STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195408	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor South	9712 Mansfield Road Shreveport, LA 71118

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record reviews and interview, the facility failed to develop an individualized care plan for 2 (#4, #5) of 6 sampled residents reviewed. The facility failed:to develop a care plan for urinary tract infections for Resident #4, andto develop a care plan for stage IV pressure ulcer for Resident #5 Findings:Resident #4Review of Resident #4's medical record revealed an admit date of 01/13/2022 with the following diagnoses, including in part: kidney disease with stage 1 through stage IV chronic kidney disease, type 2 diabetes mellitus, urinary tract infection site not specified and nocturnal enuresis.Review of Resident #4's medical record failed to reveal a care plan for urinary tract infections.Review of Resident #4's Nurse Practitioner progress notes revealed in part:02/19/2026: Status post hospitalization from 02/12/2026 - 02/16/2026 for .urinary tract infection.03/02/2026 - Status post hospitalization from 02/23/2026 - 03/01/2026 for .urinary tract infection.03/10/2026 - Status post hospitalization from 03/03/2026 - 03/06/2026 for sepsis .urinary tract infection.Resident #5Review of Resident #5's medical record revealed an admit date of 03/15/2018 with the following diagnoses, including in part: Stage IV pressure ulcer sacrum.Review of Resident #5's medical record failed to reveal a care plan for stage IV sacrum pressure ulcer.Review of Resident #5's surgical and wound care notes revealed in part: 03/25/2026: Wound 1 Bilateral Sacrococcyx, Pressure Injury, Stage IV. During an interview on 03/31/2026 at 9:59 a.m. S1 Assessment Registered Nurse acknowledged Resident #4 was not care planned for urinary tract infections and Resident #5 was not care planned for a stage IV sacrum pressure ulcer and should 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