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	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor Health & Rehab	2575 Airline Drive Bossier City, LA 71111

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and interview the facility failed to ensure the most recent survey results were readily accessible to the residents, family members or anyone to review. Findings: Observation on 06/15/2026 at 11:59 a.m. revealed the facility's survey binder was last updated on 10/01/2025. Further review of survey binder failed to reveal additional completed complaint surveys had been added. During an interview on 06/15/2026 at 12:10 p.m. S1 Administrator acknowledged the facility had additional complaint surveys since 10/01/2025. S1Administrator confirmed the completed complaint survey results were not updated the survey binder and should have been.

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to:1.) Provide written notice to residents and/or their RP (Responsible Party) which specified the reason for transfer, effective date, location and statement of the resident's appeal rights and duration of the bed hold for 1 (#38) of 4 residents reviewed for hospitalizations.2.) Update the emergency transfer log (Notice of Discharge to the Ombudsman) for 3 (#8, #38, and #55) of 4 residents reviewed for hospitalizations. Findings:Resident #8 Review of Resident #8's medical record revealed an admission date of 04/22/2026 with diagnoses including cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery, non-traumatic intracerebral hemorrhage in hemisphere, tracheostomy status and epileptic seizures related to external causes. Further review revealed Resident was transferred to the ER on [DATE] for respiratory failure.Review of the emergency transfer logs for January 2026 through May 2026 failed to contain Resident #8's transfer on 04/23/2026. During an interview on 06/17/2026 9:27 a.m., S5 Social Services confirmed the April 2026 emergency transfer log did not contain Resident #8's transfer on 04/23/2026 and should have. Resident #38 Review of Resident #38's medical record revealed an admission date of 08/28/2023 with diagnoses including other lack of coordination, acute embolism and thrombosis of unspecified deep veins of left lower extremity, acute respiratory failure, and bipolar disorder. Further review revealed Resident #38 was sent to the ER for altered level of consciousness on 05/26/2026. Review of the emergency transfer logs for January 2026 through May 2026 failed to reveal Resident #38's transfer on 05/26/2026.Review of Resident #38's medical record failed to reveal a bed hold notification was sent for transfer on 05/26/2026.During an interview on 06/17/2026 at 8:00 a.m., S5 Social Services confirmed Resident #38's bed hold notification was not sent at time of transfer on 05/26/2026.During an interview on 06/17/2026 at 9:27 a.m., S5 Social Services confirmed the May 2026 emergency transfer log did not contain Resident #38's transfer on 05/26/2026 and should have. Resident #55Review of Resident #55's medical record revealed an admission date of 02/11/2026 with diagnoses including Parkinson's disease, schizoaffective disorder, major depressive disorder, insomnia, and depression.Review of Resident #55's medical record failed to reveal a bed hold notification was sent for transfer on 05/28/2026.During an interview on 06/17/2026 at 8:00 a.m., S5 Social Services confirmed Resident #55's bed hold notification to resident #55 was not sent at time of transfer on 05/28/2026.During an interview on 06/17/2026 at 9:27 a.m., S5 Social Services confirmed the May 2026 emergency transfer log did not contain Resident #55's transfer on 05/28/2026 and should have.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record reviews and interview, the facility failed to refer 1 (#49) of 1 (#49) resident with a newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. Findings:Review of facility's Resident Assessment - Coordination with PASARR Program policy (2025) revealed, in part: Policy Explanation and Compliance Guidelines: 6. The Social Services Director shall be responsible for keeping track of each resident's PASARR screening status, and referring to the appropriate authority. 9. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred promptly to the state mental health or intellectual disability.Policy: This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.Review of Resident #49's medical record revealed an admit date of 12/09/2014 with the following diagnoses, including in part: major depressive recurrent episode unspecified, bipolar disorder current episode depressed severe with psychotic features and anxiety disorder unspecified. Review of Resident #49's physician's orders revealed:11/20/2025 - Risperidone Oral Tablet 1 mg; Give 0.5mg by mouth at bedtime related to bipolar disorder current episode depressed severe with psychotic features.01/27/2025 - Cymbalta Oral Capsule Delayed Release Particles 20mg (Duloxetine HCl) Give 1 capsule by mouth one time a day related to major depressive disorder recurrent unspecified Review of Resident #49's medical record revealed nursing facility psychiatric follow up note dated 11/10/2023, in part: psychiatric diagnoses - Bipolar 2 Disorder with psychotic features; current psychotropic medications - Risperdal 1mg PO TID.Review of Resident #49's OBH-PASARR Level II Evaluation Summary & Determination Notices failed to reveal a referral was sent following a diagnosis of bipolar disorder current episode depressed severe with psychotic features treated with Risperidone. Further review revealed the last referral was sent on 10/23/2020.During an interview on 06/16/2026 at 12:30 p.m., S4 MDS Nurse reported on 01/31/2023 nursing facility psychiatric staff diagnosed Resident #49 with Bipolar 2 with psychiatric features active and started him on Seroquel 100mg h.s. S4 MDS Nurse acknowledged a PASARR referral should have been completed and was not.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interviews, the facility failed to ensure a plan of care had been implemented for 1 (#30) of 17 sampled residents whose care plans were reviewed. The facility failed to administer Resident #30's neuropathy medication as ordered by the physician.Findings: Review of Resident #30's medical record revealed an admission date of 09/03/2024 with diagnoses including in part, type 2 diabetes and essential hypertension. Review of Resident #30's physician orders revealed in part, an order dated 06/03/2026 for Gabapentin capsule 100 mg; give 2 capsules by mouth at bedtime for neuropathy. Further review revealed the 06/03/2026 gabapentin order had a status of Pending Confirmation (Read Back Required). Review of Resident #30's June 2026 MAR revealed in part, Resident #30 was last administered Gabapentin on 06/02/2026. During an interview on 06/16/2026 at 2:45 p.m., S8LPN reviewed Resident #30's physician orders and acknowledged an order dated 06/03/2026 for Gabapentin 100 mg; give 2 capsules by mouth at bedtime for neuropathy was pending confirmation by the nurse. S8LPN further acknowledged Gabapentin had not been administered to Resident #30 since 06/02/2026 and should have been. During an interview on 06/16/2026 at 2:50 p.m., S2ADON reviewed Resident #30's physician orders and acknowledged the order dated 06/03/2026 for Gabapentin 100 mg; give 2 capsules by mouth at bedtime for neuropathy had not been confirmed by the nurse. S2ADON further acknowledged Gabapentin had not been administered to Resident #30 since 06/02/2026 and should have been.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. Based on record reviews, observations and interviews, the facility failed to ensure 2 (#8, #15) out of 2 residents who need respiratory care, including tracheostomy care and tracheal suctioning, are provided such care, consistent with professional standards of practice. The facility failed to:Store Resident #8 suctioning equipment to prevent contamination; and Change Resident #15's nasal cannula and humidifier weekly and clean and store BIPAP equipment according to policy and procedure. Findings: Review of facility's Oxygen Administration (2026) policy revealed in part:Policy Explanation and Compliance Guidelines: 5 Other infection control measures include: a. follow manufacturer recommendations for the frequency of cleaning equipment filters. b. change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated. e. keep delivery devices covered in plastic bag when not in use. 8. Cleaning and care of equipment shall be in accordance with facility policies for such equipment.Resident #8Review of Resident #8's medical record revealed an admission date of 04/22/2026 with diagnoses including cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery, non-traumatic intracerebral hemorrhage in hemisphere, tracheostomy status and epileptic seizures related to external causes.Review of Resident #8's physician's orders revealed in part:04/22/2026 - Respiratory: Suction as needed at bedside for secretions; every shift for secretions.Observation on 06/15/2026 at 8:24 a.m. revealed Resident #8's suction tool on bedside table was unbagged.Observation on 06/16/2026 at 1:35 p.m. revealed Resident #8's suction tool on bedside table was unbagged.During an interview on 06/16/2026 at 1:37 p.m. S7LPN confirmed Resident #8's suction tool was unbagged and should have been. Resident #15Review of Resident #15's medical record revealed an admit date of 03/27/2026 with the following diagnoses, including in part: chronic obstructive pulmonary disease with (acute) exacerbation, obstructive sleep apnea, pneumonia due to klebsiella pneumonia and unspecified diastolic (congestive) heart failure.Review of Resident #15's physician's orders revealed in part:04/26/2026 - Change tubing, mask and / or nasal cannula weekly (may change sooner as needed) one time a day every Sunday.04/17/2026 - Respiratory: Oxygen - 3 liters continuous every shift.03/30/2026 - Clean mask daily every night shift.04/05/2026 - Clean tubing weekly every day shift every Sunday.03/30/2026 - Duration and Frequency of Therapy (16/8-30%) BIPAP every night shift.03/31/2026 - Empty water chamber and air dry every a.m. every day shift; empty water chamber and air dry every a.m.Review of Resident #15's medical record failed to reveal care was provided for BIPAP equipment.Observation on 06/15/2026 at 9:45 a.m. revealed Resident #15 wearing continuous oxygen at 3LPM via nasal cannula. Further observation revealed BIPAP mask lying on bedside table not bagged, nasal cannula dated 06/07/2026 and humidifier dated 06/06/2026.Observation on 06/16/2026 at 12:40 p.m. revealed Resident #15 wearing oxygen via nasal cannula. Further observation revealed Resident #15's BIPAP mask lying on bedside table not bagged, nasal cannula dated 06/07/2026, humidifier dated 06/06/2026, and filter on the oxygen concentrator had a white powdery substance. During an interview on 06/16/2026 at 1:30 p.m. S13WCN acknowledged Resident #15's BIPAP mask should be cleaned daily and placed in a bag. S13WCN further acknowledged the nasal cannula dated 06/07/2026 and the humidifier dated 06/06/2026 should have been changed weekly. S13WCN confirmed the filter had a white powdery substance and should be taken out and cleaned weekly. During an interview on 06/16/2026 at 3:45 p.m. S2ADON confirmed there was no documentation Resident #15's BIPAP equipment was cleaned as ordered.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record reviews and interviews, the facility failed to ensure 2 (#15, #26) of 7 reviewed for unnecessary medications were monitored for edema while receiving a diuretic.Findings:Resident #15Review of Resident #15's medical record revealed an admit date of 03/27/2026 with the following diagnoses, including in part: chronic obstructive pulmonary disease with (acute) exacerbation and unspecified diastolic (congestive) heart failure.Review of Resident #15's physician's orders revealed the following in part: 05/20/2026 - Furosemide Tablet 20 mg. Give 1 tablet by mouth one time a day for edema. Review of Resident #15's medical record failed to reveal monitoring of edema. During an interview on 06/17/2026 S3 Clinical Consultant was unable to provide documentation of daily edema monitoring. Resident #26Review of Resident #26's medical record revealed an admit date of 11/21/2022 with the following diagnosis, including in part: essential (primary) hypertension.Review of Resident #26's physician's orders revealed an order dated 12/02/2025 for Furosemide tablet 20 mg. Give 1 tablet by mouth one time a day for edema.Review of Resident #26's medical record failed to reveal monitoring for edema.During an interview on 06/17/2026 S3 Clinical Consultant was unable to provide documentation of daily edema monitoring.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observations 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 50 residents consuming food from the kitchen according to S9Dietary Manager. Findings: An observation of the walk-in refrigerator and freezer on 06/15/2026 at 8:05 a.m. revealed approximately a two inch layer of ice completely covering the freezer floor. Further observation revealed a sprinkler device in the freezer ceiling had water dripping from the device into a plastic bucket holding approximately six inches of water. Observation of the walk-in refrigerator revealed water leaking from a sprinkler device in the refrigerator ceiling into a plastic bucket containing approximately two inches of water. During an interview on 06/15/2026 at 8:15 a.m., S9Dietary Manager, reported the walk-in freezer and refrigerator ceilings leak through the sprinkler every time it rains and have been for over a year. S9Dietary Manager acknowledged the build-up of ice covered the entire freezer floor. S9Dietary Manager reported she had to break up the ice on the walk-in freezer floor and shovel it out at least once a week. S9Dietary Manager reported she had reported the leaking freezer and refrigerator ceilings to facility administration multiple times. During an interview on 06/15/2026 at 10:15 a.m., S1Administrator reported the walk-in freezer and refrigerator ceilings had been leaking for approximately one year and acknowledged the leaks had not been adequately repaired. S1Administrator further reported the ice buildup on the freezer floor and was a safety issue.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on record reviews, observations, and interviews, the facility failed to ensure that it was free from a medication error rate of 5% or greater. The facility had a 5.41 % medication error rate with 2 medication errors out of 37 opportunities. Findings:Review of the facility's Medication Administration undated policy revealed in part: Policy:Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.Policy Explanation and Compliance Guidelines: .10. Ensure that the six rights of medication administration are followed:a. Right residentb. Right drugc. Right dosage Resident #13An observation during medication administration pass on 06/16/2026 at 9:45 a.m. revealed S8LPN dispensed two buspirone hcl 10 mg tablets (20 mg total) into a medicine cup in preparation for the 9:00 a.m. administration to Resident #13. During an interview on 06/16/2026 at 9:45 a.m., S8LPN observed Resident #13's buspirone hcl blister packet and pharmacy label and acknowledged each buspirone tablet was 10 mg. S8LPN acknowledged he should have dispensed only one 10 mg tablet for the 9:00 a.m. dose instead of two tablets (20 mg). Review of Resident #13's current physician orders revealed in part: 04/21/2026 Buspirone hcl give 10 mg by mouth three times a day. Resident #44 An observation during medication administration pass on 06/16/2026 at 9:00 a.m. revealed S8LPN dispensed and administered one half of a Gabapentin 800 mg tablet (400 mg total) to Resident #44. During an interview on 06/16/2026 at 9:30 a.m., S8LPN reviewed Resident #44's Gabapentin blister packet, pharmacy label and physician order and acknowledged Resident #44 was administered one half of a gabapentin 800 mg tablet which totaled 400 mg. S8LPN further acknowledged the physician ordered Gabapentin 800 mg po tid and Resident #44 should have been administered one 800 mg tablet. Review of Resident #44's current physician orders revealed in part:04/08/2026 Gabapentin capsule 400 mg; give 800 mg by mouth three times a day for neuropathy. On 06/16/2026 at 11:00 a.m. S3Clinical Consultant was made aware of the two medication errors involving Resident #13 and Resident #44 which resulted in a medication error rate greater than 5%.