depressive disorder recurrent unspecified; bipolar disorder current episode, depressed, severe with psychotic features; and anxiety disorder unspecified. Review of Resident #7's 06/18/2025 Quarterly MDS (minimum data set) assessment revealed Resident #7 had a BIMS (Brief Interview Mental Status) score of 11, which indicated moderate cognitive impairment. Review of Resident #7's physician orders revealed the following orders, in part: -01/27/2025 Risperidone oral tablet 1mg (milligram) - give 1mg by mouth three times a day. -01/27/2025 Seroquel oral tablet 100mg (Quetiapine Fumarate) - give 50mg by mouth at bedtime. -01/28/2025 Cymbalta oral capsule delayed release particles 20mg (Duloxetine Hydrochloride) - give 1 capsule by mouth one time a day. -01/27/2025 Temazepam oral capsule 30mg - give 1 capsule by mouth at bedtime. Further review of Resident #7's physician orders revealed Resident #7 had physician orders for Risperidone, Seroquel, Cymbalta and Temazepam prior to 01/27/2025. 1. Review of Resident #7's medical record failed to reveal any pharmacy GDR (gradual dose reductions) requests had been addressed by the physician for Risperidone 1mg TID (three times a day), Seroquel 50mg at bedtime, Cymbalta 20mg daily, or Temazepam 30mg at bedtime. During an interview on 08/07/2025 at 12:15 p.m. S2 DON (Director of Nursing) and S3 ADON (Assistant Director of Nursing) reported they had reviewed documents and no pharmacy GDRs were found for Resident #7's Risperidone, Cymbalta, Seroquel or Temazepam for the last year. 2. Review of 06/20/2025 and 07/11/2025 Psych NP progress notes revealed recommendations to decrease Resident #7's Risperidone to 1mg by mouth BID (twice a day). During an interview on 08/05/2025 at 3:55 p.m. S2 DON reviewed Resident #7's Psych NP progress notes and confirmed they included recommendations to decrease the Risperidone 1mg to BID. S2 DON further reviewed Resident #7's medical record and reported there was no evidence Resident #7's physician had been notified of the recommendation or a physician response to the recommendation had been received. During an interview on 08/05/2025 at 4:10 p.m. S3 ADON confirmed there was no documented evidence that the Psych NP recommendations were sent to Resident #7's physician and did not know if the physician had responded to the recommendation.</p>		

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  08/07/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>(continued on next page)</p>

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  08/07/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews, the facility failed to provide to the resident and/or resident representative written notice which specified the reason for transfer, effective date, location, statement of the resident's appeal rights, and duration of the bed hold policy and failed to notify the State's Long-Term Care Ombudsman of discharges in writing for 4 (#2, #56, #58, #62) of 4 (#2, #56, #58, #62) sampled residents reviewed for discharge and transfer requirements. Findings: Review of the facility's Bed-Hold Policy (undated) revealed in part: Purpose: Ensure that residents are made aware of a facility's bed-hold and reserve bed payment policy before and upon transfer to a hospital or when taking a therapeutic leave of absence from the facility. Procedure 1. The facility has a bed-hold policy and readmission policy that outlines the terms and conditions for holding a bed if the resident is transferred out of the facility for any reason. 2. The facility will notify the resident at the time of admission and again prior to a hospital transfer or therapeutic leave of its bed-hold and return policies. 3. Before any transfer, advance notice of the policy is given, usually at the time of admission and also included in the admission packet. Reissuance of the first notice is not required unless the facility's policy changes. 4. The bed-hold notice specifies: a. The duration of the bed-hold policy under the state plan, if any, during which the resident is permitted to return and resume residence in the nursing facility. b. The nursing facility's policies regarding bed-hold periods permitting a resident to return. c. In cases of emergency transfer, notice at the time of transfer means that the resident, family, or representative is provided with written notification within twenty-four (24) hours of the transfer. d. The requirement is met if the resident's copy of the notice is sent with other papers accompanying the resident to the hospital. Resident #2 Review of Resident #2's MDS (Minimum Data Set) assessments revealed the resident was discharged to a short-term general hospital on [DATE] and to an inpatient psychiatric facility on 06/05/2025. Review of Resident #2's medical record failed to reveal documentation a written notice of transfer which specified the reason for transfer, effective date, location and statement of the resident's appeal rights, and duration of the bed hold policy when he was transferred to the hospital on [DATE] and 06/05/2025. Resident # 56 Review of Resident #56's MDS assessments revealed a discharge on [DATE] and 07/27/2025. Review of Resident #56's medical record failed to reveal documentation a written notice of transfer which specified the reason for transfer, effective date, location and statement of the resident's appeal rights, and duration of the bed hold policy when he was transferred to the hospital on [DATE] and 07/27/2025. Resident # 58 Review of Resident #58's medical record revealed a discharge on [DATE] after Resident #58 signed a Release of Responsibility for Discharge AMA (Against Medical Advice) form on 07/18/2025. Resident # 62 Review of Resident #62's Discharge MDS dated [DATE] revealed an unplanned discharge to a short term general hospital with a return anticipated. Review of Resident #62's medical record failed to reveal documentation a written notice of transfer which specified the reason for transfer, effective date, location and statement of the resident's appeal rights, and duration of the bed hold policy when he was transferred to the hospital on [DATE]. During an interview on 08/05/2025 at 3:56 p.m. S5 Medical Records reported she did not know who was responsible for providing residents or resident representatives a written notice of transfer including the bed hold policy but maybe the MDS nurse did. During an interview on 08/05/2025 at 3:58 p.m. S6 MDS/Care Plan Nurse reported the nurses sending a resident out to the hospital printed the Transfer/Discharge report and sent it with the resident, but she did not think it contained any information about the bed hold policy. During an interview on 08/05/2025 at 4:10 p.m. S7 LPN (Licensed Practical Nurse) confirmed the nurses sending a resident out to the hospital printed the Transfer/Discharge report and sent it with the resident, but she did not think it contained any information about the bed hold policy. During an interview on 08/05/2025 at 4:14 p.m. S2 DON (Director of Nursing) the Transfer/Discharge report that was printed from the electronic health record and sent with residents on transfer to the hospital did not include the reason for transfer, effective date, location of transfer, that information was relayed to the responsible parties by telephone call. S2 DON further confirmed the Transfer/Discharge report did not include a statement of the resident's appeal rights and duration of the bed hold policy, and did not know it was required. S2 DON further reported the Ombudsman's office was not notified of any residents who had been transferred or discharged, and she did not know they should be. During an interview on 08/05/2025 at 4:32 p.m. S1 Administrator confirmed the Ombudsman's office was not notified of any residents who had been transferred or discharged, and she did not know they should be.</p>

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  08/07/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</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 resident assessments accurately reflected the residents' status for 2 (#8, #34) of 22 sampled residents reviewed for accurate assessments. The facility failed to accurately assess Resident #8 for insulin administration via injection, and failed to complete Resident #34's discharge assessment. Findings:</p> <p><b>Resident #8</b></p> <p>Review of Resident #8's record revealed an initial admission date of [DATE], a readmission date of [DATE], and diagnoses including type 2 diabetes mellitus with hyperglycemia.</p> <p>Review of Resident #8's current physician orders revealed orders including:</p> <p>-[DATE] Lantus (insulin) Subcutaneous Solution 100 unit/ml (units/milliliter), Inject 32 units subcutaneously two times a day -[DATE] -[DATE] Novolog (insulin) penfill subcutaneous solution cartridge 100 unit/ml, Inject as per sliding scale</p> <p>Review of Resident #8's quarterly MDS (Minimum Data Set) dated [DATE] revealed Resident #8 was assessed to not have received injections of any type during the 7-day look back period.</p> <p>Review of Resident #8's [DATE] MAR (Medication Administration Record) revealed insulin injections were received every day.</p> <p>During an interview on [DATE] at 8:30 a.m. S6 MDS/Care Plan Nurse reviewed Resident #8's [DATE] MAR and confirmed Resident #8 had received insulin injections daily. S6 MDS/Care Plan Nurse further reviewed Resident #8's [DATE] MDS assessment showing no injections of any type were received, and confirmed it was inaccurate.</p> <p><b>Resident #34</b></p> <p>Review of Resident #34's medical record revealed an admit date of [DATE] and a discharge date of [DATE] with diagnoses of but not limited to rheumatoid arthritis, sepsis, myelodysplastic syndrome, and acute pulmonary edema.</p> <p>Review of Resident #34's progress note dated [DATE] revealed Resident #34 was on hospice and expired in the facility on [DATE].</p> <p>Review of Resident #34's medical record failed to reveal a discharge MDS had been completed.</p> <p>During an interview on [DATE] at 3:15 p.m., S6 MDS/Care Plan nurse confirmed a discharge MDS assessment had not been completed and should have been done when Resident #34 expired in the facility.</p>		

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  08/07/2025
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 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>Based on record review and interviews the facility failed to ensure a resident's plan of care was implemented for 1 (#49) of 5 (#1, #6,#7, #8, #49) residents reviewed for unnecessary medications. The facility failed to ensure resident #49's laboratory tests were done as ordered. Findings: Review of Resident #49's medical record revealed an initial admit date of 12/12/2023 and a re-admission date of 06/02/2025 with diagnoses of but not limited to morbid obesity, type 2 diabetes, Olgilvie syndrome, megacolon, hypomagnesemia, essential hypertension and functional quadriplegia. Review of Resident #49's August 2025 physician's orders revealed orders for: Vitamin D level ordered 12/24/2024Lipid panel annually in May ordered 01/27/2025 Review of Resident #49's medical record failed to reveal laboratory results for a Vitamin D level and annual lipid panel. During an interview on 08/05/2025 at 2:45 p.m. S3ADON (Assistant Director of Nurses) confirmed Resident #49's ordered lab work for a Vitamin D level and an annual lipid panel for May 2025 was not done and should have been</p>

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  08/07/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observations, record review, and interviews the facility failed to ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for 1 (#54) of 3 (#37, #54, #62) residents reviewed for ADLs (activities of daily living). The facility failed to ensure Resident #54 received nail care and a shave. Findings: Review of Resident #54's medical record revealed an admit date of 07/31/2025 with a diagnoses of but not limited to spondylosis without myelopathy or radiculopathy lumbosacral region, scoliosis, unspecified and type 2 diabetes. Review of Resident #54's Quarterly MDS (Minimum Data Set) dated 07/09/2025 revealed Resident #54 was assessed to have a BIMS (Brief Interview Mental Status) score of 13 indicating intact cognition. Observation on 08/04/2025 at 8:40 a.m. revealed Resident #54 had an unshaved face and fingernails on both hands that protruded past his nail beds. Observation on 08/06/2025 at 9:00 a.m. revealed Resident #54 had an unshaved face and fingernails on both hands that protruded past his nailbeds. During an interview on 08/06/2025 at 9:00 a.m. when asked would you like to be shaved, Resident #54 stated, yes it's been a while since I was shaved, they did not shave me yesterday when I got a bath. When asked, would you like to have your fingernails trimmed, Resident #54 stated, I would like to have my fingernails trimmed. During an interview on 08/06/2025 at 9:00 a.m. S13 CNA (certified nursing assistant) confirmed Resident #54 had not been shaved and should have been. During an interview on 08/04/2025 at 11:45 a.m. S3 ADON (assistant director of nurses) confirmed Resident #54's fingernails should have been trimmed. During an interview on 08/05/2025 at 1:00 p.m. S2 DON (director of nurses) confirmed resident #54 should have been shaved and nail care should be provided by nurses and was not.</p>

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  08/07/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</p>

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  08/07/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 residents received treatment and care and services in accordance with professional standards of practice for 2 (#6, #8) of 5 (#1, #6, #7, #8, and #49) residents reviewed for unnecessary medications. The facility failed to ensure medications were administered, assessments were conducted, and monitoring was performed as ordered. Findings: Resident #6 Review of Resident #6's record revealed an initial admit date of 05/02/2025, readmission on [DATE], and diagnoses including: methicillin susceptible staphylococcus aureus infection, unspecified site, proteus (mirabilis) (morganii) as the cause of diseases classified elsewhere, bacteremia, osteomyelitis of vertebra, lumbar region, metabolic encephalopathy, essential (primary) hypertension, sepsis, unspecified organism, age-related physical debility, paroxysmal atrial fibrillation, Wernicke's encephalopathy, unspecified psychosis not due to a substance or known physiological condition, chronic metabolic acidosis, adult failure to thrive, major depressive disorder, recurrent severe without psychotic features, other bipolar disorder, cerebral infarction, unspecified, type 2 diabetes mellitus without complications, unspecified cirrhosis of liver, and pressure ulcer of sacral region, stage 4. Review of Resident #6's current physician orders revealed orders including: -07/29/2025-Isolation type- (CONTACT)-07/27/2025 fentanyl patch 72 hour 25 mcg/hr (micrograms per hour), Apply 1 patch transdermally every 72 hours for pain rotate site and remove per schedule-07/24/2025-Oxycodone-Acetaminophen Tablet 10-325 mg (milligrams), Give 1 tablet by mouth every 6 hours for pain-07/23/2025-Morphine Sulfate (Concentrate) Solution 20 mg/ml (milligrams per milliliter), give 0.5 ml by mouth every 4 hours as needed for shortness of breath-07/24/2025-ceftriaxone sodium solution (an antibiotic), reconstituted 1 gram, use 1 gram intravenously in the morning for osteomyelitis until 08/11/2025-07/23/2025-Admit to Hospice. Severe protein calorie malnutrition. Comfort measures only. -07/07/2025-PICC (Peripherally Inserted Central Catheter) line right forearm: monitor for any signs or symptoms of infection every shift-07/24/2025-metronidazole tablet 500 mg, give 1 tablet by mouth every 12 hours for vertebral osteomyelitis until 08/11/2025-06/26/2025-turn and reposition every 2 hours ; if resident refuses to be turned document refusal!! every 2 hours for wound healing-06/02/2025-pain assessment every shift-05/02/2025-Anticoagulants - Check for bleeding &amp; bruising every shift for monitoring-05/02/2025-Side effects: 1)Tardive dyskinesia 2)Hypotension 3)Sedation/Drowsiness 4)Increased falls/dizziness 4)Appetite changes/weight change 5)Headache 6)Insomnia 7)Weakness 8)Visual Disturbances 9)Gastrointestinal disturbances 10)Other: see progress notes every shift for monitoring Put in corresponding code-05/02/2025 - 0-no behavior, 1-agitation, 2-combative, 3-verbally inappropriate, 4-sexually inappropriate, 5-crying, 6-calling out, 7-screaming, 8-hallucinations, 9-delusions, 10-resists care, 11-socially inappropriate, 12-other see progress notes, every shift for type the medication class Put in corresponding code. Review of Resident #6's August 2025 MAR (Medication Administration Record) revealed no documentation of any medication or supplement administration, monitoring of behaviors, pain assessment, monitoring of vital signs, monitoring of PICC line for signs and symptoms of infection, or monitoring for side effects of psychotropic medications had been done on the day shift 08/01/2025. Resident #8 Review of Resident #8's record revealed an initial admission date of 03/14/2024, a readmission date of 08/14/2024, and diagnoses including: drug induced subacute dyskinesia (a movement disorder), restlessness and agitation, extrapyramidal and movement disorder, paranoid schizophrenia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, arthritis, chronic back pain, and major depressive disorder. Review of Resident #8's current physician orders revealed orders including: -07/21/2025 Risperdal Oral Tablet 3 mg (milligrams), give 6 mg orally one time a day for Paranoid schizophrenia -01/28/2025 Lantus Subcutaneous Solution 100 unit/ml, Inject 32 unit subcutaneously two times a day for diabetes mellitus-01/28/2025 Check oxygen saturation every shift and record. Notify medical doctor if less than 92%-01/28/2025 Respiratory: Oxygen (O2) - Continuous O2/3liters per nasal cannula -01/28/2025 Assess resident for pain every shift: Non-pharmacological interventions: 1=relaxation, 2=light touch, 3=imagery, 4=exercise, 5=music 6=not applicable, 7=other see progress note. Document corresponding code and pain level in supplemental documentation. Review of Resident #8's August MAR revealed no documentation of any medication administration, pain assessment, or check of Resident #8's oxygen saturation had been done on the day shift 08/01/2025. During an interview on 08/06/2025 at 1:50 p.m. S2 DON (Director of Nursing) reviewed Resident #6 and #8's August 2025 MARs and confirmed no documentation of medication</p>		

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  08/07/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure respiratory care was provided consistent with professional standards of practice for 3 (#8, #26, and #59) of 4 (#8, #26, #44, and #59) residents reviewed for respiratory care. The facility failed to ensure oxygen supplies were dated, humidification bottles were not empty, and oxygen concentrator filters were clean. Findings:Review of the facility's undated Oxygen Administration Policy revealed in part:PROCEDURE8. Label humidifier with date and time opened. Change humidifier and tubing per facility policy.10. At regular intervals, check and clean oxygen equipment, masks, tubing and cannula. 11. At regular intervals, check liter flow contents of oxygen cylinder, fluid level in humidifierDOCUMENTATION GUIDELINESHumidifier should be labeled with the date and time changedResident #8Review of Resident #8's record revealed an initial admission date of 03/14/2024, a readmission date of 08/14/2024, and diagnoses including chronic obstructive pulmonary disease.Review of Resident #8's current physician orders revealed an order dated 01/28/2025 for continuous oxygen at 3LPM/NC (Liters Per Minute per Nasal Cannula). Observation on 08/04/2025 at 6:38 a.m. revealed Resident #8 had continuous oxygen in use. Further observation revealed Resident #8's nasal cannula was not dated. Further observation revealed Resident #8's oxygen concentrator filter area was covered with a thick layer of white buildup. During an interview on 08/04/2025 at 7:09 a.m. S3 ADON (Assistant Director of Nursing) confirmed Resident #8's oxygen cannula was not dated with the date of the last change and should be, and Resident #8's oxygen concentrator filter was dirty and needed to be cleaned. Resident #26Review of Resident #26's record revealed an admit date of 12/28/2024 and diagnoses including: chronic obstructive pulmonary disease, acute on chronic systolic (congestive) heart failure, morbid (severe) obesity with alveolar hypoventilation, dependence on supplemental oxygen, and shortness of breath. Review of Resident #26's current physician orders revealed an order dated 02/20/2025 for oxygen 2 to 3 LPM as needed for shortness of breath.Observation on 08/04/2025 at 6:20 a.m. revealed Resident #26 was on oxygen at 3LPM via nasal cannula. Further observation revealed Resident #26's oxygen humidification bottle was empty. Further observation revealed the entire filter area on Resident #26's oxygen concentrator was coated with a thick layer of white buildup.During an interview on 08/04/2025 at 7:09 a.m. S2 ADON confirmed Resident #26's oxygen humidification bottle was empty and needed to be replaced, and the filter area of Resident #26's oxygen concentrator was dirty and needed to be cleaned. Resident #59Review of Resident #59's record revealed an admit date of 07/31/2025 and diagnoses including acute respiratory failure with hypoxia.Review of Resident #59's current physician orders revealed orders including an order dated 08/01/2025 for continuous oxygen at 2 LPM/NC.Observation on 08/04/2025 at 6:53 a.m. revealed Resident #59 had oxygen in use at 2 LPM/NC. Further observation revealed the humidification bottle attached to Resident #59's oxygen concentrator and Resident #59's nasal cannula were not dated.During an interview on 08/04/2025 at 7:09 a.m. S3 ADON confirmed Resident #59's oxygen humidification bottle and nasal cannula were not dated and should be.</p>		

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  08/07/2025
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>(continued on next page)</p>

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  08/07/2025
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews, observations, and interviews, the facility failed to (1) document least restrictive approaches before installation of bed rail/side rail, (2) obtain a written order from the physician for bed rails/side rails use, (3) obtain an informed consent from resident from resident or resident representative prior to installation (4) ensure resident care plan included a focus for bed rails/side rails, and (5) ensure maintenance of bed rails/side rails for 1 (#37) out of 1 residents reviewed for accidents. Review of facility's Bed Rail Policy (undated) revealed in part: Purpose: Ensure correct installation, use and maintenance of bed rails Procedure: This facility will attempt to use appropriate alternatives prior to installing a side or bed rail If a bed or side rail is used, this facility must ensure correct installation, use and maintenance of bed rails, including but not limited to the following elements 1) Assess the resident for risk of entrapment from bed rails prior to installation. 2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. 3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. 4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. The facility will assess the resident's need for bed rails and all factors involved, including alternatives. Alternatives to bed rails will always be attempted before consideration of bed rail application. Documentation In the resident's record will reflect this assessment and related information, including how the alternatives failed to meet the resident's assessed needs 2. After the facility has attempted alternatives to bed rails and determined that these alternatives do not meet the resident's needs, the facility must assess the resident for the risks of entrapment and possible benefits of bed rails. In determining whether to use bed rails to meet the needs of a resident, the following components of the resident assessment should be considered including, but not limited to: Medical diagnosis, conditions, symptoms, and/or behavioral symptoms: Size and weight Mobility (in and out of bed) Risk of falling 3. After alternatives have been attempted and prior to installation of bed rails, the facility must obtain informed consent from the resident or if applicable, the resident representative for the use of bed rails. The facility should maintain evidence that it has provided sufficient information so that the resident or resident representative could make an informed decision. Information that the facility must provide to the resident, or resident representative include, but are not limited to: What assessed medical needs would be addressed by the use of bed rails; The resident's benefits from the use of bed rails and the likelihood of these benefits; The resident's risks from the use of bed rails and how these risks will be mitigated and Alternatives attempted that failed to meet the resident's needs and alternatives considered but not attempted because they were considered to be inappropriate. The information should be presented to the resident, or if applicable, the resident representative, so that it could be understood and that consent can be given voluntarily, free from coercion. 5. When installing and using bed rails, the facility should: Ensure that the bed's dimensions are appropriate for the resident. Confirm that the bed rails to be installed are appropriate for the size and weight of the resident using the bed. Install bed rails using the manufacturer's instructions to ensure a proper fit. Review of Resident #37's medical record revealed an initial admission date of 07/12/2023 and a re-entry admission on [DATE] with the following diagnoses but not limited to morbid obesity, unspecified lack of coordination, generalized muscle weakness, pain in left shoulder, and unspecified osteoarthritis. Review of Resident #37's medical record failed to reveal an attempt for least restrictive approaches before bed rail/ side rail installation. Review of Resident #37's August 2025 physician's orders failed to reveal an order for bed rails/ side rails. Review of Resident #37's Consent for Assistive Devices revealed the consent was incomplete with no resident name and no date. Review of Resident #37's care plan failed to reveal a focus on bed rail/side rail with appropriate interventions. Review of Resident #37's Quarterly MDS (Minimum Data Sets) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) of 15 indicating intact cognition. Observation on 08/04/2025 at 11:21 a.m. revealed the side rail attached to the right side of Resident #37's bed was in the lowered position and was unable to be raised. During an interview on 08/04/2025 at 11:21 a.m. Resident #37 reported the side rail attached to the right side of the bed was broken. Resident #37 reported maintenance came in the room to fix the side rail a couple of weeks ago and it was still not able to be raised. During an interview on 08/05/2025 at 3:30 p.m. S9 Maintenance confirmed Resident #37's side rail did not properly fit the bed. During an interview on 08/06/2025 at 1:30 p.m. S6 MDS (Minimum Data Set) Nurse reviewed Resident #37's medical record and confirmed Resident #37 did not have a physician order for bed rails/side</p>		

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  08/07/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on record review and interview, the facility failed to ensure there were a sufficient number of personnel to provide care and respond to each resident's basic needs. The facility failed to provide the minimum required staffing hours for 1 of 14 days reviewed. Findings: Review of the Facility's Nursing/Ancillary Personnel Staffing Pattern Reporting Form for 07/20/2025 to 08/02/2025 revealed hours provided were less than hours required on Sunday 07/20/2025. The census on 07/20/2025 was 53, hours of care required was 124.55, and the hours of care provided was 120.83 revealing negative 3.72 hours of care provided. During an interview on 08/05/2025 at 4:32 p.m. S1 Administrator confirmed the facility did not meet the required minimum staffing hours on Sunday 07/20/2025 and should have.</p>

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  08/07/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to ensure residents' drug regimen was free of unnecessary medications for 2 (#8, #49) of 5 (#1, #6, #7, #8, #49) residents reviewed for unnecessary medications. The facility failed to monitor for behaviors and side effects of psychotropic medication. Findings: Finding: Resident #8 Review of Resident #8's record revealed an initial admission date of 03/14/2024, a readmission date of 08/14/2024, and diagnoses including: restlessness and agitation, paranoid schizophrenia, and major depressive disorder. Review of Resident #8's quarterly MDS dated [DATE] revealed the resident had a BIMS score of 12 indicating moderately impaired cognition. Review of Resident #8's current physician orders revealed orders including: -07/21/2025-Risperdal oral Tablet 3 mg (milligrams) (Risperidone) give 6 mg orally one time a day for paranoid schizophrenia-01/28/2025- Risperdal oral tablet 4 mg (Risperidone) give 1 tablet by mouth at bedtime-01/28/2025-Trazodone Hydrochloride 75 mg by mouth at bedtime-01/28/2025-Mirtazapine 15 mg by mouth at bedtime for major depressive disorder Review of Resident #8's July 2025 MAR (Medication Administration Record) failed to reveal monitoring for behaviors or effectiveness or side effects of psychotropic medications. Review of Resident #8's August 2025 MAR failed to reveal monitoring for behaviors or effectiveness or side effects of psychotropic medications. During an interview on 08/06/2025 at 4:28 p.m. S2 DON (Director of Nursing) confirmed there was no monitoring of Resident #8's behaviors, effectiveness, or side effects of psychotropic medications and there should be. Resident #49 Review of Resident #49's medical record revealed an initial admit date of 12/12/2023 and a re-admission date of 06/02/2025 with diagnoses of but not limited to schizoaffective disorder, bipolar disease, morbid obesity, type 2 diabetes, Ogilvie syndrome, mega colon, hypomagnesemia, essential hypertension and functional quadriplegia. Review of Resident #49's August 2025 physician orders revealed orders for Clonazepam 1mg by mouth two times a day for anxiety, Olanzapine 20mg by mouth at bed time for schizophrenia and Mirtazapine 15mg by mouth at bedtime for depression. Review of Resident #49's August 2025 MAR revealed documentation of the administration of Clonazepam, Olanzapine and Mirtazapine as ordered. Review of Resident #49's medical record and MAR failed to reveal monitoring for behaviors and side effects for prescribed and administered psychotropic medication. During an interview on 08/05/2025 at 1:56 p.m. S3 ADON (Assistant Director of Nurses) confirmed there was no monitoring for behaviors and side effects for prescribed and administered psychotropic medication.</p>		

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  08/07/2025
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observations, record reviews and interviews the facility failed to maintain a facility medication error rate of less than 5% by failing to give 3 medications as ordered for 3 (#27, #31, and #36) residents observed during medication administration. A total of 31 opportunities were observed which included 3 medication errors for a medication error rate of 9.68%. Findings: Observation on 08/05/2025 at 8:06 a.m. of medication administration revealed S3 ADON (assistant director of nurses) did not administer Resident #27's Miralax 17 gm (grams) during medication administration. Review of Resident #27's physician's orders revealed an order for Miralax 17gm by mouth once a day for constipation. Observation on 08/05/2025 at 7:48 a.m. during medication administration revealed S3 ADON did not administer Resident #31's Miralax 17gm during medication administration. Review of Resident #31's Physicians orders revealed an order dated 01/28/2025 for Miralax 17gm 1 scoop two times a day for constipation. Observation on 08/05/2025 at 7:11a.m. during medication administration revealed S3ADON did not administer Resident #36's Omeprazole 20mg (milligrams) during medication administration. Review of Resident #36's Physicians orders revealed an order dated 01/29/2025 for Omeprazole delayed-release 20mg per in the morning per peg tube. During an interview on 08/05/2025 at 8:06 a.m. S11 LPN (licensed practical nurse) reported Resident #27 and Resident #31's Miralax 17gm Powder was out of stock and unavailable for administration during medication administration. During an interview on 08/05/2025 at 7:11 a.m. S3 ADON reported Resident #36's omeprazole was out of stock, and unavailable for administration during medication administration. During an interview on 08/05/2025 at 12:03 p.m. S2 DON (director of nurses) confirmed the facility's medication error rate was greater than 5% and should not have been.</p>

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  08/07/2025
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews, observations, and interviews, the facility failed to follow the prescribed diet for 1 (#1) of 1 (#1) residents reviewed for Food/Nutrition. Findings:Review of the facility's Policy: Diet Changes and Reports (undated) revealed in part:Purpose: Ensure communication to the dietary department of any changes in the resident's diet, meal service, eating habits and/or changes in the resident's condition.Procedure:1. When a new resident is admitted , or a diet has been changed, the charge nurse shall be responsible for ensuring that the dietary department receives a written notice of the diet order.Review of Resident #1's medical record revealed an initial admission date of 01/17/2025 with a re-entry admission date of 02/17/2025 with the following medical diagnoses: type 2 diabetes mellitus, hyperlipidemia, and cerebral infarction. Review of Resident #1's August 2025 Physician Orders revealed an order dated 07/23/2025 for a CCD (Consistent Carbohydrate Diet) NAS (No Added Salt) diet, Regular texture, Regular/Thin Liquids consistency; for upgraded per patient request after swallow evaluation completed.Review of Resident #1's Quarterly MDS (Minimum Data Sets) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) of 14 indicating intact cognition. Review of Resident #1's Care Plan revealed the potential for impaired nutritional status related to a CCD NAS mechanical soft diet with interventions to explain and reinforce to the resident the importance of maintaining the diet ordered, provide and serve diet as ordered.Review of Resident #1's Psychotherapy Progress Note dated 02/04/2025 revealed in part: Resident #1 stated wanting to have change in her food from being chopped daily to being whole. LCSW (Licensed Clinical Social Worker) informed nursing staff of her concerns.Review of Resident #1's Speech Therapy SLP (Speech Language Pathologist) Evaluation &amp; Plan of Treatment dated 07/23/2025 revealed an evaluation of oral and pharyngeal swallow function; reason for referral: patient requested diet upgrade to regular consistency due to disliking of current mechanical soft. diet. Further review revealed Resident #1 completed the bedside swallow evaluation with no signs or symptoms of aspiration. Review of Resident #1's Diet Requisition Form dated 07/23/2025 revealed Resident #1's diet was upgraded by S14 SLP to Regular texture, Regular/Thin Liquids consistency. During an interview on 08/04/2025 at 11:08 a.m., Resident #1 reported she did not have any swallowing issues and passed a swallowing test with the speech therapist, but continued to be served a soft diet with chopped meats. Observation of Resident #1's dinner tray on 08/05/2025 at 5:00 p.m. revealed Resident #1 was served chopped meats. During an interview on 08/05/2025 at 5:00 p.m. S15 Dietary observed Resident #1's dinner tray and confirmed Resident #1 was served chopped meats. During an interview on 08/05/2025 at 5:00 p.m. S12 Dietary Manager reviewed Resident #1's diet order and reported she thought Resident #1 still had an order for a mechanical soft diet with chopped meats. During a telephone interview on 08/06/2025 at 9:45 a.m., S14 SLP confirmed she completed an evaluation on 07/23/2025 that revealed Resident #1 was safe on a regular consistency diet, and Resident #1 was upgraded to a regular diet and diet orders should have been changed to a Regular diet. During an interview on 08/06/2025 at 11:10 a.m. S2 DON (Director of Nursing) confirmed dietary had not been notified of the change in Resident #1's diet and should have been.</p>		

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  08/07/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on record reviews, observations, and interviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. The facility failed to ensure: 1. Food was stored in accordance with professional standards for food service safety. 2. High Temperature Dishwasher met wash cycle and rinse cycle temperature recommendations. This deficient practice had the potential to affect the 54 residents who received meals on 08/04/2025 as per S12Dietary Manager. Findings: 1. Review of undated Policy: Storage of Food in Refrigeration revealed, in part: Purpose: Ensure food needing refrigeration is properly stored to prevent food-borne illness. Procedure: 4. All containers must be labeled with the contents and date food item was placed in storage. 5. Previously cooked foods can be held in refrigeration of 41 degrees F or lower for up to 3 days and then must be discarded. 6. Food items that remain sealed from the supplier may be held until the expiration date if unopened. Observation of the facility's refrigerator on 08/04/2025 at 7:45 a.m. with S12Dietary Manager revealed the following undated items: -Box of with bacon in unsealed and open plastic wrap -Sliced lunchmeat with no label that appeared sealed but was leaking juices. -3 loose cabbage heads in a box. -3 ziploc bags of chopped lettuce that had brown on it and was in a box. -Box of cubed ham -Box of prepared biscuits wrapped in plastic. -Flour tortillas that had been opened and were wrapped in plastic wrap. -Partially used bag of hot dog buns. -Partially used bag of hamburger buns. During an interview on 08/04/2025 at 7:48 a.m. S12 Dietary Manager observed the items from the refrigerator and confirmed they were undated and should have been dated when they were received and dated when they were opened and were not. S12 Dietary Manager further confirmed the bacon and loose cabbage should have been in a sealed wrap or container and were not. Observation of the facility's freezer on 08/04/2025 at 7:49 a.m. with S12 Dietary Manager revealed the following undated items: -Foil pan of lasagna with foil over the pan. -Partially used unsealed eggrolls loose in a box. -Partially used open bag of frozen corn in a box. During an interview on 08/04/2025 at 7:50 a.m. S12 Dietary Manager observed the items in the freezer and confirmed they were undated and should have been dated upon receipt, dated when opened and stored in a sealed container and were not. 2. Review of the facility's Dish Machine Temperature Log Sheets (updated 7/28/2010) indicated the following: *Wash Cycle: Wash temps should be a minimum of 150 degrees. *Rinse Cycle: Rinse temps should be a minimum of 180 degrees not higher than 195 degrees. Observation on 08/04/2025 at 8:10 a.m. revealed S12Dietary Manager ran a dishwasher cycle on the High Temperature Dishwasher. The dishwasher wash cycle revealed a wash temperature of 140 degrees Fahrenheit and a rinse cycle temp showing it was stuck at 175 degrees Fahrenheit and never budged, even when the dishwasher was off. During an interview on 08/04/2025 at 8:15 a.m. S12Dietary Manager confirmed the wash cycle temperature should have been at least 150 degrees and was not. S12Dietary Manager further confirmed the rinse cycle temp needle never moved from where it stayed at 175 degrees, which was below the 180 degrees Fahrenheit required.</p>		

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  08/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review and interview the facility failed to ensure a water management program had been implemented to minimize the risk of Legionella and other opportunistic pathogens. Findings:Review of policies provided by the facility failed to reveal a Water Management Plan was in place and monitoring was being conducted for waterborne illnesses. During an interview on 08/06/2025 at 7:45 a.m. S8Maintenance and S9 Maintenance reported they would conduct water temperature checks only. During an interview on 08/06/2025 at 1:30 p.m. S8 Maintenance and S9 Maintenance reported they had just received a Water Management Program and had picked up a test today to conduct the monitoring. S8 Maintenance and S9 Maintenance further confirmed they had not been aware of this program and had not been conducting any testing on the water, other than water temperatures.</p>