

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Westwood Manor Nursing Home, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 714 High School Drive Deridder, LA 70634	

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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on interview and record review, the facility failed to ensure a resident received reasonable needs for 1 (Resident #32) of 1 residents reviewed for accommodation of needs. The facility failed to ensure Resident #32 received a Geriatric chair as requested. Findings: Review of the Facility's undated policy titled Accommodation of Needs read in part. Policy: The facility will treat each resident with respect and dignity and will evaluate and make reasonable accommodations for the individual needs and preferences of a resident, except when the health and safety of the individual or other residents would be endangered. 4. Based on individual needs and preferences, the facility will assist the resident in maintaining and/or achieving independent functioning, dignity, and well-being to the extent possible. Review of Resident #32's medical records revealed an admit date of 04/02/2024 with diagnoses that included: Type 2 Diabetes Mellitus, Unspecified Osteoarthritis, Morbid Obesity, Muscle Spasms of Back, Chronic Pain Syndrome, and Restless Leg Syndrome. Review of Resident #32's Quarterly MDS with an ARD of 05/30/2025 revealed a BIMS of 15, indicating Resident #32 was cognitively intact. Resident #32 utilized a wheelchair. Review of Resident #32's Care plan with a review date of 10/10/2025, read in part. The resident has limited physical mobility related to contractures and foot drop to right foot. Interventions: Provide supportive care and assistance with mobility as needed. During an interview on 07/28/2025 at 10:37 a.m. Resident #32 stated she can only get up in a wheelchair for about 15 minutes due to back pain. Resident #32 stated she would like to get up more and requested a geri chair a few months ago to staff (cannot remember who), but has not had anyone offer her a geri chair since then. During an interview on 07/29/2025 at 10:20 a.m. S6 LPN stated Resident #32 does not stay up long in wheelchair because she has chronic pain from a car accident. S6 LPN stated she had not been notified of Resident #32 requesting a geri chair. During an interview on 07/29/2025 at 10:30 a.m. S7 SSD stated that she had not received a grievance or been notified of a request for a geri chair for Resident #32. During an interview on 07/29/2025 at 10:34 a.m. S8 CNA stated she heard (could not remember when) Resident #32 stating that she would like to try a geri chair so she can be more comfortable when she gets up because of the pain in her legs. S8 CNA stated she thought S9 CNA told S6 LPN, but did not know for sure. During an interview on 07/29/2025 at 12:15 p.m. S9 CNA stated that she could remember Resident #32 mentioning something about a geri chair months ago, but did not notify the nurse or any other staff. S9 CNA stated thought S8 CNA had notified the nurse at the time. During an interview on 07/29/2025 at 12:25 p.m. S2 DON stated that she had not been notified by anyone that Resident #32 requested a geri chair. During an interview on 07/30/2025 at 10:34 a.m. S2 DON stated that when any staff are notified of a complaint or a request, management staff should be notified in a timely manner. S2 DON confirmed that she had not been notified of Resident #32's request for a geri chair by any staff in the facility.</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 195525
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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>Based on record review and interview, the facility failed to transmit an admission MDS (Minimum Data Set) Assessment within 14 days of completion for 1 (Resident #33) of 1 sampled residents with a MDS record over 120 days old. Findings:Review of the Facility's undated policy titled: MDS 3.0 Completion read in part Policy: Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. 2. admission Assessment- completed 14 days of admission counting the day of admission as day #1. The admission assessment must be accepted with a transition time line of 14 days. Review of Resident #33's medical record revealed an admission date of 07/03/2025. Review of Resident #33's MDS on 07/29/2025 revealed the admission MDS with ARD (Assessment Reference Date) of 07/09/2025 was open and had not been transmitted. An interview on 07/29/2025 at 2:10 p.m. with S10 LPN confirmed that Resident #33's admission MDS with ARD of 07/09/2025 should have been signed as completed and transmitted by 07/22/2025, but had not been.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on interview and record review, the facility failed to ensure a resident's comprehensive care plan was revised after each assessment for 1 (Resident #22) of 30 sampled residents. Review of Resident #22's medical record revealed an admission date of 03/26/2018 with diagnoses including Alzheimer's Disease, Epilepsy, Gastrostomy, and Quadriplegia. Review of Resident #22's Discharge with Return Anticipated MDS with ARD of 07/15/2025 revealed a BIMS Score was not conducted. Resident #22 did not receive Oxygen. Review of Resident #22's previous physician's orders revealed Oxygen at 2-4L NC PRN SOB and O2 sat below 95% RA as needed was discontinued on 01/29/2025. Review of Resident #22's care plan revealed the following interventions: Oxygen settings: O2 via NC at 2-4L PRN SOB or O2 less than 95% on RA; and Oxygen: Administer as ordered. Interview was conducted with S10 MDS and S13 MDS on 07/30/2025 at 1:35 p.m. S10 MDS revealed Resident #22 did not have an order for Oxygen, but was care-planned for Oxygen. S13 MDS confirmed Resident #22's care plan was not revised after each assessment, but should have been.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on interview and record review the Facility failed to ensure that a resident who was unable to carry out activities of daily living received the necessary services to maintain good personal hygiene by failing to provide nail care for 1 (#5) out of 30 sampled residents. Findings:Review of Resident #5's medical record revealed an admit date of 05/01/2025 with a re-entry date of 06/20/2025 with diagnoses which included: Disruption of Dehiscence of Closure of Internal Operation (Surgical) Wound of Abdominal Wall Muscle or Fascia, Chronic Respiratory Failure, Partial Intestinal Obstruction, Severe Protein-Calorie Malnutrition, and Hypertensive Heart Disease without Heart Failure. Review of Resident #5's admission MDS with an ARD of 05/01/2025 revealed Resident #5 had a BIMs score of 6, indicating severe cognitive impairment. Review of Resident #5's Care Plan dated 05/02/2025 revealed in part. ADL assistance needed: Moderate assist needed with toileting, personal hygiene, and staff x 1 with transfers. Observation on 07/28/2025 at 10:30 a. m. revealed Resident #5's fingernails were long in length and contained a large amount of brown substance underneath the nails. Resident #5 stated last week he requested staff to cut and clean his nails. Resident #5 reported staff did not provide ADL care as requested.Review of document titled POC Response History-Task: Hygiene revealed in part. on 07/29/2025 at 11:12 a.m. ADL care was provided for Resident #5 which consisted of: pericare, oral care, nail care, combing hair, and shaving. Interview on 07/29/2025 at 12:55 p.m. with S4 treatment nurse revealed nail care was included in residents' ADLs. S4 treatment nurse reported CNAs can cut fingernails of the residents who are not diabetic. Resident #5 did not have a diagnosis of Diabetes. Interview on 07/29/2025 at 01:04 p.m. with S5 CNA revealed in part. S5 CNA provided ADL care for Resident #5 today. S5 CNA confirmed nail care was documented as a task performed during her ADL care. S5 CNA confirmed she did not clean underneath or cut Resident #5's fingernails during ADL care. Interview on 07/29/2025 at 01:06 p.m. with S4 treatment nurse confirmed Resident #5's fingernails were long/ dirty. S4 treatment nurse confirmed Resident #5's nails should have been cleaned during ADL care. On 07/29/2025 at 01:15 p.m. S2 DON acknowledged that Resident #5's fingernails should have been cleaned by S5 CNA during ADL care.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation and interview, the facility failed to ensure expired medications were not available for administration to residents in 1 (Room A) of 1 medication room checked for safe and secure storage. Observation of Room A on 07/29/2025 at 10:00 a.m. accompanied by S14 LPN revealed Room A was used to store medications and supplements to be provided to residents. Observation revealed 2 unopened bottles of Ocuville Adult 50+ Soft Gels with an expiration date of 06/2025, and 3 DiabetiSource AC Complete Nutrition 250mL supplements with an expiration date of 05/23/2025. An interview was conducted at this time with S14 LPN who confirmed expired medications and supplements were in Room A, but should not have been. Interview with S3 ADON on 07/29/2025 at 10:45 a.m. confirmed expired medications and supplements should not have been in Room A, available for administration to residents, but were.</p>

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received and the facility provided liquids consistent with resident needs for 1 (Resident #52) resident investigated for hydration. The sample size was 30 residents. Review of Resident #52's medical record revealed an admission date of 12/16/2020 with diagnoses including, in part, Dementia, Mild Protein-Calorie Malnutrition, and Aphasia. Review of Resident #52's Quarterly MDS with ARD of 06/06/2025 revealed a BIMS Score of 99. Resident #52 required substantial/maximal assistance with eating and did not have a swallowing disorder. Review of Resident #52's active physician's orders revealed the following: 09/03/2024: 360mL fluid of choice po TID with med pass; and 09/03/2024: Give 360mL fluid of choice po BID at snack times. Review of Resident #52's care plan revealed the following: 12/01/2021: 360mL fluid of choice po TID with med pass; and 12/07/2021: Give 360mL fluid of choice po BID at snack times. Review of Resident #52's 07/2025 MAR revealed the following: 360mL fluid of choice po TID with med pass; and Give 360mL fluid of choice po BID at snack times. Review of Resident #52's 07/2025 Task: Daily Fluid Requirement flowsheet revealed Resident #52 did not meet his daily fluid requirement on 07/03/2025, 07/04/2025, 07/13/2025, 07/25/2025, and 07/26/2025. Review of Resident #52's 07/2025 Task: Intake-Fluid-CNA flowsheet revealed the resident did not refuse nor consume 360mL of fluid BID at snack times on 06/30/2025, 07/01/2025, and 07/26/2025. Review of Resident #52's 07/2025 Task: Intake-Fluid-Nurse flowsheet revealed the resident did not refuse nor consume 360mL of fluid TID with med pass on 06/30/2025, 07/04/2025, 07/06/2025, 07/09/2025, 07/11/2025, 07/12/2025, 07/14/2025, 07/16/2025, 07/19/2025, 07/23/2025, 07/25/2025, and 07/29/2025. Interview with S15 CNA on 07/30/2025 at 10:21 a.m. revealed the CNAs monitored the fluid intake of each resident during meals and snack times. The amount (mL) of fluid consumed during meals and snack times was documented on the resident's electronic Tasks: Intake-Fluid-CNA flowsheet. Interview with S16 LPN on 07/30/2025 at 11:47 a.m. revealed she crushed Resident #52's medications and provided them mixed with pudding. S16 LPN confirmed she did not provide 360mL of fluid when she provided Resident #52's medications. Interview with S2 DON on 07/30/2025 at 1:50 p.m. confirmed Resident #52 did not receive the quantity of fluids ordered each day, but should have.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to maintain a clean and sanitary kitchen to prevent the likelihood of foodborne illnesses and failed to store food in accordance with professional standards for food service safety. This deficient practice had the potential to affect the 90 residents that received meals prepared in the kitchen. Findings: Review of an undated facility policy on 07/30/2025 at 8:20 a.m. titled, Storage: Freezer revealed the following part.2. Keep all frozen foods tightly wrapped or packaged to prevent freezer burn. 3. Label and date all items. Review of an undated facility policy on 07/30/2025 at 8:20 a.m. titled, Storage: Refrigerator revealed the following in part.7. Keep refrigerated food wrapped or covered and in sanitary containers. Observation on 07/28/2025 at 8:55 a.m. of the facility kitchen accompanied by S11 Dietary Manager revealed the following: Walk-In Refrigerator: 1. One opened, unsealed, and undated cardboard box of breakfast sausage patties (over 25 individual sausage patties).2. One opened, unsealed, and undated cardboard box of hamburger patties (over 25 individual hamburger patties). Walk-In Freezer:1. One opened, unsealed, and undated cardboard box of cinnamon rolls (over 25 individual cinnamon rolls). 2. One opened, unsealed, and undated cardboard box of raw cookie dough (over 50 individual cookie doughs). 3. One opened, unsealed, and undated cardboard box of pretzel breadsticks (over 25 individual breadsticks). Dry storage: 1. Three expired cartons of prune juice with an expiration date of 05/15/2025. S11 Dietary Manager confirmed all the above findings during the facility kitchen observation. S11 Dietary Manager confirmed the listed items were opened, unsealed, undated, and/or expired and should have been disposed of properly, but were not.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and interview the facility failed to ensure garbage and refuse were disposed of properly. This deficient practice had the potential to affect all 95 residents who resided in the facility. Findings: Review of an undated facility policy on 07/30/2025 at 8:20 a.m. titled, Trash revealed the following part. All garbage and trash will be placed in a dumpster in a convenient area near the facility. The lid to the dumpster is to be kept closed at all times. Observation on 07/28/2025 at 9:36 a.m. of the facility dumpsters accompanied by S11 Dietary Manager and S12 Maintenance Supervisor revealed 3 facility dumpsters. Observed dumpster #1 with the top lid opened, dumpster #2 with the side lid open, and dumpster #2 with 1 full, large black garbage bag placed directly on the ground in front of the dumpster. Observed multiple pieces of debris/trash on the ground in the surrounding dumpster area such as straws, plastic lids, silver spoons, napkins, and other paper products. S12 Maintenance Supervisor revealed the facility occasionally has raccoons in the dumpster area and the raccoons made the mess in the dumpster area. Observed 1 small black garbage bag placed directly on the ground in the dumpster area near the back door of the facility. S11 Dietary Manager and S12 Maintenance Supervisor confirmed all the above findings during the time of observation. S11 Dietary Manager and S12 Maintenance Supervisor confirmed all employees were responsible for their own trash and should have placed facility trash inside the dumpster and close the dumpster lids, but had not. S12 Maintenance Supervisor confirmed the dumpsters' surrounding area should have been kept clean and the debris picked up in the surrounding area, but had not.</p>