STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195628	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast LA War Veterans Home	6700 Highway 165 North Monroe, LA 71211

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record reviews, the facility failed to ensure it provided in-service training of no less than 12 hours per year that included dementia management training for 3 (S4CNA, S5CNA, S6CNA) of 3 sampled staff who had been employed greater than 1 year.Findings:Review of the personnel record revealed S4CNA had a hire date of 08/23/2023. There was no documentation that they had received annual training on dementia management. Review of the personnel record revealed S5CNA had a hire date of 08/30/2022. There was no documentation that they had received annual training on dementia management. Review of the personnel record revealed S6CNA had a hire date of 06/21/2007. There was no documentation that they had received annual training on dementia management. On 03/18/2026 at 8:10 a.m., interview with S7Human Resources confirmed S4CNA, S5CNA, S6CNA, S7CNA and S8CNA did not have annual training on dementia management.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195628	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast LA War Veterans Home	6700 Highway 165 North Monroe, LA 71211

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation and interviews, the facility failed to post the nurse staffing data on a daily basis at the beginning of each shift to include the resident census, total number and the actual hours worked by licensed and unlicensed staff directly responsible for resident care in a prominent place readily accessible to residents, staff and visitors.Findings:On 03/17/2026 at 2:59 p.m., observation of the skilled resident hall revealed the daily staffing data was not posted with the resident census, total number and the actual hours worked by licensed and unlicensed staff directly responsible for resident care.On 03/17/2026 at 3:10 p.m., an interview with S8ADON revealed she posts the daily assignment sheets inside the nurses' station, but it did not have the census, total number and actual hours worked per shift for the licensed and unlicensed staff.On 03/17/2026 at 4:00 p.m., an interview with S9Assistant Administrator confirmed the daily staffing pattern was not posted outside of the nurses station in an area that was readily accessible to residents, visitors and staff with the census, the total number and actual hours worked by licensed and unlicensed staff directly responsible for resident care.