STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195496	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roseview Nursing and Rehabilitation Center	3405 Mansfield Road 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record reviews and interviews the facility failed to notify 1 (#1) of 3 sample resident's RP (responsible party) of a change in a resident condition. The facility failed to notify resident #1's RP of new orders for medications including an antipsychotic was initiated without their knowledge.Findings:Review of resident #1's physician orders revealed the following:Divalproex sodium (Depakote) 250 mg (milligram) by mouth twice daily, start date 05/12/2026.Risperidone (Risperdal) 0.5 mg by mouth twice a day, start dated 05/19/2026.Review of the facility's Resident and Family Notification Guidelines (CMCO 01-26) revealed in part the notification of a resident and the resident representative of changes in the resident's condition is the primary responsibility of the nurse assigned to the resident. Any order change, addition or discontinuance (i.e. antibiotic started, dosage changes to medications, ankle bracelet applied, etc.).During an interview on 06/09/2026 at 2:00 p.m. S2 Charge Nurse reported she was the nurse that took the order for the Depakote. S2 Charge Nurse reported she did not notify resident #1's RP and she should have.During an interview on 06/09/2026 at 3:00 p.m. S1 DON reported the RP was not notified when the new orders for Depakote and Risperdal was prescribed. S1 DON reported the RP should have been notified.

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record reviews and interviews, the facility failed to monitor 1(#1) of 3 sample residents for possible adverse consequences reviewed for unnecessary medications. The facility failed to provide monitoring for behaviors and possible adverse consequences or side effects related to the use of the antipsychotic medications Seroquel and Risperdal for resident #1.Findings:Review of resident #1's medical records revealed diagnoses that include dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance, delusional disorders, psychotic disturbance, mood disturbance and agitationReview of resident #1's current Physician orders revealed the following orders:05/19/2026 Risperidone oral tablet 0.5 mg (milligram). Give one tablet by mouth two times a day related to dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance.04/14/2026 Seroquel oral tablet 12.5 mg. Give one tablet by mouth two times a day related to delusional disorders.Review of resident #1's most recent completed Quarterly MDS (minimum data set) dated 05/01/2026 revealed Section N-medications, high risk drug class's antipsychotics.Review of resident #1's Comprehensive Plan of Care revealed the following problems with some of the interventions: The resident uses psychotropic medications related to receiving anti-psychotic medications related to dementia. Some of the interventions are to monitor for side effects and effectiveness every shift. Behavioral monitoring every shift, document. Monitor/document/report as needed any adverse reactions of psychotropic medications. Monitor/record occurrence for target behavior symptoms and document per facility protocol.During an interview on 06/09/2026 at 2:00 p.m. S2 Charge Nurse reported the nurses should have documented the behaviors and possible side effects related to the use of the antipsychotic medications and they did not.During an interview on 06/09/2026 at 2:45 p.m. S3 Corporate Nurse reported reviewed resident #1's records and there was no documentation of monitoring behaviors or side effects related to the use of the antipsychotics.