

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  04/30/2026
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)		
F 0925  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations and interviews, the facility failed to maintain an effective pest control program by failing to ensure the facility was free of pest and insects. The deficient practice had the potential to affect 89 residents who resided in the facility. Findings: Observation on 04/30/2026 at 8:30 a.m. with S3Housekeeping of Resident #1 and #3's room revealed a live roach crawling on the wall, on the top of Resident #1's refrigerator, and underneath the desk-style phone on top of the refrigerator. During an interview on 04/30/2026 at 8:30 a.m. S3Housekeeping reported she saw one roach yesterday in Resident #1 and #3's room. During an interview on 04/30/2026 at 8:40 a.m. S2Maintenance reported S4Certified Nurse Aide just made him aware yesterday afternoon about a roach on the wall in Resident #1 and #3's room. Observation on 04/30/2026 at 8:45 a.m. with S2Maintenance of Resident #1 and #3's room revealed roach feces and dead roach carcasses on the top of Resident #1's personal refrigerator. Further observation revealed when S2Maintenance picked up the phone and a book laying on top of the refrigerator, live roaches ran out from underneath. During an interview on 04/30/2026 at 8:53 a.m. S4Certified Nurse Aide reported she noticed a roach yesterday in Resident #1 and #3's room. During an interview on 04/30/2026 at 12:45 a.m. S1Administrator reported he went with S1Maintenance to Resident #1 and #3's room and when S1Maintenance picked up the refrigerator, a couple live roaches ran out from underneath it. During an interview on 04/30/2026 at 4:30 p.m. S1Administrator confirmed there were live roaches in Resident #1 and 3's room and should not 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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