STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195513	A. Building B. Wing	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Bradford Skilled Nursing and Rehabilitation	3050 Baird Road Shreveport, LA 71118

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations and interviews the facility failed to ensure residents' plans of care were developed and implemented for 2 (#5, #44) of 2 (#5, #44) residents out of a total sample of 37 residents. The facility failed to provide a palm roll for Resident #5 and failed to develop a plan of care for nebulizer treatments for Resident #44. Finding: Resident #5Review of Resident #5's medical record revealed an admit date of 05/20/2024 with a diagnosis of but not limited to muscle wasting and atrophy, lack of coordination, contractures, encephalopathy, atrial fibrillation, essential hypertension, cerebral infarct, and idiopathic progressive neuropathy.Review of Resident #5's annual MDS (Minimum Data Set) dated 08/20/2025 revealed Resident #5's BIMS (brief interview mental status) score was 00 indicating Resident #5 was rarely understood. Further review revealed Resident #5 was totally dependent on facility staff for all ADLs (activities of daily living). Review of Resident #5's comprehensive care plan revealed Resident #5 had an ADL self-care performance deficit related to a cardiovascular accident with left-sided hemiparesis and a contracture of the left upper and lower extremity. Approaches included; nurse to apply palm roll to left hand daily in the a.m. and nurse to remove palm roll in the p.m. daily. Review of Resident #5's September 2025 physicians orders revealed these orders:1. May apply hand roll/palm roll to left hand for 8 hours for contracture management as tolerated. May be applied and removed by certified nursing staff every shift2. Nurse to apply palm roll to left hand daily at 9:00 a.m.3. Nurse to remove palm roll at 5:00 p.m. daily one time a day for therapyObservation on 09/22/2025 at 8:00 a.m. failed to reveal a palm roll in Resident #5's left contracted hand.Observation on 09/23/2025 at 10:00 a.m. failed to reveal a palm roll in Resident #5's left contracted hand.During an interview on 09/24/2025 at 10:00 a.m. S9 OT (occupational therapist) reported the treatment for Resident #5's left hand contracture was for the nurses to apply a small palm roll daily for 8 hours and remove the palm roll in the evening.During an interview on 09/24/2025 at 9:20 a.m. S10 LPN (licensed practical nurse) confirmed Resident #5's left hand was contracted and did not have a palm roll in use as ordered.Resident #44Review of Resident #44's medical record revealed an admit date of 10/03/2018 with diagnoses that include in part cough, chronic obstructive pulmonary disease (COPD), and chronic sinusitis.Review of Resident #44's physician orders revealed in part:03/01/2024 Albuterol Sulfate Inhalation Nebulization Solution (2.5 milligrams (mg)/3milliliters) 0.083% (Albuterol Sulfate) 2.5 mg inhale orally via nebulizer three times a day for bronchospasms related to chronic obstructive pulmonary disease.Review of Resident #44's quarterly MDS dated [DATE] revealed in part: active diagnoses include asthma (COPD) chronic lung disease with health conditions that include shortness of breath at rest, with exertion, or lying flat. Review of Resident #44's comprehensive care plan failed to reveal Resident #44 had been care planned for nebulizer treatments.Observation on 09/22/2025 at 9:20 a.m. revealed Resident #44's nebulizer machine sitting on his bedside table. Observation on 09/22/2025 at 2:45 p.m. with S3 Corporate Nurse revealed Resident #44's nebulizer machine sitting on his bedside table. During an interview on 09/23/2025 at 2:35 p.m. S5 MDS Nurse reviewed Resident #44's comprehensive care plan and confirmed Resident #44 had not been care planned for the care and use of his nebulizer and should have been.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observations and interviews, the facility failed to ensure dependent residents who were unable to carry out activities of daily living (ADL) received the necessary services to maintain nail care for 2 (#35, #86) of 3 (#5, #35, #86) residents reviewed for ADLs.Findings:Review of Facility's Care of Fingernails/Toenails Policy revised October 2010 revealed: Purpose: The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. General Guidelines: 1. Nail care includes daily cleaning and regular trimming.Resident #35Review of Resident #35's medical record revealed an admit date of 07/25/2024 with diagnoses that include in part muscle wasting and atrophy, lack of coordination, and legally blind. Review of Resident #35's MDS (Minimum Data Set) dated 09/10/2025 revealed in part Resident #35 was dependent for bathing, toileting, dressing, and personal hygiene. Observation on 09/22/2025 at 9:30 a.m. revealed Resident #35's fingernails were long, past fingertips, some jagged, with brown substance underneath. During an interview on 09/22/2025 at 9:30 a.m. Resident #35 reported he would like to have his fingernails cut because they scratch him. Resident #35 further reported he is not able to see to do it himself and does not have anything to clean or clip his fingernails. During an interview on 09/22/2025 at 3:15 p.m. S3 Corporate Nurse confirmed Resident #35's fingernails were long and jagged with brown substance underneath and should have been cut and cleaned and were not. Resident #86 Review of Resident #86's medical records revealed an admit date of 08/27/2025 with the following diagnoses, including in part: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. Review of Resident #86's MDS assessment dated [DATE] revealed in part: impairment on one side of upper extremity and dependent for personal hygiene and shower/bath.Observation on 09/22/2025 at 1:00 p.m. revealed Resident #86's fingernails on both hands were long and jagged with a dark brown substance noted underneath fingernails. During an interview on 09/22/2025 at 2:40 p.m. S7 CNA (Certified Nurse Assistant) reported fingernails are trimmed as needed. S7 CNA confirmed Resident #86's fingernails were long, jagged and dirty and needed trimming.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on record review, observation and interview, the facility failed to provide appropriate treatment and services for 1(#1) of 1(#1) resident reviewed for tube feedings. The facility failed to ensure Resident #1's tube feeding bag and water flush bag were changed daily.Findings:Review of Resident #1's medical record revealed an admit date of 07/30/2025 with the following diagnoses, including in part: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, dysphagia following cerebral infarction and gastrostomy status. Review of Resident #1's Physician's orders revealed an order dated 07/30/2025 - Enteral Feed one time a day related to dysphagia following cerebral infarction and gastrostomy status - Enteral Nutrition Isosource at 40 ml (milliliter) per hour for 12 hours via pump. Start infusion at 2000 and continue until 0800. Further review revealed an order dated 07/30/2025 - Enteral Feed every 6 hours Enteral: Flush feeding tube with 100 ml of water per hour every 6 hours.Observation on 09/22/2025 at 8:40 a.m. revealed Resident #1's continuous tube feeding of Isosource 1.5 infusing via pump at 40 ml/hr (hour) and water flush infusing at 100ml/hr. Further observation revealed tube feeding bag dated 09/20/2025 and water flush bag dated 09/20/2025. During an interview on 09/22/2025 at 8:50 a.m. S8 ADON (Assistant Director of Nursing) acknowledged Resident #1's tube feeding bag and water flush bag were dated 09/20/2025 and should have been changed daily.

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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. Based on record reviews, observations and interviews, the facility failed to provide specialized care needs for the provision of respiratory care in accordance with professional standards of practice for 4 (#18, #19, #44, #75) of 4 (#18, #19, #44, #75) residents reviewed for respiratory therapy. The facility failed to ensure respiratory supplies were changed weekly and stored in a covered device.Findings: Review of the facility's Oxygen Administration policy revised February 2025 revealed in part:Purpose: The Purpose of this procedure is to provide guidelines for safe oxygen administration, and infection prevention associated with respiratory therapy tasks,Steps in the Procedure: 4. Place appropriate oxygen device on the resident (i.e., mask, nasal cannula and /or nasal catheter).5. Oxygen cannula and tubing will be changed within 7-10 days or if visibly soiled. Store in a covered device (i.e., plastic bag, kangaroo pouch) between uses. Resident #18 Review of Resident #18's medical record revealed an admit date of 05/19/2023 with diagnoses that include in part chronic respiratory failure with hypoxia, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease. Review of Resident #18's physician orders revealed an order dated 03/06/2025 Oxygen: Change Mask, 02 (oxygen) tubing, water bottle and clean concentrator filter every night shift every Sunday change tubing and respiratory bags and as needed for contamination. Observation on 09/22/2025 at 10:00 a.m. revealed Resident #18 with oxygen in use via nasal cannula and failed to reveal the oxygen tubing was dated indicating when it had been changed. Observation on 09/22/2025 at 2:45 p.m. revealed Resident #18 with oxygen in use via nasal cannula and failed to reveal the oxygen tubing was dated indicating when it had been changed. Observation on 09/22/2025 at 3:15 p.m. with S3 Corporate Nurse revealed resident #18 lying in bed, oxygen in use via nasal cannula and no date on the oxygen tubing. During an interview on 09/22/2025 at 3:15 p.m. S3 Corporate Nurse confirmed the oxygen tubing should have been dated and was not. Resident #19Review of Resident #19's medical records revealed an admit date of 07/25/2025 with the following diagnoses, including in part: chronic respiratory failure with hypoxia.Review of Resident #19's Physician's orders revealed an order dated 08/22/2025 for Ipratropium-Albuterol Solution 0.5-2.5 (3) mg (milligram)/3ml (milliliter) 1 vial inhale orally every 6 hours as needed for shortness of breath.Observation on 09/22/2025 at 8:15 a.m. revealed Resident #19's hand held nebulizer mask and tubing dated 09/0/08/2025 lying on corner shelf and not stored in a covered device.During an interview on 09/22/2025 at 8:15 a.m. Resident #19 reported he received breathing treatments.Observation on 09/22/2025 at 11:30 a.m. revealed Resident #19's hand held nebulizer mask and tubing dated 09/0/08/2025 lying on corner shelf and not stored in a covered device.Observation on 09/22/2025 at 2:30 p.m. revealed Resident #19's hand held nebulizer mask and tubing dated 09/0/08/2025 lying on corner shelf and not stored in a covered device.During an interview on 09/22/2025 at 2:30 p.m. S6 LPN (Licensed Practical Nurse) confirmed hand held nebulizer mask and tubing should be changed every week and acknowledged Resident #19's hand held nebulizer tubing and mask was not changed. Resident #44Review of Resident #44's medical record revealed an admit date of 10/03/2018 with diagnoses that include in part cough, anxiety disorder, chronic obstructive pulmonary disease, and chronic sinusitis. Review of Resident #44's physician orders revealed in part:05/23/2025 Nebulizer: Assess after administering Nebulizer Treatment Document Lung Sounds as 1=Clear 2=Rales 3=Congested 4=Crackles 5=Rhonchi 6=Rubs 7=Wheezing 8=Diminished three times a day.05/23/2025 Nebulizer: Assess prior to administering Nebulizer Treatment Document Lung Sounds as 1=Clear 2=Rales 3=Congested 4=Crackles 5=Rhonchi 6=Rubs 7=Wheezing 8=Diminished three times a day03/01/2024 Albuterol Sulfate Inhalation Nebulization Solution (2.5 mg/3 ml) 0.083% (Albuterol Sulfate) 2.5 mg inhale orally via nebulizer three times a day for Bronchospasms related to chronic obstructive pulmonary disease.Observation on 09/22/2025 at 9:20 a.m. revealed Resident #44's nebulizer machine sitting on his bedside table with the mask uncovered. During an interview on 09/22/2025 at 2:45 p.m. S3 Corporate nurse confirmed Resident (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	#44's nebulizer mask was not bagged and should have been. Resident #75Review of Resident #75's medical record revealed an admit date of 01/17/2025 with a diagnosis of but not limited to muscle wasting and atrophy, other chronic pain, anxiety disorder, unspecified, atherosclerotic heart disease of native coronary artery without angina pectoris, and chronic obstructive pulmonary disease. Review of Resident #75's September 2025 Physician's Orders revealed orders for:1. Nebulizer: tubing and mask change every night shift every Friday related to chronic obstructive pulmonary disease, change bag every 30 days dated 08/09/2024. 2. Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3)mg/3ml (Ipratropium-Albuterol) 1 vial, inhale orally every six hours as needed for shortness of breath related to chronic obstructive pulmonary disease, dated 08/09/2024. Observation on 09/22/2025 at 3:51 p.m. revealed Resident #75's nebulizer mask with a date of 09/08/2025 was lying uncovered on Resident #75's roommate's night stand. Observation on 09/23/2025 at 9:00 a.m. with S10 LPN revealed Resident #75's nebulizer mask with a date of 09/08/2025 was lying uncovered on Resident #75's roommates' night stand. During an interview on 09/23/2025 at 9:00 a.m. S10 LPN confirmed Resident #75's nebulizer mask should have been in a black bag labeled with the resident's name.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on record review and interview, the facility failed to ensure residents were free of unnecessary medications for 1 (#1) of 5 (#1, #2, #3, #4, #11) residents reviewed for unnecessary medications. The facility failed to monitor behaviors for Resident #1 while receiving an antidepressant.Findings: Review of Resident #1's medical record revealed an admit date of 07/30/2025 with the following diagnoses, including in part: depression unspecified.Review of Resident #1's Comprehensive Care Plan revealed, in part: The resident uses antidepressant medication related to diagnosis of depression - .change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, and withdrawal. Review of Resident #1's Physician's orders revealed the following orders:08/14/2025 for Trazadone HCl (Hydrochloride) tablet 100 mg (milligram) give 1 tablet via (by way of) PEG (percutaneous endoscopic gastrostomy)-tube at bedtime for major depressive disorder (MDD). 08/07/2025 - Prozac Oral Capsule 20 mg (Fluoxetine HCl) give 1 capsule via PEG-Tube in the morning for MDD.Review of Resident #1's September 2025 Medication Administration Record failed to reveal behaviors were monitored while receiving an antidepressant medication.During an interview on 09/24/2025 at 9:00 a.m. S4 ADON (Assistant Director of Nursing) reported Resident #1 has not been monitored for behaviors because he has not received a psychotropic but acknowledged resident currently takes an antidepressant medication.