

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2026
NAME OF PROVIDER OR SUPPLIER  Tioga Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5201 Shreveport Hwy Pineville, LA 71360	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to promote and facilitate resident self-determination through support of resident choice about aspects of his or her life in the facility that were significant to the resident for 1 (#3) of 3 sampled residents. The facility failed to ensure Resident #3 had a choice of when to get out of bed. Findings: Review of the Facility's 12/2016 policy titled Resident Rights read in part. Employees shall treat all residents with kindness, respect, and dignity. 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident rights to: C. be free from abuse, neglect, misappropriation of property, and exploitation. D. be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms. E. self-determination. G. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States. Review of Resident #3's medical record revealed an admission to the facility on [DATE] with the following diagnoses in part. Unspecified Atrial Flutter, Type 2 Diabetes Mellitus, Morbid Obesity, Hypertensive Heart Disease, Vascular Dementia, and Acquired Absence of Left Leg above the Knee. Review of Resident #3's Quarterly MDS with ARD of 11/26/2025 revealed a BIMS score of 15 indicating intact cognition. Resident #1 was dependent on staff for transfers. Review of Resident #3's Care Plan with a review date of 02/20/2026 read in part. I have an ADL self-care performance deficit related to weakness due to morbid obesity and require the use of the lift system and a brown sling with 2 staff member assistance support for my transfer. In an interview on 01/27/2026 at 10:50 a.m., Resident #3 stated the weekend of 1/23/2026-01/25/2026 he was left in bed after repeatedly asking to get up and was told that there was no lift pads available or that the lift wasn't working. In an interview on 01/27/2026 at 11:45 a.m. S2CNA stated that she worked on 01/24/2025 from 6:00 a.m. to 10:00 p.m. and revealed the lifts on X hall were not working therefore Resident #3 was not gotten up out of the bed. S2CNA stated that Resident #3 had asked to get up on this shift but he was notified that the lifts were not working so he was not able to get up. S2CNA stated she made an attempt to get a lift from the other halls, but they were also not working. In an interview on 01/27/2026 at 12:45 p.m. S1Admin stated that he was made aware of lift issues the week of 01/18/2026 and had maintenance check all lifts, batteries and charging ports and all were working fine. S1Admin stated he was not aware that the X hall lift was not working over the weekend of 01/24/2026-01/25/2026 but was made aware of an issue with X Hall lift today (01/27/2026) but stated that the lift was working yesterday (01/26/2026). In an interview on 01/27/2026 at 1:50 p.m. S3CNA stated she worked the weekend of 01/23/2026 thought 01/25/2026 from 6:00 a.m. to 6:00 p.m. and stated the lifts were not working. S3CNA denied seeing Resident #3 out of bed during that weekend. In an interview on 01/27/2026 at 1:56 p.m., S4CNA stated she worked from 01/23/2026 thought 01/25/2026 and stated the residents that needed to be gotten up with a lifts were not, because of lift issues. S4CNA stated there had been</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  195500	Facility ID:  195500  If continuation sheet Page 1 of 2

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>frequent issues over the last 3 weeks and that staff could use the lifts from other halls but the batteries aren't being charged. S4CNA stated at times there was only 1 lift in the building working. S4CNA stated she cannot recall if Resident #3 got out of bed over the weekend of 01/23/2026 through 01/25/2026 but stated the only time he does not get out of bed is if we are having problems with the lifts, which has been often lately. In an interview on 01/28/2026 at 10:51 a.m., S5LPN stated that she knew Resident #3 did not get up out of bed over the weekend and did hear Resident #3 state I better get up on Monday. S5LPN stated she was unsure of how long the lift issues had been going on but knew there were an issues with keeping the batteries charged over the weekend of 01/24/2026 through 01/25/2026. In an interview on 01/28/2026 at 11:00 a.m., Resident #3's responsible party stated that over the last few weeks Resident #3 had called and notified him that there were issues with getting out of bed due to lift problems. Resident #3's Responsible Party stated that he spoke with nursing home administration today (01/28/2026) and was notified that there had been some lift issues In an interview on 01/28/2026 at 9:25 a.m., S1Admin confirmed no one reported issues with the lifts to him over the weekend of 01/23/2026-01/25/2026. S1Admin confirmed that if Resident #3 had requested to get out of bed over the weekend, staff should have utilized a working lift to assist the resident out of bed.</p>		