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	08/27/2025

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 - Some	Reasonably accommodate the needs and preferences of each resident. Based on record review, observations, and interviews the facility failed to accommodate the needs of 2 (#37 and #48) of 4 (#6, #37, #48, and #78) residents reviewed for environment. The facility failed to ensure the residents' call lights remained in reach. Findings:Review of Resident Call Light System revised 06/2023 revealed:PurposeThe purpose of this procedure is to respond to the resident's requests and needs.Policy implementationA 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 Guidelines3. Return demonstration may be utilized to ensure the resident can operate the system.4. Ensure that the call light is easily reachable by the resident.Resident #37Observation on 08/27/2025 at 7:50 a.m. revealed Resident #37 was in bed and call light on the floor and not in reach.Observation on 08/27/2025 at 10:05 a.m. revealed Resident #37's was in bed and call light on the floor and not in reach.Observation on 08/27/2025 at 10:10 a.m. with S6 LPN (Licensed Practical Nurse) revealed Resident #37 was in bed and call light was on the floor and not in reach.During an interview on 08/27/2025 at 10:10 a.m. S6 LPN confirmed Resident #37 was in bed and call light was on the floor and not in reach.Resident #48Observation on 08/25/2025 at 8:35 a.m. revealed Resident #48 was in bed and call light was not plugged into the wall.Observation on 08/25/2025 at 11:28 a.m. revealed Resident #48 was in bed and call light was not plugged into wall.Observation on 08/25/2025 at 11:30 a.m. with S7 LPN revealed Resident #48 was in bed and call light was not plugged into wall.During an interview on 08/25/2025 at 11:30 a.m. S7 LPN confirmed Resident #48 was in bed, call light was not plugged in, and should have been accessible.

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	08/27/2025

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview the facility failed to ensure quarterly statements for residents' personal funds entrusted to the facility were provided for 1 (#41) of 1 resident reviewed for personal funds. The facility failed to provide quarterly statements to Resident #41. Findings: Review of admission packet documents provided to residents revealed a Resident Funds Letter which included:Dear Resident:Our facility provides each resident with an opportunity to deposit his/her personal funds into a resident's trust fund account.Should you elect to deposit funds into the resident's trust fund: .You or your legal representative will receive a confidential quarterly statement of funds. Review of Resident #41's medical record revealed Resident #41 was admitted to the facility on [DATE]. Review of Resident #41's 06/12/2025 Quarterly Minimum Data Set (MDS) revealed Resident #41 had a BIMS (Brief Interview Mental Status) score of 15, which indicated intact cognition. During an interview on 08/25/2025 at 2:43 p.m. Resident #41 reported the facility holds money for her and would not communicate how much money the facility was holding for her. During an interview on 08/26/2025 at 3:30 p.m. S5 Business Office Manager (BOM) reported she had worked at the facility for 3 years and residents with personal funds trust accounts had not been receiving quarterly statements.

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	08/27/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record reviews, observations and interviews the facility failed to ensure a resident that was cognitively impaired and at risk for falls had an environment free of accidents hazards for 1 (#48) of 2 (#31, #48) residents reviewed for accidents. Findings: Review of facility's Managing Falls and Fall Risk policy (Revised November 14, 2024) revealed:Policy StatementBased on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Review of Resident #48's face sheet revealed an admission date of 07/31/2023 with the following diagnoses but not limited to sequelae of cerebral infarction, generalized muscle weakness, unspecified lack of coordination, unspecified psychosis not due to a substance or known physiological condition, muscle wasting and atrophy to multiple sites, dementia, mood disturbance, anxiety, insomnia, pain, restless legs syndrome, and Alzheimer's disease. Review of Annual MDS (Minimum Data Set) dated 07/03/2025 revealed a BIMS (Brief Interview of Mental Status) of 03 indicating severely impaired cognition. Review of Resident #48's Incident Report dated 05/31/2025 revealed interventions: staff will continue to ensure bed is in lowest position and mats will remain at bedside. Staff will continue to monitor and will assist as needed. An observation on 08/25/2025 at 8:35 a.m. revealed Resident #48 resting in bed and fall mat was leaning against the wall. An observation on 08/25/2025 at 11:29 a.m. revealed Resident #48 resting in bed and fall mat was leaning against the wall. During an interview on 08/25/2025 at 11:30 a.m. S7 LPN (Licensed Practical Nurse) acknowledged Resident #48's fall mat was positioned against wall and should have been on floor next to the bed while Resident #48 was in bed.

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	08/27/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on record review, observations and interviews the facility failed to provide appropriate infection control practices for 1(#37) of 1 resident reviewed for urinary catheter/ UTI (Urinary Tract Infection). The facility failed to ensure a resident with a supra pubic catheter received the appropriate care and services to prevent urinary tract infections by failing to ensure (1) the suprapubic catheter was properly secured in a manner to promote drainage and (2) the catheter tubing and bag did not come in contact with the floor. Findings: Review of Resident #37's face sheet revealed an admission date of 03/12/2024 with the following diagnoses but not limited to history of urinary tract infection, chronic, bladder-neck obstruction, benign neoplasm of prostate, obstructive and reflux uropathy, and benign prostatic hyperplasia without lower urinary tract symptomsReview of Resident #37's August 2025 EMAR (Electronic Medication Administration Record) revealed:03/14/2025: Catheter: urinary catheter ensure tubing anchor and privacy bag is intact and secure every shiftReview of Resident #37's care plan revealed indwelling suprapubic catheter with interventions include to position catheter bag and tubing below the level of the bladder and away from entrance room door, check tubing for kinks while providing care and each shift. Review of Resident #37's Quarterly MDS (Minimum Data Sets) dated 08/08/2025 revealed a BIMS (Brief Interview of Mental Status) of 12 indicating moderately impaired cognition. Further review of MDS revealed Resident #37 had an indwelling catheter.Observation on 08/27/2025 at 7:50 a.m. revealed Resident #37 resting in bed in lowest position with tubing and catheter bag on the floor. Observation on 08/27/2025 at 10:05 a.m. revealed Resident #37 resting in bed in lowest position with tubing and catheter bag on the floor.Observation on 08/27/2025 at 10:10 a.m. with S6 LPN (Licensed Practical Nurse) revealed Resident #37's tubing and catheter bag was on the floor. Further observation failed to reveal Resident #37's catheter tubing was secured to thigh. During an interview on 08/27/2025 at 10:10 a.m. S6 LPN confirmed Resident #37's catheter tubing should have been secured to thigh and was not. S6 LPN confirmed Resident #37's catheter tubing and bag was on the floor and should not have been.

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	08/27/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on record reviews and interview the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. The facility failed to ensure the low temperature dishwasher met wash cycle temperature recommendations. The deficient practice had the potential to affect the 70 residents who received meals from the kitchen as per S4 Housekeeping/Dietary Manager.Findings: Review of Policy: Mechanical Cleaning and Sanitizing of Utensils and Portable EquipmentDate approved: October 1, 2018Policy: The facility will follow the cleaning and sanitizing requirements of the state and US (United States) Food Codes for mechanical cleaning in order to ensure that all utensils and equipment are thoroughly cleaned and sanitized to minimize the risk of food hazards.Procedure: .If a machine that uses chemicals for sanitizing is in use, follow these guidelines: a. The temperature of the wash water must be at least 120 degrees F (Fahrenheit). Observation on 08/27/2025 at 09:15 a.m. revealed a sticker on the front of the kitchen dishwasher which read _____ Dishwasher Operating Requirements 1. Water temp. 120 degrees F minimum, 2. Chlorine Residual 50 PPM (parts per million) min. (minimum), 3. Min. Wash 56 sec. (seconds) rinse 24 sec. Review of completed August 1, 2025 to August 25, 2025 Dishwasher Temperature/Chemical Record revealed daily dishwasher wash temperature checks for breakfast, lunch, and dinner were below the required 120 degrees and each wash temperature was documented at 110 degrees. Review of completed July 2025 Dishwasher Temperature/Chemical Record revealed daily dishwasher wash temperature checks for breakfast, lunch, and dinner were below the required 120 degrees for the following:-Breakfast wash temperature was recorded as 100 degrees on 07/01/2025 to 07/07/2025, 07/09/2025 to 07/19/2025 and 07/21/2025; and recorded as 50 degrees F on 07/08/2025, 07/20/2025, and 07/22/2024 to 07/25/2025.-Lunch wash temperature was recorded as 100 degrees on 07/01/2025 to 07/29/2025 and recorded as 50 degrees on 07/30/2025 and 07/31/2025.-Dinner wash temperature was recorded as 100 degrees on 07/01/2025 to 07/17/2025 and 07/24/2025 to 07/29/2025; and was recorded as 50 degrees on 07/30/2024 and 07/31/2024. During an interview on 08/27/2025 at 8:40 a.m. S4 Housekeeping/Dietary Manager reported the July 2025 and August 2025 dishwasher temp logs included wash temperatures which were below 120 degrees Fahrenheit and dishwasher wash temperature should be at least 120 degrees Fahrenheit.

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on record reviews, observations and interviews, the facility failed to ensure staff practices were consistent with current infection control principles and practices to prevent infection and cross contamination. The facility failed to ensure:(1) PPE (Personal Protective Equipment) was used during contact with contaminated medical equipment and hand hygiene performed, and(2) Proper cleaning and disinfection of medical equipment Findings:Review of facility's Cleaning and Disinfection of Resident-Care Items and Equipment policy revised 10/2018 revealed: Policy Interpretation and Implementation2. Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.Review of facility's Handwashing/Hand Hygiene policy revised 12/22/2023 revealed: This facility considers hand hygiene the primary means to prevent the spread of infections.2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.8. Hand hygiene is the final step after removing and disposing of personal protective equipment.9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.10. Single-use disposable gloves should be used:b. When anticipating contact with blood or body fluids.Review of facility's Personal Protective Equipment - Using Gloves policy revised 11/2010 revealed: Objectives1. To prevent the spread of infection;3. To protect hands from potentially infectious material. Equipment and Supplies4. Use non-sterile gloves primarily to prevent the contamination of the employee's hands when providing treatment or services to the patient and when cleaning contaminated surfaces.5. Wash hands after removing gloves. (Note: Gloves do not replace handwashing.)When to Use Gloves1. When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin;4. When cleaning potentially contaminated items. Hall A An observation on 08/25/2025 at 1:08 p.m. revealed Hall A gray shower chair had brown, hard, and dried residue in holes and blue chair had brown, hard, and dried residue on inside and outside of chair. An observation on 08/25/2025 at 2:45 p.m. S7 LPN (Licensed Practical Nurse) reported shower chairs should be cleaned between resident use. S7 LPN acknowledged Hall A shower gray and blue chairs had brown residue and should have been cleaned. Hall BAn observation on 08/25/2025 at 2:35 p.m. revealed Hall B white shower chair had brown, hard, and dried residue on top of chair and in holes. During an interview on 08/25/2025 at 2:36 p.m. S8 Housekeeping confirmed Hall B white shower chair had brown residue. S8 reported he cleaned Hall B chair yesterday and it should be cleaned again. S8 Housekeeping reported housekeeping is responsible for cleaning shower chairs. An observation on 08/25/2025 at 2:36 p.m. revealed S8 Housekeeping cleaned chair with foaming cleaner and a rag. S8 Housekeeping did not use gloves and did not use hand hygiene after cleaning.During an interview on 08/25/2025 at 2:36 p.m. S8 Housekeeping reported he should have worn gloves while cleaning Hall B shower chair and performed hand hygiene after cleaning.During an interview on 08/25/2025 at 2:40 p.m. S9 CNA (Certified Nursing Assistant) reported housekeeping is responsible for cleaning shower chairs. S9 CNA will contact housekeeping for cleaning between resident showers. During an interview on 08/26/2025 at 2:30 p.m. S4 Housekeeping/Dietary Manager reported S8 had multiple discussions concerning hand hygiene and infection control practices. S4 Housekeeping/Dietary Manager reported S8 Housekeeping should have worn gloves while cleaning and performed hang hygiene after cleaning Hall B shower chair.During an interview on 08/25/2025 at 2:30 p.m. S10 Care Plan Nurse reported CNAs are responsible for cleaning chairs between residents.

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	08/27/2025

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 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on interviews and observations, the facility failed to post the correct telephone number of pertinent state agencies in a form and manner accessible and understandable to residents/resident representatives. Findings:During an interview on 08/26/2025 at 3:01 p.m. S1 DON (Director of Nursing) reported the state complaint hotline number for nursing homes was posted on the main hallway bulletin board.Observation on 08/26/2025 at 3:02 p.m. with S2 Corporate Nurse failed revealed to reveal the correct number to file a complaint with the state survey agency was posted. During an interview on 08/26/2025 at 3:02 p.m. S2 Corporate Nurse verified the number was incorrect by calling the posted number, on speaker, in the presence of surveyors.Observation on 08/27/2025 at 11:30 a.m. revealed hand written state complaint hotline number for nursing homes was only posted on main dining room hallway bulletin board and was above eye level while standing.During an interview on 08/27/2025 at 11:32 a.m. S3 Human Resources reported the state complaint hotline number for nursing homes was only posted on main dining room hallway bulletin board, should have been posted in other places, and was above eye level while standing.

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	08/27/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 reviews and interviews, the facility failed to develop and implement an individualized care plan for 1 (#52) out of 29 total sampled residents reviewed. The facility failed to develop Resident #52's care plan for dependent assistance with activities of daily living (ADL) and refusal to wear socks and shoes.Findings:Review of Resident #52's medical records revealed an admit date of 07/11/2025 with the following diagnoses, including in part: other impulse disorders, other disorders of psychological development, developmental disorder of scholastic skills unspecified and other specified anxiety disorders.Review of Resident #52's MDS (Minimum Data Set) assessment dated [DATE] revealed a functional status of dependent with eating, toileting hygiene, shower/bathe, upper and lower body dressing, putting on/taking off footwear and personal hygiene.Review of Resident #52's comprehensive care plan revealed the following problem and approach for ADL self-care performance deficit .(initiated 7/11/25) - dressing: Resident is independent with dressing. No assistance required. Eating: Resident is independent with eating. No assistance required. Personal hygiene: Resident is independent with personal hygiene. No assistance required. Toilet use: Resident is independent in toilet use. Bathing: Resident is independent in bathing. Dressing: Resident is independent in dressing. Observation on 08/25/2025 at 10:30 a.m. revealed Resident #52 sitting in wheelchair in common area with no socks or shoes on and feet touching the floor.Observation on 08/26/2025 at 8:25 a.m. revealed Resident #52 sitting in wheelchair in common area with no socks or shoes on and feet touching the floor.During an interview on 08/26/2025 at 3:12 p.m. S12 CNA (Certified Nursing Assistant) reported Resident #52 would take off his socks if you put them on and most times would not let you put shoes or socks on him. During an interview on 08/27/2025 at 8:22 a.m. S11 LPN (Licensed Practical Nurse) reported Resident #52 would not wear shoes or socks and would throw the shoes across the room.During an interview on 08/27/2025 at 8:35 a.m. S10 LPN Care Plan Nurse acknowledged Resident #52 was dependent for all ADLs and the care plan was incorrect. S10 LPN Care Plan Nurse further reported she was unaware Resident #52 refused to wear socks and shoes and should have been care planned for this.