STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195568	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wyatt Manor Nursing and Rehab Ctr, Inc	4659 Highway 505 Jonesboro, LA 71251

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and interviews, the facility failed to maintain a safe, comfortable and homelike environment for 2 (#11, #42) sampled residents reviewed for environmental issues. The facility failed to ensure maintenance services were provided as necessary to maintain a comfortable interior for the residents.Findings:Resident #11Observations on 03/02/2026 at 9:14 a.m. and on 03/03/2026 at 8:45 a.m. revealed Resident #11's window unit air conditioner had a large amount of gray duct tape placed on the window around the outer edges of his window unit.Observation and interview with S1Administrator on 03/04/2026 at 2:55 p.m. confirmed that Resident #11's window unit air conditioner had gray duct tape placed on the window around the outer edges of the window unit. S1Administrator further confirmed the duct tape should not be in place and the unit was in need of repair.Resident #42Observations on 03/02/2026 at 8:52 a.m. and on 03/03/2026 at 8:40 a.m. revealed Resident #42's window unit air conditioner had black duct tape around the top and left side of the air conditioner vent cover. Additionally, there was silver tape and insulation foam noted on the right side between the window and the window unit air conditioner.Observation with S1Administrator on 03/04/2026 at 2:50 p.m. confirmed that Resident #42's window unit air conditioner had black duct tape around the top and left side of the air conditioner vent cover and had silver tape and insulation foam on the right side. S1Administrator further confirmed the duct tape and silver tap should not be present and the unit was in need of repair.

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

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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 interviews and record reviews, the facility failed to develop a comprehensive person-centered care plan for each resident, consistent with resident rights that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 2 (#2, #5) of 14 residents reviewed. The facility failed to: 1) develop measurable objectives and timeframes to address Resident #2's wandering behaviors, and 2) develop a care plan to address Resident #5's non-compliance with physician orders.Findings:Resident #2 Review of the medical record for Resident #2 revealed an admission date of 12/03/2020 with diagnoses that included diabetes mellitus, major depressive disorder, schizoaffective disorder, bipolar type, dementia with behavioral disturbance, pseudobulbar affect, and insomnia. Review of the quarterly MDS assessment dated [DATE] revealed a BIMS score of 7 which indicated Resident #2 had severe cognitive impairment with daily decision making. Further review revealed Resident #2 exhibited wandering behaviors 1-3 days a week. Review of the facility's Wandering Data Collection Tool dated 12/22/2025 identified Resident #2 as a wander/elopement risk. Further review revealed Resident #2 wandered ad lib at times in resident rooms and rummaged through resident belongings. Review of Resident #2's potential for elopement care plan revealed interventions that included redirect resident as needed and provide diversional activities as needed. On 03/03/2026 at 3:28 p.m., interview with S3CNA revealed Resident #2 frequently wanders into resident rooms on evening shift. Interview further revealed Resident #2 is easily redirected with diversional activities but redirection was minimally effective. On 03/03/2026 at 4:00 p.m., interview with S2DON was unable to produce documentation to support interventions were measurable with objective timeframes. On 03/04/2026 at 10:14 a.m., S2DON was informed Resident #2's plan of care did not include measurable objectives and timeframes to address Resident #2's wandering behaviors. Resident #5 Review of the medical record for Resident #5 revealed he had an admit date of 12/11/2024 with diagnoses which included diabetes, anxiety and depression. Review of the February and March 2026 medical administration record revealed Resident #5 had refused every by mouth and injectable medication. Resident #5 had also refused every scheduled blood sugar monitoring. Review of the physician orders revealed Resident #5 had lab orders for a complete blood panel, basic metabolic panel, Valporic acid level and hemoglobin A1C to be drawn every 3 months. Review of the lab results revealed they had not been obtained as ordered. Review of Resident #5's Care Plan revealed there was no care plan developed to address the resident's non-compliance with physician orders. On 03/03/2026 at 1:20 p.m., interview with S2DON revealed Resident #5 frequently refuses by mouth (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and injectable medications, blood glucose monitoring and lab work. She also confirmed Resident #5's plan of care did not address the resident's non-compliance with by mouth and injectable medications, glucose monitoring and lab work.