STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195556	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desoto Retirement & Rehab Ctr, LLC	635 Schley Street 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 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 (#3) of 1 resident with a new diagnosis of schizoaffective disorder for a Level II PASARR.Findings:Review of Resident #3's medical record revealed an admit date of 02/15/2023 with the following diagnoses, including in part: unspecified psychosis not due to a substance or known physiological condition, unspecified mood (affective) disorder. Further review revealed a new diagnosis of schizoaffective disorder dated 12/15/2023.Review of Resident #3's medical record failed to reveal a Level II PASARR referral was completed for a new diagnosis of schizoaffective disorder.During an interview on 04/22/2026 at 10:00 a.m., S1Social Services Director confirmed Resident #3 was admitted on [DATE] and Resident #3 had a new diagnosis of schizoaffective disorder on 12/15/2023. S1Social Services Director acknowledged a Level II PASARR should have been submitted.

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