

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Highland Place Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1736 Irving Place Shreveport, LA 71101	

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 - Few</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>Based on observation and interviews, the facility failed to ensure resident's personal dietary choices were met for 1 (#2) out of 3 (#1, #2, #3) sampled residents. The facility prepared a lunch meal with Resident #2's dislikes.</p> <p>Findings:</p> <p>During an interview on 04/22/2025 at 8:15 a.m., S2CNA (Certified Nursing Assistant) reported Resident #2 only liked white meat chicken and did not like dark meat.</p> <p>Observation of Resident #2's plated lunch meal tray on 04/22/2025 at 12:45 p.m. with S3Dietary Aid, revealed two baked chicken legs as the meat portion. Further observation revealed Resident #2's meal card preference was listed as wants white meat.</p> <p>During an interview on 04/22/2025 at 12:45 p.m., S3Dietary Aid, acknowledged Resident #2's meal card had a preference listed for white meat and lunch meal was plated with dark meat.</p> <p>During an interview on 04/22/2025 at 12:50 p.m., S4Dietary Manager acknowledged Resident #2's lunch meal had been plated with dark meat. S4Dietary Manager further acknowledged Resident #2's preference for white meat had not been honored and should have been.</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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