STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195490	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest Manor Nursing and Rehabilitation Center	1330 Ochsner Blvd Covington, LA 70433

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on record review, observations and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure staff transported linens in a manner to prevent the spread of communicable diseases and infection. This had the potential to effect 168 residents living in the facility.Findings: Review of the facility's policy titled, Infection Control Linen Handling dated 06/14 revealed the following:Soiled Linen can be a source of infection and should be handled carefully. Soiled linen.Deposit soiled linen.into hamper. cover. On 02/09/2026 at 8:45 a.m., an observation was made of a CNA transporting an uncovered laundry basket to the soiled linen room. The uncovered linen basket was handed to S3LDY. On 02/09/2026 at 8:46 a.m., an interview was conducted with S3LDY. She confirmed the uncovered laundry basket contained soiled linen. She further confirmed soiled linens should always be covered in the hallways. On 02/09/2026 at 12:43 p.m., an observation was made of S5WC exiting a resident's room with gloved hands and holding un-bagged linen. On 02/09/2026 at 12:46 p.m., an interview was conducted with S5WC. She confirmed the cloth pad was soiled. She stated she should have bagged the soiled linen prior to exiting the resident's room, and did not. On 02/09/2026 at 2:00 p.m., an observation was made of S6CNA transporting two uncovered laundry baskets in the hallway. On 02/09/2026 at 2:02 p.m., an interview was conducted with S6CNA. She confirmed the laundry basket contained soiled linens. She stated she was unaware soiled linens needed to be covered in the hallways. On 02/09/2026 at 2:03 p.m., an interview was conducted with S4HSK while standing next to S6CNA. She confirmed S6CNA was in the hallway with two laundry baskets which contained soiled linens. She further confirmed soiled linens should always be covered in the hallways. On 02/10/2026 at 3:00 p.m., an interview was conducted with S2DON. S2DON confirmed soiled linens should always be covered in the hallways.

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
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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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review the facility failed to administer parenteral fluids consistent with professional standards of practice for 1 of 1 (#5) resident reviewed for intravenous antibiotic therapy. The facility failed to administer antibiotic therapy at the prescribed rate for Resident #5.Review of the facility's policy dated 10/2016, titled Administration of Fluids/Medications via a Central Line Catheter revealed in part, the following:11. Start the infusion at the prescribed rate. Review of Resident #5's Clinical Record revealed he was admitted to the facility on [DATE]. Review of Resident #5's current Physician Orders revealed an order for Cefepime Intravenous Solution 2 grams per 100 milliliters. Use 2 grams intravenously three times a day.An observation was made on 02/10/2026 at 11:55 a.m. of S7LPN initiating Resident #5's Cefepime intravenous infusion. S7LPN initiated the infusion at 150 mL an hour. The Cefepime intravenous bag label read infuse at 100 mL an hour.An interview was conducted on 02/10/2026 at 12:10 p.m. with S7LPN. He confirmed the Cefepime should have been infused at 100 mL an hour and not 150 mL an hour.An interview was conducted on 02/11/2026 at 2:00 p.m. with S2DON. She stated she expected intravenous antibiotics to infuse at the prescribed rate.

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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	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure each resident received necessary respiratory care consistent with professional standards of practice. The facility failed to ensure oxygen tubing was changed in a timely manner for 1 of 1 (#119) resident reviewed for oxygen therapy.Review of the facility's policy dated 08/2021, titled, Infection Control Oxygen Equipment Cleaning revealed the following, in part:7. Tubing should be replaced every 7 days. Review of Resident #119's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease. Review of Resident #119's MDS with an ARD of 12/31/2025 revealed she had a BIMS of 15, which indicated she was cognitively intact. Review of Resident #119's current Physician Orders revealed the following, in part:Start Date: 06/03/2024, oxygen at 2 L nasal cannula every 1 hour as needed. An observation was made on 02/09/2026 at 9:19 a.m. of Resident #119's oxygen tubing. The oxygen tubing was observed dated 01/26/2026. Resident #119 had oxygen in use at this time. An interview was conducted on 02/09/2026 at 9:19 a.m. with Resident #119. She stated she wore oxygen throughout the day and most of the night.An interview was conducted on 02/09/2026 at 9:35 a.m. with S8LPN. She observed Resident #119's oxygen currently in use and confirmed the oxygen tubing was dated 01/26/2026. She stated oxygen tubing should be changed every 7 days. An interview was conducted on 02/10/2026 at 10:45 a.m. with S2DON. She confirmed oxygen tubing should be changed every 7 days.