STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195625	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Louisiana War Veterans Home	4080 W Airline Hwy Reserve, LA 70084

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations and interview, the facility failed to ensure medication was stored in a locked compartment. Findings:Observation on 09/10/2025 at 1:57PM revealed a cart containing Resident #1's insulin aspart (a rapid acting medication used to lower a resident's blood sugar) 100 units (U)/milliliter (ml) vial was stored behind the facility's opened and unlocked nursing station and not inside the facility's locked medication room. Observation on 09/11/2025 at 8:55AM to 8:58AM revealed the above mentioned cart was stored behind the facility's opened and unlocked nursing station and not inside the facility's locked medication room. Further observation revealed no staff was present to supervise the medication. Observation on 09/11/2025 at 11:27AM revealed the above mentioned cart was stored behind the facility's opened and unlocked nursing station and not inside the facility's locked medication room. Further observation revealed no staff was present to supervise the medication. In an interview on 09/11/2025 at 11:27AM, S1Director of Nursing (DON) confirmed the above mentioned cart was in the facility's opened, unlocked, and unstaffed nursing station. S1DON further acknowledged the resident's insulin should not be accessible to unauthorized staff.

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