STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195577	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Manor Nursing Home	1050 Edwin Elliott Drive Pine Prairie, LA 70576

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review the facility failed to ensure an allegation of staff to resident physical abuse was reported to the State Survey Agency immediately, but not later than 2 hours after the staff to resident physical abuse allegation was discovered, for 1 (Resident #1) of 3 sampled residents. Findings: A review of an undated facility's policy titled, Abuse/Neglect Policy, revealed in part.Investigation of Alleged Abuse, Neglect or Misappropriation of Belongings: All reports of alleged violations involving abuse, neglect, misappropriation of belongings is to be investigated.written statements are obtained immediately & included in report to LDH (Louisiana Department of Health). Interview on 06/17/2026 at 3:00 p.m. with S2 ADON revealed that on 05/11/2026 during a Staffing Meeting held with staff, Resident #1's wife, and other family members present, Resident #1's wife made an allegation of staff physical abuse involving Resident #1, which had allegedly occurred on 04/21/2026 in the dining room. S2 ADON reported the allegation to S1 Admin and S3 DON on 05/11/2026 immediately after the staffing meeting by telephone, who were not present at the meeting, and started the abuse allegation investigation on 05/11/2026. Interview on 06/17/2026 at 3:15 p.m. with S1 Admin revealed that the facility had not entered the allegation made by Resident #1's wife of the staff physical abuse into the SIMS (Statewide Incident Management System) immediately upon discovery or within 2 hours after the allegation of physical abuse was made by Resident #1's wife but should have.

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