Printed: 05/20/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Heritage Manor West		STREET ADDRESS, CITY, STATE, ZIP CODE 7060 Cottonwood Blvd Shreveport, LA 71129	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(Each deficiency must be preceded by full regulatory or LSC identifying information) Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36665 Based on observations and interviews the facility failed to maintain a safe, clean, comfortable and homelike environment for 2 (#15, #80) of 2 (#15, #80) residents' rooms observed for environment. The facility failed to ensure: 1. Resident #15's wheelchair was clean and sanitary 2. Resident #80's restroom was clean and sanitary. Findings: Resident #15 Review of Resident #15's medical record revealed an admitted [DATE] with diagnoses, of but not limited to, Alzheimer's disease, moderate protein calorie malnutrition, gastric reflux disease, dermatitis, dysphagia, vascular dementia, lack of coordination, cognitive communication deficit, and hypertension. Review of Resident #15's MDS (Minimum Data Set) for 11/12/2024, revealed Resident #15 was assessed as rarely understood. Observation on 01/06/2025 at 8:00 a.m. with S4 ADON (Assistant Director of Nurses) revealed Resident #15's wheelchair had dried white colored food residue on the seat, armrest and the right wheel. During an interview 01/06/2025 at 8:00 a.m. S4 ADON confirmed the white food residue on Resident #15's wheelchair was build up from Resident #15's wheelchair was build up from Resident #15's wheelchair and the right wheel. During an interview 01/06/2025 at 8:00 a.m. S4 ADON confirmed the white food residue on Resident #15's wheelchair was build up from Resident #15's wheelchair. Resident #80 Review of Resident #80's medical record revealed an admitted [DATE] with a diagnoses, of but not limited to atrial fib, chronic kidney disease, mild protein calorie malnutrition, osteoarthritis, hypertension, gastric reflux disease and type 2 diabetes. (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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 195447

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some			

	and 50.1.005		No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying informati	on)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment **NOTE- TERMS IN BRACKETS H Based on record review and interviet assessment was transmitted to CM timeframe for 1 (#74) of 1 (#74) re Findings: Review of Resident #74's MDS assessment #74's MDS assessme	at data and transmit these data to the SAVE BEEN EDITED TO PROTECT Color, the facility failed to ensure each re S (Centers for Medicare and Medicaid sident who was reviewed for Resident essments revealed a discharge MDS of at 4:30 p.m., S3 Nurse Case Manager	State within 7 days of assessment. DNFIDENTIALITY** 45317 sident's MDS (Minimum Data Set) Services) within the required Assessment.

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NAME OF BROWERS OF SUBBLIS	-n	CTDEET A DDDEEG OUT/ CTATE TO	D CODE
NAME OF PROVIDER OR SUPPLIE	:R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Heritage Manor West		7060 Cottonwood Blvd Shreveport, LA 71129	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 36665
Residents Affected - Some	Based on record review and interview the facility failed to ensure a resident's plan of care was implemented for 1 (#15) of 1(#15) resident out of total of 34 sampled residents. The facility failed to ensure Resident #15's lab work was done as ordered.		
	Findings:		
	Review of Resident #15's medical record revealed an admitted [DATE] with diagnosis of but not limited to; Alzheimer's disease, moderate protein calorie malnutrition, gastric reflux disease, dermatitis, dysphagia, vascular dementia, lack of coordination, cognitive communication deficit, and hypertension. Review of Resident #15's MDS (Minimum Data Set) for 11/12/2024, revealed Resident #15 was assessed as rarely understood. Review of Resident #15's December 2024 Physician's orders revealed an order for a CBC (Complete Blood Count) dated 12/13/2024 one time for dementia until 12/16/2024.		
	Review of Resident #15's medical i	record failed to reveal lab results from	the CBC ordered on 12/13/2024.
	During an interview on 01/08/2025 at 12:48 p.m. S2 DON (Director of Nurses) reported the facility did not have the results of Resident #15's CBC because the specimen had clotted and the facility failed to followand ensure the lab was re-drawn. S2 DON confirmed Resident #15's lab work was not done as ordered.		

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NAME OF PROVIDER OR CURRULER		STREET ADDRESS, CITY, STATE, ZIP CODE	
	NAME OF PROVIDER OR SUPPLIER		PCODE
Heritage Manor West		7060 Cottonwood Blvd Shreveport, LA 71129	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684	Provide appropriate treatment and	care according to orders, resident's pre	eferences and goals.
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 30669
Residents Affected - Some	Based on observation, interviews, and record reviews the facility failed to ensure each resident received the care and services in accordance with professional standards of practice for 1 (#2) of 1 sample resident reviewed for skin conditions (non-pressure). The facility failed to ensure resident #2, with a diagnosis of diabetes was provided necessary care and services for her feet.		
	Findings:		
		vealed diagnoses of diabetes type 2, pe alysis, chronic obstructive pulmonary di	
	Review of resident #2's Annual Minimum Data Set assessment dated [DATE] revealed a BIMS (Brief Interview for Mental Status) score of 15 indicating intact cognition.		
	During an interview on 01/07/2025 at 09:20 a.m. resident #2 reported she had a black spot on her right foot. Resident #2 reported she had reported this to S8 Wound Care Nurse multiple times and nothing had been done. Resident #2 reported nothing had been done for her foot and she did not want to lose her foot.		
	Observation made on 01/07/2025 at 09:30 a.m. of resident #2's right foot with S7 LPN (License Practical Nurse) revealed resident #2 had a black spot on top of her right great toe.		
	During an interview on 01/07/2025 at 09:30 a.m. S7 LPN reported there is a foot doctor that comes to the facility that could see resident #2. S7 LPN reported she was not aware resident #2 had a black spot on her foot. During an interview on 01/08/2025 at 2:20 p.m. S9 CNA (Certified Nursing Assistant) reported she had worked with resident #2 bathing her at times. S9 CNA reported she had noticed resident #2's right toe being black yesterday and she reported it to the S8 Wound Care Nurse.		
	During an interview at 01/08/2025 at 2:30 p.m. S10 SSD (Social Service Director) reported S11 APRN (Advanced Practice Registered Nurse) podiatrist sees all the resident at the facility for foot care. S10 SSD reported none of the facility's nurses had asked her to put resident #2 on S11 APRN podiatrist schedule.		
	Review of S12 NP (Nurse Practition toenail fungus.	ner) notes dated 01/07/2025 revealed r	esident #2 had a toenail injury with
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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some			provide preventive care, and of 3 (#15. #35 and #151) residents of were at risk for development of a diabetes with hyperglycemia, and Nurse) reads in part, resident rhaged. Resident #151 was ne. Resident #151 at the time of a dident #151's initial admitted was and partial-thickness skin loss with a nuries were completed except for and interventions: Beed review.
	1	nt is dependent on staff to transfer to a Resident needs substantial/maximal as:	

certiers for Medicare & Medic	and Services		No. 0938-0391
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(X4) ID PREFIX TAG			on)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Observation on 01/06/2025 at 09:30 a.m. resident #151 awake and alert positioned on his back with his he elevated. Further observation revealed a turning schedule a clock posted on the wall at the head of the be to be turned every 2 hours to the door, window, and ceilling. Observation on 01/06/2025 at 12:15 p.m. resident #151 was still positioned on his back in bed Observation on 01/06/2025 at 2:00 p.m. resident #151 was still in the same position in bed. During an interview at this time resident #151 reported he had not been out of bed, he had not been turning or repositioned Observation on 01/07/2024 at 8:18 a.m. resident #151 in bed at this time positioned on his back. Observation on 01/07/2024 at 2:15 p.m. revealed resident #151 in bed asleep. Resident #151 easily aroused, he reported he had not been out of bed today. During an interview on 01/06/2025 at 9:30 a.m. resident #151 reported he had been at the facility for a mo and had never been gotten out of bed. Resident further reported he was unable to turn or reposition himse and unable to get out of bed without assistance. During an interview on 01/07/2024 at 2:35 p.m. S8 Wound Care Nurse reported there is no reason resider #151 should not be up and out of bed. S8 Wound Care Nurse reported resident #151 has very little control his upper body and can get up with 2 person assist by a lift to a Geri chair. S8 Wound Care Nurse reported resident #151 had not been up and out bed. Review of resident #151's had a stage 2 pressure ulcer that occurred in the facility. During an interview on 01/08/2025 at 10:00 a.m. S7 LPN reported resident #151 had not been up and out bed. Review of resident #151's records failed to reveal any documentation he had refused to be turned or repositioned or got up out of bed.		on the wall at the head of the bed ad on his back in bed are position in bed. During an are had not been turning or apositioned on his back. Ideep. Resident #151 easily Inhabite to turn or reposition himself aported there is no reason resident asident #151 has very little control of a S8 Wound Care Nurse reported at #151 had not been up and out of