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	04/09/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669 Based on record review, observation, and interviews the facility failed to accommodate the needs of 1 (#1) of 3 (#1, #2, and #3) sampled residents. The facility failed to ensure resident #1's call light was within reach. Findings: The facility's Resident Call Light System policy/procedure (revised date 06/2023) presented by the S1 Corporate Nurse revealed in part: Purpose: The purpose of this procedure is to respond to the resident's requests and needs. Policy Implementations: A call light system (audible and visual) is in place and operative in the facility. This system allows individual residents to access a system that notifies nursing that the resident has a need. Residents can communicate with the Nurse's Station from their room and/or bathing and toileting facilities. General Guidelines: 4. Ensure that the call light is easily reachable by the resident. Resident #1 was admitted to this facility 07/14/2022. Diagnoses included rheumatoid arthritis, muscle weakness (generalized), need for assistance with personal care, other lack coordination, bilateral primary osteoarthritis of first carpometacarpal joints Review of resident #1's most recent quarterly MDS (Minimum Data Set) dated 12/20/2024 revealed resident #1 had a BIMS (brief interview for mental status) score of 13 indicating moderate cognitive impairment. Further review of quarterly MDS dated [DATE] revealed resident #1 required two plus persons for physical assist with bed mobility and toileting use. Observation on 04/07/2025 at 12:30 p.m. revealed resident #1 sitting at the bedside in a wheelchair. Further observation revealed resident #1's call light hanging on the head of the bed on the opposite side of the bed from resident #1 and was out of resident #1's reach. During an interview on 04/07/2025 at 12:30 p.m. resident #1 reported she was unable to reach her call light. (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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/07/2025 at 12:40 p.m. S2 CNA (Certified Nursing Assistant) entered the room and was asked if resident #1 could reach the call light. S2 CNA agreed resident #1 would not be able to reach the call light from where it was placed. S2 CNA reported maybe she or therapy had placed the call light there this morning.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 30669 Based on record review, observation and interview the facility failed to ensure 1 (#1) of 3 (#1, #2 and #3) sampled residents who were unable to carry out ADL (activities of daily living) received the necessary services to maintain good grooming and personal hygiene. Findings: Review of resident #1's medical record revealed an admitted [DATE] and diagnoses which included, in part, rheumatoid arthritis, muscle weakness (generalized), need for assistance with personal care, other lack coordination, bilateral primary osteoarthritis of first carpometacarpal joints. Review of resident #1's most recent quarterly MDS (Minimum Data Set) dated 12/20/2024 revealed resident #1 had a BIMS (brief interview for mental status) score of 13 indicating moderate cognitive impairment. Further review of quarterly MDS dated [DATE] revealed resident #1 required two plus persons for physical assist with bed mobility and toileting use. Observation on 04/07/2025 at 12:30 p.m. revealed resident #1's fingernails were jagged, uneven, long, and extended well over the tip of her fingers. Further observation revealed resident #1's fingernails had a brown substance underneath the nails. During an interview on 04/07/2025 at 12:30 p.m. resident #1 reported she had asked for her fingernails to be trimmed but so far no one had trimmed them. Review of resident #1's current Physician orders revealed an order dated 08/26/2024 trim fingernails every two weeks. Review of resident #1's care plan revealed an identified problem of self-care performance deficit related to impaired mobility due to generalized weakness to upper and lower extremities. Interventions included extensive assist with all ADL's. Resident #1 is totally dependent in bathing, bed mobility, dressing and personal hygiene. Review of resident #1's March 2025 and April 2025 TAR (Treatment Administration Record) failed to reveal any documentation her fingernails had been trimmed every two weeks as ordered by the physician. During an interview 04/08/2025 at 8:30 a.m. S3 LPN (Licensed Practical Nurse) observed resident #1 fingernails and agreed they needed trimming. S3 LPN reported resident #1's fingernails should have been trimmed by the floor nurse every two weeks. During an interview on 04/08/2025 at 12:39 p.m. S4 Nurse Auditor reviewed resident #1's TARs and confirmed there was not documentation resident #1's fingernails had been trimmed every two weeks. S4 Nurse Auditor confirmed resident #1's fingernails should have been trimmed as ordered.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30669 Based on record review and interview the facility failed to ensure nurses had the appropriate competencies and skilled sets to provide nursing and related services necessary to care for resident's needs. The facility failed to ensure lab blood work had been completed as order for 1 (#1) of 3 (#1, #2 and #3) sample residents. Findings: Review of resident #1's medical record revealed an admitted [DATE] and diagnoses which included, in part, iron deficiency anemia, rheumatoid arthritis, muscle weakness (generalized), need for assistance with personal care, other lack coordination, bilateral primary osteoarthritis of first carpometacarpal joints. Review of resident #1's current Physician orders revealed the following active orders: Order date 07/26/2022 CBC (complete blood count) every month Order date 08/16/2022 Lipid Panel yearly in August Review of resident #1's medical record revealed the results of a CBC dated 12/22/2024 which had been completed during a hospitalization stay. Review of resident #1's medical record failed to reveal a CBC had been completed for the months of January, February, and March 2025. Further review of resident #1's medical record revealed no monthly CBCs and no annual lipid panel had been completed by the facility in August 2024 as ordered. During an interview on 4/8/2025 at 10:03 a.m. S4 Nurse Auditor reported the monthly CBC or yearly lipid panel had not been completed as ordered. S4 Nurse Auditor agreed the physician orders for lab work remained active and should have been completed.