

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195447	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor West		STREET ADDRESS, CITY, STATE, ZIP CODE 7060 Cottonwood Blvd Shreveport, LA 71129	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on observations and interviews, the facility failed to ensure dependent residents were provided Activities of Daily Living for 2 (#2, #5) out of 5 (#2, #3, #4, #5, #6) residents observed. The facility failed to trim Resident #2 and Resident #5's fingernails.</p> <p>Findings:</p> <p>Review of Resident #2's medical records revealed an admitted [DATE] with the following diagnoses, in part: cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>Review of Resident #2's MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) of persistent vegetative state/no discernible consciousness. Further review of functional status revealed Resident #2 requires total assistance.</p> <p>Observation on 12/09/2024 at 9:30 a.m. revealed Resident #2's fingernails were long on both hands.</p> <p>During an interview on 12/09/2024 at 9:30 a.m. S1 LPN (Licensed Practical Nurse) acknowledged Resident #2's fingernails were long and should be trimmed.</p> <p>Review of Resident #5's medical records revealed an admitted [DATE] with the following diagnoses, in part: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and cognitive communication deficit.</p> <p>Observation on 12/09/2024 at 9:00 a.m. revealed Resident #5's fingernails long on both hands.</p> <p>During an interview on 12/09/2024 at 9:00 a.m. S3 LPN acknowledged Resident 5's fingernails were long and should be trimmed.</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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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40193</p> <p>Based on record reviews, observations, and interviews, and the facility failed to ensure appropriate treatment and services to prevent potential complications from enteral feeding for 3 (#2, #4, #5) out of 6 (#1, #2, #3, #4, #5) residents reviewed. The facility failed to change enteral feeding bags at appropriate interval and label the enteral feeding bag and syringe.</p> <p>Findings:</p> <p>Review of Facility's Tube Feedings Policy (12/15) revealed:</p> <ol style="list-style-type: none"> 1. All tube feedings will be administered in accordance with verified medical necessity, established infection control policies and procedures and physician's orders . 3. Procedures for administering tube feedings are in place and address: e. labeling of container <p>Resident #2</p> <p>Review of Resident #2's medical records revealed an admitted [DATE] with the following diagnoses, in part: mild protein calorie malnutrition and gastrostomy status.</p> <p>Review of Resident #2's Physician's Orders revealed an order dated 09/24/2024 - off at 5a.m./on at 9a.m. tube feeding formula: Isosource 1.5 at 70ml/hr (milliliter/hour) x 20 hours.</p> <p>Observation on 12/09/2024 at 9:30 a.m. failed to reveal Resident #2's enteral feeding bag labeled with resident name, date, time, formula and nurse initials.</p> <p>During an interview on 12/09/2024 at 9:30 a.m. S1 LPN (Licensed Practical Nurse) acknowledged the enteral feeding bag had no label and should.</p> <p>Resident #4</p> <p>Review of Resident #4's medical records revealed an admitted [DATE] with the following diagnoses, in part: dysphagia oropharyngeal phase, moderate protein-calorie malnutrition, and gastrostomy status.</p> <p>Review of Resident #4's Physician's Orders revealed an order dated 11/15/2024 for tube feeding formula: Peptamen 1.5 bolus/carton daily at 1p.m and an order dated 10/16/2024 for on at 7p.m./off at 9a.m. tube feeding formula: Peptamen 1.5 at 50ml/hr for 14 hours.</p> <p>Observation on 12/09/2024 at 9:40 a.m. revealed Resident #4's enteral feeding bag with a torn label showing a date of 12/06/2024 and a date of 12/07/2024 written on bag. Further observation revealed enteral feeding bag was not labeled with resident name, formula, time, nurse initials.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/09/2024 at 9:40 a.m. S2 LPN acknowledged the enteral tube feeding bag had been reused and not been changed since 12/07/2024 and should have. S2 LPN further acknowledged there was no label with resident name, date, time, formula and nurse initials.</p> <p>Resident #5</p> <p>Review of Resident #5's medical records revealed an admitted [DATE] with the following diagnoses, in part: dysphagia following unspecified cerebrovascular disease, moderate protein-calorie malnutrition, and gastrostomy status.</p> <p>Review of Resident #5's Physician's Orders revealed an order dated 09/24/24 for on at 7p.m./off at 9a.m. tube feeding formula: Nutren 2.0 at 50ml/hr for 14 hours and tube feeding formula: Nutren 2.0 bolus give one carton per PEG (Percutaneous Endoscopic Gastrostomy) tube twice daily.</p> <p>Observation on 12/09/2024 at 9:00 a.m. failed to reveal Resident #5's enteral feeding bag labeled with resident name, date, time, formula and nurse initials.</p> <p>During an interview on 12/09/2024 at 9:00 a.m. S3 LPN acknowledged the enteral feeding bag was not labeled with resident name, time, and nurse initials and should be.</p>