STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195643	A. Building B. Wing	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cornerstone Post Acute Care of Bossier	4900 Medical Drive Bossier City, LA 71112

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to maintain medical records in accordance with accepted professional standards and practices for 1 (#6) of 7 (#6, #12, #14, #15, #16, #17, #18) sampled residents. The facility failed to ensure nursing staff maintained the integrity of Resident #6's medical record.Findings:Review of the facility's policy Nursing Documentation, policy number POL 1008 with an effective date of 10/01/2009 and a reviewed and approved date of 01/11/2023 revealed in part:1.0 Purpose:1.1 The purpose of Nursing policy is to:1.1.1 Define standard of performance for quality patient care2.0 Policy:2.5 Incorrect Entry:2.5.1 Handwritten Documentation: when an incorrect entry is made the nurse shall draw a single line through the incorrect material, making sure it is still legible, date and initial, NEVER obliterate the incorrect entry with overwrites, whiteout, markers, or scratching out, rewrite the correct entry/order underneath the original. Review of Resident #6's medical record on 09/02/2025 revealed in part, Resident #6 was admitted to the facility on [DATE]. Review of Resident #6's orders on 09/02/2025 revealed in part, a telephone order dated 08/25/2025 at 12:20 p.m. which read as follows:Discontinue continuous enteral feeding. Start ensure after meals if eats less than 50%. TORB (Telephone Order Read Back) S3Registerd Dietician/S4Medical Doctor/S2Registered Nurse. Further review of Resident #6's telephone order dated 08/25/2025 at 12:20 p.m. revealed a liquid correction fluid had been used at the beginning of the order and the words Discontinue continuous had been written on top of the dried liquid correction fluid completely concealing what was underneath the liquid correction fluid. During an interview on 09/02/2025 at 4:49 p.m., S1Administrator reported S2Registered Nurse wrote Resident #6's telephone order dated 08/25/2025 at 12:20 p.m. S1Administrator acknowledge the use of a liquid correction fluid on Resident #6's telephone order dated 08/25/2025 at 12:20 p.m. and confirmed the use of liquid correction fluid did not follow the facility's policy regarding documentation and an incorrect entry. S1Administrator confirmed S2Registerd Nurse should not have used a liquid correction fluid to correct an order in Resident #6's medical record.

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