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	03/04/2026

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 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 for 1 (#23) of 1 resident reviewed for indwelling 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 catheter is in place. This routine care protects the resident from infection, injury, and promotes comfort.b. Watch for kinking in the tubing to can interfere with patency and free flow of urine. Never allow the bag or tubing to touch the floor. Review of Resident #23's medical record revealed an admit date of 04/19/2022 with diagnoses including neurogenic bladder and Type 2 Diabetes Mellitus.Review of Resident #23's current comprehensive care plan revealed Resident #23 had a suprapubic catheter related to a diagnosis of urinary retention.An observation on 03/02/2026 at 9:25 a.m., revealed Resident #23 was self-propelling down the hall in a wheelchair. Further observation revealed Resident #23's indwelling urinary catheter tubing was dragging on the floor beneath the wheelchair.During an interview on 03/02/2026 at 9:30 a.m., S1LPN acknowledged Resident # 23's indwelling catheter tubing was lying on the floor under the wheelchair and should not have been.

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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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. Based on record review, observation, and interviews, the provider failed to ensure respiratory care was provided with professional standards of practice for 1 (#84) of 1 resident reviewed for respiratory care. Findings: Review of the provider's undated Oxygen Administration (concentrator or tank) policy included:Humidifier bottles, cannulas, and oxygen tubing will be changed at least once weekly and dated. Concentrator filter should be cleaned weekly or as needed as well. When not in use, cannula or mask should be placed in a plastic bag. Purpose:To administer high-purity oxygen for the treatment of disease or emergency conditions through oxygen concentrator or tank. Review of Resident #84's medical record revealed the following, in part: Resident #84 was admitted to the provider on 02/14/2026 with diagnoses including in part: chronic obstructive pulmonary disease, tobacco use, nonspecific abnormal finding of lung field, centrilobular emphysema, chronic respiratory failure with hypoxia, and shortness of breath. Review of Resident #84's physician orders for March 2026 included:Oxygen three liters per minute as needed every five minutes minimum for chronic obstructive pulmonary disease.Change oxygen tubing, nasal cannula, and humidifier bottle and clean filter every night shift, every Saturday. Observation on 03/02/2026 at 8:30 a.m. revealed Resident #84's humidifier bottle was dated 02/23/2026 and there was no water in the humidifier bottle. During an interview on 03/02/2026 at 8:35 a.m. S4LPN verified Resident #84's humidifier bottle had no water in the humidifier bottle. During an interview on 03/03/2026 at 1:10 p.m. S4LPN reported staff who were working on 02/28/2026 should have changed Resident's #84's humidifier bottle, nasal cannula, and ensure the filter was cleaned.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, and interviews, the facility failed to ensure medications were stored properly for 2 (#21 and #68) of 4 residents reviewed for accidents. Findings:Review of the facility's Self-Administration of Medication policy (undated) revealed in part:It is the policy of this facility that each resident has the right to self-administer medications, but is the responsibility of the interdisciplinary team to determine that it is safe prior to the resident exercising that right.If the right is granted, a specific order to self-administer must be obtained which includes how, when and for what reason the medication can be used.Facility personnel must assure safety of bedside storage of medication. A locked box may be necessary in some instances. Resident #21Review of Resident #21's medical record revealed an admit date of 10/02/2025 with diagnoses including in part chronic kidney disease, end stage renal disease and postmenopausal atrophic vaginitis. Review of Resident #21's Quarterly MDS assessment dated [DATE] revealed in part a BIMS score of 15, indicating intact cognition. Review of Resident #21's physician orders revealed in part: 03/06/2025 Estradiol vaginal cream 0.1 mg/gm Insert 1 application vaginally at bedtime every Monday, Wednesday, Friday for itching related to postmenopausal atrophic vaginitis. Further review of Resident #21's physician orders failed to reveal an order for self-administration of estradiol vaginal cream. An observation on 03/02/2026 at 8:45 a.m. revealed a tube of estradiol cream 0.01% in Resident #21's bathroom cabinet labeled with Resident #21's name. During an interview on 03/02/2026 at 8:50 a.m., S2CNA acknowledged Resident #21 had a tube of estradiol cream in the bathroom cabinet. During an interview on 03/02/2026 at 9:30 a.m., S1LPN acknowledged Resident #21 had a tube of estradiol cream in the bathroom cabinet and should not have. S1LPN reported Resident #21 did not have an order to self-administer the vaginal cream. Resident #68Review of Resident #68's medical record revealed an admit date of 09/06/2024 with diagnoses including in part anxiety disorder and major depressive disorder. Review of Resident #68's Quarterly MDS assessment dated [DATE] revealed in part a BIMS score of 14, indicating intact cognition. Review of Resident #68's physician orders failed to reveal an order for self-administration of medication. An observation on 03/02/2026 at 8:20 a.m. revealed two bottles of phenylephrine hydrochloride 1% nasal spray and one bottle of Aspercreme with 4% lidocaine. During an interview on 03/02/2026 at 8:25 a.m., S1LPN acknowledged nasal spray and lidocaine cream were at Resident #68's bedside and should not have been. S1LPN confirmed Resident #68 did not have a physician order to self-administer medications.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on record review, observation and interview, the facility failed to maintain professional standards for food service safety by failing to ensure frozen food items were stored in a sealed container. Findings:Review of the facility's Storage of Frozen Food policy with a revision date of 12/2012 revealed in part:Policy: The facility ensures the quality and safety of frozen food through accepted storage practices.Procedure:4. Frozen food is stored in the original package.5. Food taken out of original containers is put in a clean, sanitized container with a tight fitting. No food is left uncovered. An observation of the walk-in freezer on 03/02/2026 at 8:00 a.m. revealed frozen broccoli, frozen egg rolls and frozen waffles stored in unsealed plastic bags and open to air. During an interview on 03/02/2026 at 8:00 a.m., S3Dietary Manager acknowledged the frozen broccoli, frozen egg rolls and frozen waffles should have been stored in a sealed bag in the freezer and were not.