

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Magnolia Manor Nursing and Rehab Ctr, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1411 Claiborne Avenue 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview the facility failed to inform a resident's responsible party of a resident's change in condition for 1 (#1) of 3 (#1, #2, #3) sampled residents. The facility failed to notify Resident #1's responsible party of the initiation of a medication. Findings: Review of Resident #1's medical record revealed an admit date of 08/09/2024 and a re-admission date of 01/15/2026 with diagnoses of but not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, bipolar II disorder, type 2 diabetes mellitus without complications, schizoaffective disorder bipolar type, generalized anxiety disorder, unspecified convulsions, unspecified conjunctivitis, contracture to left hip, and pressure ulcer sacral region. Review of Resident #1 Minimum Data Set, dated [DATE] revealed a BIMS (Brief Interview Mental Status) score of 9 indicating moderately impaired cognition. Review of Resident #1's June 2025 Physician's Orders revealed and order for Depakote oral tablet delayed release 125 milligrams by mouth two times a day for mood/stabilization related to Schizoaffective Disorder, Bipolar type with a start date of 06/30/2025. Review of Resident #1's June 2025 Medication Administration Record revealed documentation of administration of Depakote 125 milligrams beginning on 06/30/2025. During a telephone interview on 02/10/2026 at 9:00 a.m. Resident #1's Responsible Party reported she had not been notified that Resident #1 was placed on Depakote on 06/30/2025. Resident #1's Responsible Party further reported she found out about Resident #1's order for Depakote on 07/24/2025 when Resident #1 refused to have his blood drawn for a Depakote level. Review of Resident #1's medical record including progress notes, failed to reveal any documentation confirming that Resident #1's responsible party was notified of the start of Depakote in June 2025. During an interview on 02/11/2026 at 3:45 am S1 DON (director of nurses) confirmed Resident #1's responsible party should have been notified of Resident #1's order for Depakote. S1 DON also confirmed she was unable to provide any evidence that Resident #1's responsible party was notified in June 2025.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195406
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