STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195515	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shreveport Manor Skilled Nursing & Rehabilitation	3302 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40957 Based on record review, observation, and interviews, the facility failed to maintain a clean, comfortable, homelike environment for 1 (#4) of 4 (#1, #2, #3, #4) sampled residents investigated for resident rights. This deficient practice had the potential to affect all the residents residing in the facility. The facility's census was 73. Findings: Review of Resident #4's clinical record revealed an initial admitted d of 11/17/2023. Review of Resident #4's Quarterly MDS (Minimum Data Set) dated 04/19/2024 revealed the following diagnoses: Heart failure, unsteady on feet, abnormalities of gait and mobility, inflammatory disease of prostate, muscle wasting and atrophy. Review of Resident #4's Quarterly MDS dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 11, indicating resident's cognition was mildly impaired. An observation on 07/01/2024 at 11:56 a.m. revealed a soiled gown at the door opening of the Resident #4's room. Resident #4 was out of his bed and in his wheelchair and a strong urine odor was noted upon entry into his room. Further observation revealed Resident #4's bed was not made and the fitted sheet was exposed with a large yellow stain. During an interview on 07/01/2024 at 11:56 a.m., Resident #4 reported he had been changing his own gown and bed linens because he gets tired of waiting on a CNA (Certified Nursing Assistant) to change them. Resident #4 further reported the CNA's tell him to put the dirty linen under the chair in his room, but the soiled linens lay there for a long time and make the room smell which he does not like. Resident #4 reported the fitted sheet on his bed had been soiled since early this morning and was almost dry now. Resident #4 continued to report his Lasix (diuretic medication) makes him go to the bathroom and he had accidents frequently. When asked about the gown in the doorway, Resident #4 reported, he changed his gown this morning because it was soiled and he laid it by the door waiting on a CNA to pick it up. Resident #4 reported he did not like to change his bed linens or placing his soiled linens under a chair on the floor in his room. Resident #4 reported when he had visitors, they would help him get the soiled linens out of his room. Resident #4 reported he did not want to change his own linens, but CNA's did not tell him he did not have to change them. (continued on next page)

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
	195515	A. Building B. Wing	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shreveport Manor Skilled Nursing & Rehabilitation	3302 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/01/2024 at 12:24 p.m., S2 CNA confirmed the smell coming from Resident #4's room was from urine and the soiled fitted sheet needed to be changed. S2 CNA further reported, in front of Resident #4, he changes his own linens. During an interview on 07/01/2024 at 12:40 p.m. S3 DON (Director of Nursing) and S1 Corporate Nurse were informed of the above finding and acknowledged the linens should be changed by the CNA. During an interview on 07/01/2024 at 1:00 p.m. S1 Corporate Nurse reported Resident #4's room smelled of urine and he did not willingly want to change his own linens.