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	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roseview Nursing and Rehabilitation Center	3405 Mansfield Road Shreveport, LA 71103

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on record reviews, observations and interviews, the facility failed to provide services that met professional standards for 2 (#12 and #20) of 9 residents reviewed for accident hazards and supervision. The facility failed to ensure there were no medications at the bedside.Findings:Review of the facility's undated self-administration of medication policy revealed in part:Policy: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.Procedure:2. If the resident wishes to self-administer medications, the Interdisciplinary Team must assess the resident's overall ability to safely administer his/her own medications. Resident #12Review of Resident #12's medical record revealed an admission date of 12/03/2020 with diagnoses that included allergic rhinitis and chronic systolic (congestive) heart failure. Further review revealed a BIMS (Brief Interview of Mental Status) score of 15, indicating no cognitive impairment. Review of Resident #12's physician's orders on 01/05/2025 revealed an order dated 09/02/2025 for fluticasone propionate nasal suspension 50 MCG(micrograms)/ACT(activated); 1 spray in each nostril two times a day related to allergic rhinitis. Further review failed to reveal an order for self-administration of medication. Review of Resident #12's medical record on 01/05/2026 failed to reveal an assessment for self-administration of medication. An observation on 01/05/2026 at 8:45 a.m. revealed a nasal spray medication labeled fluticasone on Resident #12's bedside table.An observation on 01/05/2026 at 2:50 p.m., with S4 ADON (Assistant Director of Nursing) revealed a nasal spray medication labeled fluticasone was on Resident #12's bedside table.During an interview on 01/05/2026 at 2:50 p.m., S4 ADON confirmed Resident #12 did not have an order for self-administration of medication for fluticasone and/or an assessment for self-administration of medication, therefore medication should not have been left at the bedside.Resident #20Review of Resident #20's medical record revealed an admission date of 03/12/2019 with diagnoses which included hypertensive urgency, psychotic disorder with delusions due to known physiological condition, and constipation. Further review revealed a BIMS (Brief Interview of Mental Status) 14, indicating no cognitive impairment.Review of Resident #20's physician's orders on 01/05/2025 failed to reveal an order for docusate sodium.Review of Resident #20's medical record on 01/05/2026 failed to reveal an assessment for self-administration of medication. An observation on 01/05/2026 at 7:45 am revealed a bottle of medication labeled docusate sodium on Resident #20's bedside table.An observation on 01/05/2026 at 2:45 p.m. revealed a bottle of medication labeled docusate sodium on Resident #20's bedside table.An observation on 01/05/2026 at 2:46 p.m. with S4 ADON revealed a bottle of medication labeled docusate sodium was on Resident #20's bedside table. During an interview on 01/05/2026 at 2:46 p.m., S4 ADON confirmed Resident #20 did not have an order for docusate sodium, an order for self-administration of medication and/or an assessment for self-administration of medication, therefore medication should not have been at the bedside.

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 - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations and interviews, the facility failed to provide respiratory care consistent with professional standards of practice for 2 (#7 and #9) out of 3 residents reviewed for respiratory services. The facility failed to ensure proper storage of respiratory equipment. Findings:Review of the facility's undated oxygen administration (concentrator or tank) policy revealed in part:Policy: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.Resident #7Review of Resident #7's face sheet revealed an admit date of 12/13/2025 with the following diagnoses, but not limited to heart failure, paroxysmal atrial fibrillation, shortness of breath, and COPD (chronic obstructive pulmonary disease) with (acute) exacerbation.Review of Resident #7's January 2026 physician orders revealed an order dated 10/31/2025 for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG (milligram)/3ML(milliliter); 1 vial inhale orally every 8 hours as needed for SOB (shortness of breath) related to COPD with (acute) exacerbation per handheld nebulizer. Review of Resident #7's Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) of 9 indicating moderately impaired cognition. Observation on 01/05/2026 at 8:37 a.m. revealed Resident #7's nebulizer was on top of personal fridge with mask and tubing not in a plastic bag. Observation on 01/05/2026 at 10:37 a.m. revealed Resident #7's nebulizer was on top of personal fridge with mask and tubing not in a plastic bag. Observation on 01/06/2026 at 12:35 p.m. with S4 ADON (Assistant Director of Nursing) revealed Resident #7's nebulizer was on top of personal fridge with mask and tubing not in a plastic bag.During an interview on 01/06/2025 at 12:35 p.m. S4 ADON confirmed Resident #7's nebulizer mask and tubing was not stored properly. S4 ADON reported Resident #7's nebulizer mask and tubing should be stored and labeled in a plastic bag when not in use. Resident #9Review of Resident #9's medical record revealed an admission date of 10/30/2025 with the following diagnoses which included obstructive sleep apnea (adult) and chronic diastolic (congestive) heart failure.Observation on 01/05/2026 at 10:03 a.m. revealed a bi-pap (bi-level positive airway pressure) machine on Resident #9's bedside table and bi-pap face mask was not in a plastic bag and undated.Observation on 01/06/2026 at 2:15 p.m. revealed a bi-pap machine on Resident #9's bedside table and the face mask was not in a plastic bag and undated.Review of Resident #9's January 2026 physician orders revealed an order dated 11/12/2025 to apply bipap machine; at bedtime related to obstructive sleep apnea (adult) and remove per schedule.During an interview on 01/06/2026 at 2:15 p.m., S6 LPN (Licensed Practical Nurse) confirmed Resident #9's bi-pap mask was not in a plastic bag and undated on Resident #9's bedside table.During an interview on 01/06/2026 at 2:25 p.m., S1 DON (Director of Nursing) confirmed Resident #9's bi-pap mask was not in a plastic bag and dated.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, an observation and interview the facility failed to ensure 1 (#7) of 1 resident reviewed for food received a mechanically soft diet as ordered by physician. Review of facility Menu Matrix revealed mechanically soft diet was described as mostly for dysphagia; ground meats with soft foodsReview of Resident #7's face sheet revealed an admission date of 12/13/2025 with a diagnosis of dysphagia (oropharyngeal phase). Review of Resident #7's January 2026 physician orders revealed an order dated 09/13/2025 for a regular NSOT (no salt on tray) diet, mechanical soft texture, regular/thin consistency. Review of Resident #7's Quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed a BIMS (Brief Interview of Mental Status) score of 9 indicating moderately impaired cognition. Review of Resident #7's swallowing/nutritional status revealed Resident #7 held food in mouth/cheeks or had residual food in mouth after meals, coughed or choked during meals or when swallowing medications, and had complaints of difficulty or pain when swallowing. Further review of Resident #7's Quarterly MDS revealed Resident #7 was ordered a mechanically altered diet which required change in texture of food or liquids. Review of Resident #7's care plan revealed Resident #7 had potential for oral pain, oral irritation, and difficulty chewing related to use of dentures. Resident #7 has top dentures with interventions for NSOT mechanical soft diet.Observation on 01/06/2026 at 12:35 p.m. with S4 ADON (Assistant Director of Nursing) revealed Resident #7 was served chicken and sausage gumbo with rice, lettuce and tomato salad, garlic bread with peach cobbler for dessert. During an interview on 01/06/2026 at 12:35 p.m. S1 DON (Director of Nursing) reviewed Resident #7's lunch meal ticket for a mechanical soft diet and confirmed Resident #7 should have been served a mechanical soft diet. During an interview on 01/07/2026 at 9:30 a.m. S7 SLP (Speech Language Pathologist) reported Resident #7 had a diagnosis of dysphagia, with swallowing and chewing issues. S7 SLP reported Resident #7 should be on mechanical soft diet with grounded meats. During an interview on 01/07/2026 at 9:45 a.m. S8 Dietary Manager confirmed Resident #7's diet was mechanical soft with grounded meats and Resident #7's chicken and sausage was not prepared correctly; chicken and sausage was chopped and should have been grounded.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on record review and interview, the facility failed to ensure 4 (#1, #2, #3, and #4) of 4 glucometers used in the facility were maintained in safe operating condition for residents with orders for blood glucose monitoring. S1 DON (Director of Nursing) reported the facility had 29 residents in the facility who required blood glucose monitoring with the facility's glucometer. Findings: Review of the facility's undated Glucometer Information Sheet revealed:The EvenCare 2 Glucometer is the glucometer that is in use at this facility.2. Control testing of this glucometer is to be completed at least daily. Usually the facility night shift completes this task using the EvenCare 2 Glucometer Control Testing Instructions and documenting those results accordingly on the approved control testing log.Any control reading that is out of range and the nurse is not able to figure out the cause immediately (battery needs to be changed in glucometer, the control solution is out of date, etc.) will not be used to test a resident's blood sugar until the glucometer is repaired or repeat control tests are within normal limits. Review of December 2025 Glucometer Quality Control Log revealed the following, in part:Glucometer #1 -12/03/2025 - High control reading was written over and appeared to be 232 and marked as within range. Acceptable range for high control solution was 170 to 230. No comments were documented.12/07/2025 - High control reading was 163 and marked as within range. Acceptable range for high control solution was 170 to 230. No comments were documented.Glucometer #2 - 12/16/2025 - Low control reading was 74 and marked as within range. Acceptable range for low control solution was 41 to 71. No comments were documented.12/25/2025 - Low control reading was 78 and marked as within range. Acceptable range for low control solution was 41-71. No comments were documented.Glucometer #3 - 12/17/2025 - High control reading was 147 and marked as within range. Acceptable range for high control solution was 168 to 228. No comments were documented.12/17/2025 - Low control reading was 32 and marked as within range. Acceptable range for low control solution was 40 to 70. No comments were documented.12/24/2025 - High control reading was 163 and marked as within range. Acceptable range for high control solution was 168 to 228. No comments were documented. Glucometer #4 -12/10/2025 - Low control reading was 71 and marked as within range. Acceptable range for low control solution was 40 to 70. No comments were documented. Review of November 2025 Glucometer Quality Control Log revealed, in part:Glucometer #1 -Documented high and low checks were recorded for 30 days. The log failed to reveal lot numbers, expiration dates and the acceptable ranges for the low and high control solutions. No comments were documented.Glucometer #2 - 11/02/2025 - High control reading was 154 and marked as within range. Acceptable range for high control solution was 159 to 215. No comments were documented.11/04/2025 - Low control reading was 68 and marked as within range. Acceptable range for low control solution was 37 to 67. No comments were documented.11/23/2025 - High control reading was 1 and marked as within range. Acceptable range for high control solution was 159 to 215. No comments were documented.Glucometer #3 -11/02/2025 - High control reading was 163 and marked as within range. Acceptable range for high control solution was 167 to 225. No comments were documented.11/06/2025 - High control reading was 298 and marked as within range. Acceptable range for high control solution was 167 to 255. No comments were documented.11/10/2025 - High control reading was 165 and marked as within range. Acceptable range for high control solution was 167 to 225. No comments were documented.11/27/2025 - High control reading was 164 and marked as within range. Acceptable range for high control solution was 167 to 225. No comments were documented. Glucometer #4 -11/13/2025 - High control reading was 220. No indication of whether this reading was within range. Acceptable range for high control solution was 157 to 215. No comments were documented.11/17/2025 - High control reading was 220. No indication of whether this reading was within range. Acceptable range for high control solution was 157 to 215. No comments were documented. During an interview on 11/07/2026 at 11:35 a.m. S1 DON reviewed the November 2025 and December 2025 Glucometer Quality Control Logs for Glucometers #1, #2, #3, and #4 and confirmed (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	there were illegible control values which could have been out of range and out of range control values without any comments to indicate how the out of range result was handled. S1 DON further reported the November 2025 Glucometer Control Log for glucometer #1 had no documented high or low control solution lot numbers, expiration dates, or acceptable ranges documented to verify the high and low controls done. S1 DON further reported all control values should have been legible, if controls were out of range the comments should have included what the staff member did to check controls to verify in range.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on record reviews and interview the facility failed to inform and provide written information to residents or resident's representative concerning the right to formulate an advance directive for 3 (#30, #45, and #76) of 32 residents reviewed for Advance Directives. Findings:Review of Resident #30's medical record revealed an admit date of 05/22/2024. Further review of Resident #30's medical record revealed an incomplete Advanced Directives Checklist signed and dated 05/22/2024 failed to indicate whether Resident #30 or Resident #30's responsible parties were given information on formulating an advanced directive. Review of Resident #45's medical record revealed an admit date of 05/02/2024. Further review of Resident #45's medical record revealed an incomplete Advanced Directives Checklist signed and dated 05/02/2024 failed to indicate whether Resident #45 or Resident #45's responsible parties were given information on formulating an advanced directive. Review of Resident #76's medical record revealed an admit date of 12/16/2025. Further review of Resident #76's medical record revealed an incomplete Advanced Directives Checklist signed and dated 06/27/2024 failed to indicate whether Resident #76 or Resident #76's responsible parties were given information on formulating an advanced directive. During an interview on 01/06/2026 at 11:15 a.m. S5 Corporate Nurse reviewed Resident #30, Resident #45 and Resident #76's Advanced Directive Checklist and confirmed the form was incomplete and did not indicate whether information on formulating an advance directive was provided .

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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 review and interview the facility failed to inform the resident's responsible party/representative (RP) of a resident's change in condition for 1 (#35) of 2 residents (#10, #35) reviewed for falls. The facility failed to ensure the RP was notified of a resident's fall (#35). Findings: Review of the facility's Resident and Family Notification Guidelines (undated policy) presented by the facility revealed in part: Notification of resident and the resident representative of changes in the resident's condition is the primary responsibility of the nurse assigned to the resident. List below are scenarios of when such notification is to occur and be documented as occurring in the nurse's notes. Your documentation should include the name of the resident representative that you spoke with not just the relationship. Any accident, injury, or if an incident report is completed. Review of the facility's Incident Report for Resident #35 revealed Resident #35 had an unwitnessed fall on 12/01/2025 in the resident's room. Resident #35 was found on the floor by a CNA (Certified Nursing Assistant) between the bed and the air condition unit to the left side of the bed. Resident #35 reported, The sheet was wet, and I was trying to move it. No injuries noted, resident was alert and oriented, hospice notified. Further review of the report and Resident #35's nurse's notes failed to reveal notification of the RP. During an interview on 01/05/2026 at 9:30 a.m. Resident 35's RP complained the facility never notified her of the falls Resident #35 had. Resident #35's RP reported the facility reported they did not have to notify the RP they only had to notify hospice. Review of Resident #35's record revealed the RP as a (Friend) and contact type, Family Representative - Financial #1 POA (Power of Attorney). During an interview on 01/07/2025 at 10:30 a.m. S1 DON (Director of Nursing) reported if a resident has hospice, hospice will notify the RP if a resident had a fall or any changes in their condition. S1 DON confirmed hospice did not notify Resident #35's RP of the falls. S1 DON reported and agreed notifying Resident #35's RP of a change in condition is ultimately the facility responsibility and not hospice.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record reviews and interviews, the facility failed to notify the State's Long-Term Care Ombudsman of discharges in writing for 1 of 2 residents reviewed for hospitalization. The facility failed to notify the Office of the State Ombudsman of the emergency transfer and provide the resident and their RP (responsible party) written notice which specified the duration of the bed-hold policy at the time of transfer to the hospital for Resident #23. Findings:Review of the facility's Emergency Transfer Log for October 2025 fail to reveal Resident #23 was entered on the log notifying the State's Long-Term Care Ombudsman of the emergency discharge to the hospital 10/21/2025. Further review failed to reveal Resident #23 and their RP was given written notice which specified the duration of the bed-hold policy at the time of transfer to the hospital.The facility's Emergency Transfer Log read in part, the document will be emailed to the Office of the State Ombudsman by the 15th of each month that include the location of transfer, written notification date to resident, transfer date, date return to facility and reason for transfer. Review of Resident #23's records failed to reveal documentation the facility had provided a bed hold policy to the resident or their RP at the time of the discharge to the hospital.During an interview on 01/06/2026 at 4:45 p.m. S5 Corporate Nurse reported the Office of State Ombudsman was not notified of Resident #23's emergency transfer. S5 Corporate Nurse further reported a bed hold policy was not completed. S5 Corporate Nurse reported the State Ombudsman should have been notified and a bed hold policy should have been completed by Social Service and they were not.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interview and record review the facility failed to follow recognized infection control practices to prevent the development and transmission of infection for 1(#23) out of 2 (#23, #76) residents observed with an indwelling Foley catheter. The facility failed to ensure the Foley catheter collection bag did not touch the floor (#23). Findings: Observation on 01/05/2026 at 09:30 a.m. revealed Resident #23's Foley catheter collection bag hanging from the frame of the bed laying on the floor. Further observation revealed a puddle of malodorous urine on the floor along the foot of the bed. During an interview on 01/05/2026 at 09:30 a.m. S3 Restorative Aid reported after observing Resident #23's Foley catheter bag on the floor, it should not have been on the floor. During an interview on 01/05/2026 at 09:40 a.m. S2 LPN (Licensed Practical Nurse) reported Resident #23's Foley catheter bag should not have been on the floor.Review of the facility's Catheter Management Policy (undated) revealed in part: Policy: Catheter Management is the routine care administered when an indwelling urinary catheter is in place. This routine care protects the resident from infection, injury, and promotes comfort. The procedures included in this policy the following: cleaning the genitalia and insertion site of the catheter (urethral or suprapubic). Catheter irrigation to ensure patency, and care of the closed drainage system. Procedure: Maintain closed drainage system: Watch for kinking in the tubing that can interfere with patency and free flow of urine. Never allow the bag or tubing to touch the floor.Review of Resident #23 records revealed diagnoses that include neurogenic bladder, urinary tract infection, and cognitive communication deficit. Review of Resident #23's current Physician Orders revealed an order date 12/31/2025 Macrobid Oral Capsule 100 milligrams (Nitrofurantoin) Give 1 capsule by mouth at bedtime related to urinary tract infection, site not specified, indefinitely. Review of Resident #23's Comprehensive Plan of Care revealed a focus that the resident had a Foley catheter for neurogenic bladder. Goals for the resident was to remain free from catheter-related trauma through review date. Interventions included catheter care as ordered, monitor urine for color and condition and document. Change catheter as ordered per medical doctor. Ensure drainage tubing is kink free. Monitor and document output as per facility policy.