STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195519	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Hills Healthcare and Rehabilitation	9105 Baird Road Shreveport, LA 71118

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to refer 1 (#70) of 1 resident with a new diagnosis of bipolar disorder for a level II PASARR. Findings:Review of Resident #70's medical record revealed an admit date of 10/09/2020 with the following diagnoses, including in part: generalized anxiety disorder, dementia, bipolar disorder current episode mixed severe with psychotic features (01/13/2026) and insomnia.Review of Resident #70's quarterly MDS assessment dated [DATE] revealed an active diagnosis of bipolar disorder. Review of Resident #70's medical record failed to reveal a level II PASARR referral was completed for a new diagnosis of bipolar disorder.During an interview on 04/14/2026 at 2:45 p.m. S2 Social Services reported Resident #70 had a permanent level II PASARR but was unable to produce documentation.During an interview on 04/15/2026 at 8:25 a.m. S1 DON confirmed a level II PASRR referral was not completed on Resident #70 following a new diagnosis of bipolar disorder.

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
	195519	A. Building B. Wing	04/15/2026

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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. Based on record review and interview, the facility failed to develop and implement a comprehensive person-centered care plan for 1 (#33) of 2 total residents reviewed for anticoagulant medications. The facility failed to develop a care plan for Resident #33's cerebral infarction and anticoagulant therapy. Findings: Review of Resident #33's medical record revealed an admit date of 02/12/2026 with the following diagnoses, including in part: cerebral infarction and chronic obstructive pulmonary disease. Review of Resident #33's Physician's orders revealed an order dated 02/13/2026: Xarelto (anticoagulant) oral tablet 10 mg give 1 tablet by mouth in the evening related to cerebral infarction. Review of Resident #33's Comprehensive Care Plan failed to reveal a problem and approach for cerebral infarction and anticoagulant therapy. During an interview on 04/14/2026 at 12:40 p.m., S3MDS Nurse acknowledged Resident #33 had not been care planned for cerebral infarction and the use of an anticoagulant and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195519	A. Building B. Wing	04/15/2026

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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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to transmit an assessment within 14 days after completion for 1 (#56) of 1 resident reviewed for resident assessments. Findings:Review of Resident #56's medical record revealed an admit date of 08/19/2024 with the following diagnoses, including in part: type 2 diabetes with hyperglycemia, heart failure unspecified and paranoid schizophrenia. Review of Resident #56's MDS Assessments revealed a quarterly assessment dated [DATE] with a status of inactivated. Further review revealed an assessment dated [DATE] with a status of annual is export ready. During an interview on 04/14/2026 at 1:30 p.m. S3 MDS Nurse reported Resident #56's assessment dated [DATE] was entered as a quarterly assessment and should have been an annual assessment. S3 MDS Nurse acknowledged the 02/24/2026 assessment had not been transmitted.