STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195406	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Manor Nursing and Rehab Ctr, LLC	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193 Based on record reviews, observations and interview, the facility failed to provide residents necessary respiratory care and services in accordance with accepted professional standards of practice for 1 (#52) out of 1 (#52) resident reviewed for respiratory services. The facility failed to clean Resident #52's oxygen concentrator filter weekly and as needed. Findings: Review of Facility's oxygen Tanks: Administration (concentrator or tank) Policy (no date) revealed: Policy: Humidifier bottles, cannulas and O2 (oxygen) tubing will be changed at least once weekly and dated. Concentrator filter should be cleaned weekly or as needed as well . Review of Resident #52's medical records revealed admitted [DATE] with the following diagnoses, including in part: pneumonia/unspecified organism (onset 11/29/2024), acute respiratory failure with hypoxia, chronic obstructive pulmonary disease/unspecified, chronic pulmonary edema, dependence on supplemental oxygen and chronic diastolic (congestive) heart failure. Review of Resident #52's Physician's Orders revealed an order dated 08/06/2024 for O2 (oxygen) at 2 liters/nasal cannula PRN (as needed) for shortness of breath every 12 hours as needed. Observation on 12/02/2024 at 8:50 a.m. revealed Resident #52 wearing continuous oxygen at 2 liters via nasal cannula. Further observation revealed filter on oxygen concentrator contained a fine gray film. During an interview on 12/02/2024 at 8:50 a.m. Resident #52 reported she wears her oxygen all the time. Observation on 12/02/2024 at 12:00 p.m. revealed Resident #52 wearing continuous oxygen at 2 liters via nasal cannula. Further observation revealed filter on oxygen concentrator contained a fine gray film. Observation on 12/03/2024 at 11:00 a.m. revealed Resident #52 wearing continuous oxygen at 2 liters via nasal cannula. Further observation revealed filter on oxygen concentrator contained a fine gray film. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195406	A. Building B. Wing	12/04/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 12/03/2024 at 1:35 p.m. revealed Resident #52 wearing continuous oxygen at 2 liters via nasal cannula. Further observation revealed filter on oxygen concentrator contained a fine gray film. During an interview on 12/03/2024 at 1:35 p.m. S4 LPN (Licensed Practical Nurse) reported the 11-7 nurse changes the oxygen tubing and humidifier. S4 LPN acknowledged the oxygen concentrator filter was dirty with gray fluffy particles and was unaware it needed to be cleaned.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195406	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Manor Nursing and Rehab Ctr, LLC	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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193 Based on record reviews and interviews, the facility failed to ensure residents were free from unnecessary medications for 1 (#52) out of 5 (#15, #20, #26, #52, #88) residents reviewed for unnecessary meds. The facility failed to monitor Resident #52's edema while receiving a diuretic. Findings: Review of Resident #52's medical records revealed admitted [DATE] with the following diagnoses, including in part: chronic pulmonary edema and chronic diastolic (congestive) heart failure. Review of Resident #52's Physician's Orders revealed an order dated 08/01/2024 for Furosemide Tablet 40mg (milligram). Give 1 tablet by mouth two times a day. Review of Resident #52's November 2024 Medication Administration Record (MAR) failed to reveal monitoring for edema. During an interview on 12/04/2024 at 10:32 a.m. S4 LPN (Licensed Practical Nurse) confirmed Resident #52 was receiving a diuretic. S4 LPN further reported she was unable to provide documentation Resident #52's edema was monitored. During an interview on 12/04/2024 at 10:45 a.m. S2 Director of Nursing acknowledged Resident #52 was not monitored for edema and should have been.