STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195404	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony House Nursing and Rehabilitation Center, I	1825 Laurel St. Shreveport, LA 71103

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on record review, observations, and interviews, the facility failed to ensure residents were free from physical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms for 1 (#13) of 1 (#13) resident reviewed for restraints. The facility failed to ensure Resident #13's pre-restraint assessment was completed and a written consent was obtained prior to the use of lap tray. Findings:Review of the facility's undated policy for Restraints: Physical revealed in part:Policy:A physical restraint is defined as any manual method or mechanical, physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions and lap trays the resident cannot remove easily. Also included as restraints are facility practices that meet the definition of a restraint, such as:3. Using devices in conjunction with a chair such as trays, tables, bars or belts that the resident cannot remove easily that prevent a resident from rising out of the chair.4. Placing a resident in a chair that prevents rising.Restraint use should be a last resort and only used after all other measures of dealing with the problem have been exhausted. Informed consent must be obtained prior to initiation of a restraint. The facility must explain, in the context of the individual resident's condition and circumstances, the potential risks and benefits of all options under consideration including using a restraint, not using a restraint, and alternatives to restraint use. If the restraint use is considered, that facility will explain how the use of restraints would treat the resident's medical condition and assist the resident in attaining or maintaining their highest practicable level of physical or psychological well being. Review of Resident #13's medical record revealed an initial admission date of 02/18/2025 with diagnoses that included, in part, restlessness and agitation, hypotension unspecified, Alzheimer's disease unspecified, dementia, and schizophrenia unspecified. Review of Resident #13's physician orders revealed an order dated 04/09/2025 for geri (geriatric) chair with lap tray for positioning to enable resident to be out of bed related to muscle wasting, unsteadiness on feet, and reduced mobility. Monitor every 30 minutes, release every 2 hours for 10 minutes for range of motion and toileting needs, as appropriate. Review of Resident #13's September 2025 MAR (Medication Administration Record) revealed the order for geri chair with lap tray was documented as in place. Review of Resident #13's 07/28/2025 quarterly MDS (Minimum Data Set) assessment revealed Resident #13 had a BIMS (Brief Interview Mental Status) score of 3, which indicated severe cognitive impairment. Further review of Resident #13's 07/28/2025 quarterly MDS revealed Resident #13 was dependent with all ADLs (Activities of Daily Living) and chair/bed-to-chair transfers. Review of Resident #13's medical record failed to reveal a pre-restraint assessment was completed and a written consent was obtained prior to the use of Resident #13's lap tray. Observation on 09/30/2025 at 3:28 p.m. revealed Resident #13 was seated in a geri chair with a lap tray in place. Observation on 10/01/2025 at 8:45 a.m. revealed Resident #13 was seated in geri chair with a lap tray in place. During an interview on 10/01/2025 at 1:00 p.m. S7 RN (Registered Nurse) and S8 MDS Nurse reviewed Resident #13's physician orders and reported since the lap tray was being used as a positioning device, it was not (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195404	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony House Nursing and Rehabilitation Center, I	1825 Laurel St. Shreveport, LA 71103

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	considered a restraint and did not require a consent or restraint assessment. During an interview on 10/01/2025 at 2:00 p.m. S2 DON (Director of Nursing) reported the lap tray on Resident #13's geri chair was utilized so Resident #13 could get out of bed and was not used as a restraint. S2 DON further confirmed there was not a pre-restraint assessment completed or a written consent in place prior to use of Resident #13's lap tray.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195404	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony House Nursing and Rehabilitation Center, I	1825 Laurel St. Shreveport, LA 71103

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to store, prepare, and distribute and serve foods in a sanitary manner by: 1. Failing to clean the dry food storage room.2. Storing a styrofoam cup inside a bin of sugar.This had the potential to affect 85 residents served meals on 09/29/2025 according to S1 Administrator. Findings:Review of the facility's undated Cleaning Schedule policy provided by S1 Administrator on 10/01/2025 revealed:Daily cleaning schedule: 8. Food Storage - dust mop, wet mop, and dust shelves, check food arrangements, put up new deliveries as needed. Observation of the kitchen on 09/29/2025 at 8:00 a.m. with S5 Dietary Manager revealed dirt, dust, and food debris on the floor beneath the metal shelves that stored food in the dry food storage room. Further observation of the kitchen with S5 Dietary Manager revealed a bin of sugar with a styrofoam cup used for scooping stored inside the bin. During an interview on 09/29/2025 at 8:00 a.m. S5 Dietary Manager confirmed the kitchen's dry food storage room should have been cleaned and the styrofoam cup should not have been stored inside of the bin of sugar.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195404	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony House Nursing and Rehabilitation Center, I	1825 Laurel St. Shreveport, LA 71103

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, observation and interview, the facility failed to ensure the resident's environment remained free of accident hazards by failing to ensure a spray bottle labeled as Floor Cleaner was removed from resident's room for 1 (#120) of 4 (#4, #17, #61, & #120) residents reviewed for accidents. Findings: Review of the facility's undated General Policies housekeeping policy revealed in part: Objectives C. maintain an environment that is clean, safe, pleasant, and functional.An observation on 09/29/2025 at 8:09 a.m. revealed a spray bottle labeled as Floor Cleaner was sitting on Resident #120's sink. Further observation revealed the spray bottle labeled as Floor Cleaner contained the following ingredients: water, hydroxypropyl beta cyclodextrin, ethanol, didecyldimethyl ammonium chloride, and perfume.During an interview on 09/29/2025 at 8:12 a.m. S6 LPN (Licensed Practical Nurse) confirmed spray bottle labeled as Floor Cleaner was on Resident #120's sink and should not have been left in the room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195404	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony House Nursing and Rehabilitation Center, I	1825 Laurel St. Shreveport, LA 71103

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on record review, observation and interview, the facility failed to ensure proper infection control techniques were practiced to prevent urinary tract infection (UTI) for 1 (#64) of 2 (#1, #64) residents reviewed for indwelling urinary catheter. Findings:Review of the facility's Catheter Management undated policy revealed in part:Policy: Catheter management is the routine care administered when an indwelling urinary catheter is in place. This routine care protects the resident from infection, injury and promotes comfort.6. Maintain closed drainage system:a. check attachment of tubing to the catheter and note any leaks. Allow some slack in the tubing before securing with a catheter leg strap.b. watch for kinking in the tubing that can interfere with patency and free flow of urine. Never allow the bag or tubing to touch the floor. Review of Resident #64's medical record revealed an admit date of 07/28/2025 with the following diagnoses, in part, bipolar disorder, benign prostatic hyperplasia (BPH) and urinary tract infection. Review of Resident #64's current comprehensive care plan revealed Resident #64 has an indwelling urinary catheter related to BPH with interventions in place to prevent catheter-related trauma. An observation on 09/30/2025 at 10:30 a.m. revealed Resident #64 sitting in a wheelchair in his room. Further observation revealed Resident #64?s indwelling urinary catheter tubing exited from left pant leg and was lying on the floor under the front left wheel of Resident #64's wheelchair. During an interview on 09/30/2025 at 10:30 a.m. S4RN (Registered Nurse) acknowledged Resident #64's indwelling urinary catheter tubing was lying on the floor under the front left wheel of Resident #64's wheelchair. S4RN reported Resident #64's catheter tubing should have been secured to prevent the tubing from lying on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195404	A. Building B. Wing	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony House Nursing and Rehabilitation Center, I	1825 Laurel St. Shreveport, LA 71103

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on record review and interview the facility failed to ensure residents maintained acceptable parameters of nutritional status for 1 (#89) of 4 (#15, #37, #89, #93) residents reviewed for nutrition. The facility failed to ensure a dietary recommendation to increase Resident #89's dietary supplement had been implemented. Findings:Review of Resident #89's medical record revealed an admission date of 09/13/2025 with diagnoses that included, in part, mild protein-calorie malnutrition, deficiency of other vitamins, pressure ulcer of right buttock stage 2, major depressive disorder recurrent moderate, chronic ischemic heart disease, and dementia. Review of Resident #89's 07/22/2025 Quarterly MDS (Minimum Data Set) assessment revealed Resident #89 had a BIMS (Brief Interview Mental Status) score of 3, which indicated severe cognitive impairment. Review of Resident #89's physician orders revealed an order dated 08/14/2025 for ____ house supplement - two times a day related to mild protein-calorie malnutrition - Give 240cc (cubic centimeters). Document % of intake - 1=1-25% 2=26-50% 3=51-75% 4=76-100% 5=Refused. Review of Resident #89's weights revealed the following weights, in part: On 08/06/2025 a weight of 139.0 pounds; on 05/09/2025 a weight of 147.0 pounds; on 01/06/2025 a weight of 156.0 pounds. Further review of the above weights revealed greater than 5% weight loss from 05/09/2025 and greater than 10% weight loss from 01/06/2025. Review of Resident #89's dietician note dated 09/25/2025 revealed: Reviewed due to weight and resident having pressure ulcer . 10 pound loss noted from 07/07/2025. Recommend: increase house supplement to 240 mls (milliliters) TID (three times a day). Review of Resident #89's physician orders failed to reveal the dietician's 09/25/2025 recommendation to increase house supplement to 240mls TID had been implemented. During an interview on 10/01/2025 at 10:40am S2 DON (Director of Nursing) reviewed Resident #89's 09/25/2025 dietician note and physician orders and confirmed the dietician's recommendation to increase house supplement to TID had not been implemented.