STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195518	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Nursing Center	1745 Bailey Avenue Haynesville, LA 71038

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 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 review, observation, and interview the facility failed to ensure respiratory care was provided with professional standards of practice by not following the facility's policy regarding oxygen administration for 1(#25) of 2 (#7 and #25) reviewed for respiratory care. Findings:PolicyReview of the facility's Oxygen Administration Policy dated 01/15/2026 revealed: All safety precautions and care of equipment shall be performed according to recommended State and Federal guidelines and facility procedures. Prefilled humidifier bottles and nasal cannulas/masks will be changed every week and PRN (as needed). All tubing and bottles are to be labeled each week when changed. When the tubing is not being used, it should be stored properly in a zip lock bag. Review of Resident #25's physician order dated 04/10/2026 revealed an order for oxygen at 2 liters per minute per nasal cannula.An observation on 05/11/2026 at 10:00 a.m. revealed Resident #25's nasal cannula tubing connected to her oxygen tank was dated 04/18/2026. During an interview on 05/11/2026 at 11:33 a.m. S2 LPN (Licensed Practical Nurse) observed Resident #25's nasal cannula tubing attached to her oxygen tank and confirmed the tubing was dated 04/18/2026 and should have been changed out weekly.

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
	195518	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Nursing Center	1745 Bailey Avenue Haynesville, LA 71038

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 review and interview the facility failed to ensure a plan of care had been developed for 1 (#32) of 2 (#16, #32) residents reviewed for activities of daily living. The facility failed to ensure a plan of care was developed for Resident #32's contracture and total dependence on staff for activities of daily living. Findings: Review of Resident #32's medical record revealed an admit date of 04/01/2026 with a diagnosis of but not limited to type 2 diabetes mellitus, Alzheimer's disease unspecified, essential hypertension, and anorexia.Review of Resident #32's Minimum Data Set, dated [DATE] revealed Resident #32 was assessed to have a BIMS (Brief Interview Mental Status Score) of 99 indicating Resident #32 was rarely understood and was dependent on staff for all activities of daily living including but not limited to oral hygiene, toileting hygiene, showering and bathing, upper and lower body dressing and all person hygiene.Observation on 05/11/2026 10:10 a.m. with S2 LPN (licensed practical nurse) revealed Resident #32's fingers were contracted on her left hand.During an interview on 05/12/2026 at 3:00 p.m. S2 LPN confirmed Resident #32's fingers were contracted on her left hand. S2 LPN also confirmed Resident #32 was dependent on staff for all activities of daily living.Review of Resident #32's comprehensive plan of care failed to reveal a problem with approaches addressing Resident #32's contracture and Resident #32's dependence on staff for activities of daily living.During an interview on 05/13/2026 at 1:28 p.m. S1 DON (director of nursing) confirmed Resident #32's plan of care should have included a problem with approaches addressing Resident #32's contracture and dependence on staff for activities of daily living.