STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195594	A. Building B. Wing	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pilgrim Manor Skilled Nursing and Rehabilitation	1524 Doctors Drive Bossier City, LA 71111

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations and interview, the facility failed to ensure a resident remained free from neglect when nursing staff failed to use a Hoyer lift to transfer 1 (Resident #F3) of 4 (Residents #F1, #F2, #F3, and #F4) sampled residents who required a mechanical lift for transfers.Findings:Review of the facility's Abuse and Neglect - Clinical Protocol policy with a revision date of 10/15/2025 revealed in part: Policy Statement: The facility will ensure that each resident has the right to be free from, among other things, physical or mental abuse and corporal punishment. The facility will provide a safe resident environment and protect residents from abuse. Definitions. Neglect, as defined by S483.5 as the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Neglect occurs when the facility is aware of, or should have been aware of goods or services that a resident(s) requires but fails to provide them to the resident(s), that has resulted in or may result in physical harm, pain, mental anguish, or emotional distress. Neglect includes cases where the facility's indifference or disregard for resident care, comfort or safety, resulted in or could have resulted in physical harm, pain, mental anguish or emotional distress. Review of the facility's Lifting Machine, Using a Mechanical policy with a revision date of March 2025 revealed in part: The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. General guidelines: 2. Mechanical lifts may be used for tasks that require: b. transferring a resident from bed to chair. Steps in the procedure: 1. Before using a lifting device, assess the resident's current transfer ability utilizing the [plan of care] located in the electronic health system. Review of the facility's Safe Lifting and Movement of Residents policy with a revision date of September 8, 2024 revealed in part: In order to protect the safety and well-being of staff and residents and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation1. Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents.2. Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on admission, readmission, with MDS changes including IPA's, quarterly or significant change MDS and prn using the Therapy Screen Request 2.0 form. Staff will document resident transferring and lifting needs in the care plan. Such assessment shall include:b. Resident's mobility (degree of dependency);4. Mechanical lifting devices shall be used for heavy lifting, including lifting and moving residents when necessary. Review of Resident #F3's medical record revealed an admit date of 03/03/2025 with diagnoses including in part peripheral vascular disease, spondylopathy of the lumbar area, vascular dementia and anxiety. Review of Resident #F3's quarterly MDS (Minimum Data Set) assessment dated [DATE] revealed in part, a BIMS (Brief Interview of Mental Status) score of 10 indicating moderately impaired cognition. Further review revealed Resident #F3 was dependent upon staff for bed to wheelchair transfers. Review of Resident #F3's comprehensive care plan revealed in part, Resident #F3 was at risk for falls and was totally dependent on staff for transfers, with an intervention in place for the use of a Hoyer lift. Review of Resident #F3's Therapy Screen Request dated 09/11/2025 revealed Resident #F3 required total lift for transfers with a transfer plan to use a Hoyer lift. Review of Resident #F3's quarterly Lift Transfer Assessment dated 10/14/2025 revealed in part, Resident #F3's current level of assistance was total lift. Review of the facility's Lift Residents list with a revision date of 10/14/2025 revealed Resident #F3 was identified as requiring a Hoyer lift. An observation on 10/28/2025 at 8:00 a.m. revealed Resident #F3 sitting in a wheelchair in the dining room dressed in clean appropriate daytime clothing. Further observation failed to reveal a Hoyer lift pad was in place under Resident #F3. An Observation on 10/28/2025 at 8:30 a.m. revealed Resident #F3 sitting in wheelchair in therapy without a Hoyer lift pad in place. During an interview on 10/28/2025 at 8:30 a.m. Resident #F3 reported she did not remember who got her out of bed or how she got out of bed this morning and into the wheelchair. During an interview on 10/28/2025 at 8:35 a.m., SF2PTA (Physical Therapy Assistant) acknowledged Resident #F3 did not have a Hoyer lift pad beneath her in the wheelchair. SF2PTA indicated staff had not used the Hoyer lift to get Resident #F3 out of bed this morning and reported Hoyer lift pads were routinely kept under the resident while in a wheelchair in order to transfer resident back into bed. SF2PTA reported Resident #F3 required maximum assistance by staff for transfers. During an interview on 10/28/2025 at 8:50 a.m., SF3CNA (Certified Nursing Assistant) Supervisor, reported Resident #F3 had not been transferred out of bed this morning with the use of a Hoyer lift. SF3CNA

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to use a Hoyer lift, as determined necessary by the resident's comprehensive care plan, during a transfer from the resident's bed to wheelchair for 1 (#1) of 3 (#1, #2, #3) sampled residents which resulted in a right humeral neck fracture.The deficient practice resulted in harm for Resident #1 on 07/14/2025 at approximately 10:30 a.m. when S6 agency CNA (Certified Nursing Assistant) transferred Resident #1 from the bed to a wheelchair with a stand and pivot method without utilization of a Hoyer lift. Resident #1 had an onset of acute pain to her right arm/shoulder and reported her right arm hit the wheelchair armrest during transfer. Resident #1 was care planned for activities of daily living self-care deficit with intervention of dependent in transferring with the use of Hoyer lift. S7 agency LPN (Licensed Practical Nurse), Hospice and Resident #1's Responsible Party were notified. Resident #1's right shoulder x-ray results dated 07/14/2025 revealed an acute complex impacted fracture involving the right humeral neck. Resident #1 was sent to the emergency room for further evaluation and treatment and returned to the facility with a right upper arm sling in place. Findings:Review of Resident #1's record revealed an admit date of 09/14/2023 with a re-admit on 12/13/2023 with diagnoses that included in part other sequelae of cerebral infarction, rheumatoid arthritis, generalized muscle weakness, muscle wasting and atrophy bilateral shoulders, and generalized osteoarthritis. Resident #1 was admitted to hospice for cerebral infarction on 12/16/2023 and passed away on 07/28/2025 in the facility.Review of Resident #1's Minimum Data Set assessment dated [DATE] revealed a Brief Mental Status of 8 which indicated moderately impaired cognition. Resident #1 had impaired functional range of motion in bilateral upper extremities and was dependent on staff for bed mobility and transfer.Review of Resident #1's Comprehensive Care Plan revealed the following problems with interventions: At risk for falls with intervention of transfer with Hoyer lift initiated on 11/23/2023.Activities of daily living self-care deficit with intervention of totally dependent in transferring with the use of Hoyer lift initiated on 01/01/2024. At risk for pain initiated 01/24/2024 with an update on 07/14/2025 for intervention right arm sling due to fracture of proximal end of right humerus.Review of the facility's Incident Report dated 07/14/2025 created by S7 agency LPN included in part S6 agency CNA was assisting Resident #1 into the wheelchair. Resident #1 reported during transfer she hit her right arm on the right wheelchair armrest and had an acute onset of pain rated 10 out of 10 to her right arm and more defined in right shoulder. Resident #1 was assessed and Resident #1 was able to move her hand but refused to perform range of motion to her right upper arm and shoulder due to pain. Resident #1's Hospice and Responsible Party were notified.Review of Resident #1's three view right shoulder x-ray results dated 07/14/2025 revealed an acute complex impacted fracture involving the right humeral neck.Review of Resident #1's Nurses Notes revealed in part Resident #1 was sent to the a local emergency room and returned to the facility the same day with a sling in place to her right arm.Review of the facilities training records revealed an Agency Facility Orientation sheet signed by S6 agency CNA on 04/14/2025. S6 agency CNA was oriented on locating CNA care guides including each resident's individual plan of care at CNA stations.Review of _____Staffing Agency records for staff in the facility July 2025 indicated S6 agency CNA worked at the facility on the following dates:07/01/2025; 07/05/2025; 07/06/2025; 07/08/2025; 07/13/2025; and 07/14/2025.During an interview on 08/26/2025 at 1:40 p.m. S8 agency CNA reported Resident #1 was able to make her needs known and was a two person assist with the Hoyer lift for transfers. During an interview on 08/26/2025 at 1:52 p.m. S9 LPN reported Resident #1 was able to make her needs known and was a two person assist with the Hoyer lift for transfers. S9 LPN reported a list of resident's activities of daily living needs was kept at the nurses' station and if the resident required a Hoyer lift for transfer there would be a sign over the resident's bed. During a telephone interview on 08/27/2025 at 1:40 p.m. S7 agency LPN reported on 07/14/2025 S6 agency CNA transferred Resident #1 using a turn pivot method. S7 agency LPN reported residents who required the Hoyer lift for transfer had signs over their bed and Resident #1 did not on 07/14/2025. S7 agency LPN reported S6 agency CNA did not ask her about Resident #1's transfer abilities prior to using a turn pivot method. S7 agency LPN reported Resident #1 complained of shoulder pain and reported Resident #1 had bumped her arm on the wheelchair when transferring from the bed to the wheelchair. S7 agency LPN reported she notified Hospice and an x-ray was ordered. S7 agency LPN reported the x-ray indicated a fracture and Resident #1 was sent to the emergency room for further evaluation and treatment.During an attempted telephone interview on 08/27/2025 at 2:25 p.