STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195539	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mansfield Nursing Center	1725 McArthur Drive Mansfield, LA 71052

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record reviews and interviews the facility failed to immediately notify 1 (#2) of 3 (#1, #2, and #3) sample resident's physician and/or the DON (Director of Nursing) of the significant change in a resident's physical condition. The facility failed to notify the physician and/or the DON when resident #2 had a change in condition including severe shortness of breath and an oxygen saturation level of 60%.Findings:Review of the facility's Physician Notification policy (undated) revealed in part:Policy Interpretation and Implementation. In general, the Charge Nurse will notify the resident's attending physician:Immediately, if the resident's condition is deemed an emergency. In addition, emergency services personnel may be contacted at the discretion of the licensed nurse on duty.If staff is unable to contact the resident's physician, the medical director will be notified. If the Medical Director is the resident's physician or if staff is unable to contact the Medical Director, the Administrator and/or the DON (Director of Nursing) will be notified.Call the doctor, immediate when Pulse Ox, 90% or less.Review of resident #2's progress notes dated 02/23/2026 revealed in part: S2 LPN (License Practical Nurse) documented at 7:30 a.m. during med pass observed resident #2 with labored breathing, upon assessment resident #2 oxygen saturation was 60% on room air, applied oxygen by way of nasal cannula at 2 liters per minute, oxygen saturation came up to 90%, notified MD at 8:00 a.m. left message at doctor's office. At 8:20 a.m. received orders to send to emergency room for evaluation and treatment related to use of accessory muscles with oxygen saturation remaining at 90-91% with oxygen by way of nasal cannula, EMS (emergency medical service) called arrived at 9:10 a.m.During an interview on 05/07/2026 at 9:45 a.m. S2 LPN reported on 02/23/2026 at 7:30 a.m. she observed resident #2 had labored breathing when she was performing med pass, she reported she assessed resident #2's oxygen saturation level and it was 60% on room air, and the resident was using her accessory muscles to breathe. S2 LPN reported resident #2 was started on oxygen at 2 liters by nasal cannula and resident #2's oxygen saturation level increased to 90% and was monitored. S2 LPN reported resident #2's physician office was called 02/23/2026 at 8:00 a.m. and a message was left with the office nurse. S2 LPN reported around 8:30 a.m. she received a phone call from the office nurse and instructed to send resident #2 out to the emergency room.During an interview on 05/07/2026 at 11:15 a.m. S1 DON reported she was not notified about resident #2's change in condition until EMS was at the facility. S1 DON reported she should have been notified of resident #2's change in condition. S1 DON reported based on a nurse's assessment if there is an emergency, a nurse can send a resident out without a physician's order.

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