

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8622 Line Avenue Shreveport, LA 71106	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8622 Line Avenue Shreveport, LA 71106	
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet the resident's medical, nursing, mental, and psychosocial needs for 2 (#10, #86) of 40 sampled residents reviewed. The facility failed to follow physician's orders for Resident #10 and Resident #86. Findings:Review of Resident #10's medical records revealed an admit date of 10/21/2025 including the following diagnoses, in part: type 2 diabetes mellitus with diabetic polyneuropathy, chronic respiratory failure with hypoxia, and enterocolitis due to clostridium difficile recurrent (11/01/2025).Review of Resident #10's Physician's orders revealed an order dated 11/10/2025 for Fluconazole 50mg (milligram) by mouth once daily for 7 days.Review of Resident #10's November medication administration record failed to reveal Fluconazole 50mg once daily x 7 days was administered for the full 7 days. Further review revealed the first dose of the medication was not administered until 11/15/2025 and resident only received 3 out of 7 days ordered.Review of Resident #10's Antibiotic Time Out form dated 11/15/2025 revealed: Initial treatment - Fluconazole oral tablet 50mg by mouth one time a day for fungal infection.Review of Resident #10's Nurse Practitioner notes dated 11/05/2025 revealed, in part: Chief Complaint / Nature of Presenting Problem: status post hospitalization from 11/05/2025 through 11/10/2025 from dialysis center for increased confusion now with continued weakness and debility . computed tomography head without contrast: .bilateral sinus disease with complete maxillary sinus opacification with hyperdense material suggesting fungal rhinosinusitis versus inspissated secretions (less likely hemorrhage or calcification) . Review of Resident #10's progress notes revealed the following entry dated 11/15/2025 at 4:47 p.m. revealed, in part: Fluconazole oral tab 50mg for fungus initial start date was 11/11/2025 through 11/18/2025 resident didn't receive med until 11/14/2025 after hours . During an interview on 12/03/2025 at 8:45 a.m. S2 Director of Nursing confirmed Resident #10 was ordered Fluconazole 50mg by mouth daily for 7 days to start on 11/11/2025, received the first dose on 11/15/2025 and only received 3 out of 7 days of medication. S2 DON further acknowledged Resident #10 did not receive the medication for 7 days and should have.Resident #86Review of the facility's Central Venous Catheter Dressing Changes policy revised 04/2016 revealed in part:PurposeThe purpose of this procedure is to prevent catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings. General Guidelines5. Change transparent semi-permeable membrane (TSM) dressings at least every 5-7 days and as needed (when wet, soiled, or not intact).Review of Resident #86's medical record revealed an admission date of 07/02/2025, with a recent readmission on [DATE]. Further review revealed the following diagnoses, in part: Parkinson's disease, dysphagia, and need for assistance with personal care.Review of Resident #86's physician orders revealed an order dated 11/13/2025: Change PICC (Peripherally Inserted Central Catheter) dressing every seven days or as indicated for soiled or damaged dressing. Notify MD (Medical Doctor) of negative findings. Change stabilization device and injection caps with each dressing change; every day shift every 7 day(s) and every 1 hours as needed for soiled or damaged dressing.An observation on 12/01/2025 at 6:40 a.m. revealed Resident #86 had a PICC line with a dressing dated 11/13/2025. Further observation revealed PICC line dressing was loose and discolored. An observation on 12/01/2025 at 1:13 p.m. with S5LPN (Licensed Practical Nurse) revealed Resident #86 had a PICC line with a dressing dated 11/13/2025. Further observation revealed PICC line dressing was loose and discolored. During an interview on 12/01/2025 at 1:13 p.m. S5LPN confirmed Resident #86's PICC line dressing was dated 11/13/2025, was loose and discolored, and the dressing should have been changed. Review of Resident #10's medical records revealed an admit date of 10/21/2025 including the following diagnoses, in part: type 2 diabetes mellitus with diabetic polyneuropathy, chronic respiratory failure with hypoxia, and enterocolitis due to clostridium difficile recurrent (11/01/2025).Review of Resident #10's Physician's orders revealed an order dated 11/10/2025 for Fluconazole 50mg (milligram) by mouth once daily for 7 days.Review of Resident #10's November medication administration record failed to reveal Fluconazole 50mg once daily x 7 days was administered for the full 7 days. Further review revealed the first dose of the medication was not administered until 11/15/2025 and resident only received 3 out of 7 days ordered.Review of Resident #10's Antibiotic Time Out form dated 11/15/2025 revealed: Initial treatment - Fluconazole oral tablet 50mg by mouth one time a day for fungal infection.Review of Resident #10's Nurse Practitioner notes dated 11/05/2025 revealed, in part: Chief Complaint / Nature of Presenting Problem: status post hospitalization</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8622 Line Avenue Shreveport, LA 71106	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8622 Line Avenue Shreveport, LA 71106	
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on record reviews, observations and interviews, the facility failed to provide services that met professional standards for 1 (#113) of 40 residents in the sample. The facility failed to ensure safe medication administration practices by leaving medications at the bedside. Findings: Review of facility's Self-Administration of Medications policy with a Revision date of December 2016 revealed in part: Policy Statement Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Policy Interpretation and Implementation 1. As part of their overall evaluation, the staff with the assistance from the practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident. 2. In addition to general evaluation of decision-making capacity, the interdisciplinary team will perform an assessment of Self Administration of Medications Form, or equivalent including (but not limited to) the resident's: a. Ability to read and understand medication labels, b. Comprehension of the purpose and proper dosage and administration time for his or her medications; c. Ability to remove medications from a container and to ingest and swallow (or otherwise administer) the medication; and d. Ability to recognize risks and major adverse consequences of his or her medications. 3. If the team determines that a resident cannot safely self-administer medications, the nursing staff will administer the resident's medications. 4. If the resident is determined to self-administer, then he/she will be capable and willing to assume control and responsibility for his/her medication. The resident must sign the Consent for Administration of Medication Form regarding and agree to abide by the restrictions for handling and storage of medication according to one of the following plans. 5. Any bedside medications will meet all the required labeling specifications and guidelines required of any medications in the facility. 7. Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration, for return to the family or resident representative. 11. The staff will evaluate the resident who wishes to self-administer medications upon request or admission, readmission, routine quarterly, significant change MDS and PRN in order to reevaluate a resident's ability to continue to self-administer medications. Review of Resident #113's Medical Diagnoses revealed the following but not limited to disorders of peripheral nervous system, reduced mobility, and fibromyalgia. Review of Resident #113's December 2025 Physician Orders revealed an order for Fluticasone Propionate Suspension 50 MCG (micrograms)/ACT (actuation); 1 spray in each nostril one time a day for seasonal allergies with a start date 09/17/2025 with a revision date 10/25/2025. Further review of Resident #113's December 2025 Physician Orders failed to reveal an order for eye drops (Xaditor). Review of Resident #113's Quarterly MDS (minimum data sets) dated 08/01/2025 revealed a BIMS (Brief Interview of Mental Status) of 15 indicating cognitively intact. Review of Resident #113's Care Plan revealed seasonal allergies/sinus allergies with interventions to give meds as ordered and identify causative factors making allergies worse and report to medical doctor and treat as ordered. Further review of Care Plan failed to reveal Resident #113 was care planned for self-administration. Observation on 12/01/2025 at 6:00 a.m. revealed Resident #113 had 4 eye drops (Xaditor) and 1 nose spray (Fluticasone) at the bedside. Observation on 12/01/2025 at 9:10 a.m. revealed Resident #113 had 4 eye drops (Xaditor) and 1 nose spray (Fluticasone) at the bedside. Observation on 12/01/2025 at 1:50 p.m. with S2 DON (Director of Nursing) revealed Resident #113 had 4 bottles of eye drops (Xaditor) and 1 bottle of nose spray (Fluticasone) at the bedside. During an interview on 12/01/2025 at 6:00 a.m. Resident #113 reported the eye drops and nose spray are kept at the bedside. Resident #113 reported self-administering the eye drops for allergy, itchy eyes twice a day, in the morning and at night and the nose spray at night only. Resident #113 reported a family member brought the four bottles of eye drops (Xaditor) and the nose spray (Fluticasone) was from the facility. During an interview on 12/01/2025 at 1:50 p.m. S2 DON reported Resident #113 had not completed a self-administration evaluation and Resident #113's medications should not have been at the bedside.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8622 Line Avenue Shreveport, LA 71106	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record reviews and interviews, the facility failed to provide ADL (activities of daily living) for 2 (#17, #131) of 3 (#17, #31, #131) residents reviewed for ADL care of dependent residents. The facility failed to trim and clean Resident #17's fingernails and bathe/shower Resident #131. Findings: Review of the facility's Care of Fingernails/Toenails policy revised 10/2010 included in part: Purpose The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections General Guidelines 1. Nail care includes daily cleaning and regular trimming. 4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin. Review of Facility's Shower/Tub Bath policy and procedure revised October 2010 revealed in part: Documentation - The following information should be recorded on the resident's ADL record and/or in the resident's medical record: 1. The date and time the shower/tub bath was performed. 5. If the resident refused the shower/tub bath, the reason (s) why and the intervention taken. 6. The signature and the title of the person recording the data. Resident #17 Review of Resident #17's medical record revealed an admission date of 09/22/2025 with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, muscle weakness (generalized), and muscle wasting and atrophy left upper arm and right upper arm. Further review of Resident #17's medical record revealed Resident #17 was dependent for oral hygiene, toileting hygiene, and personal hygiene. Review of the Resident #17's admission MDS (Minimum Data Set) dated 09/26/2025 revealed a BIMS (Brief Interview of Mental Status) score of 12, indicating moderately impaired cognition. An observation on 12/01/2025 at 9:01 a.m. revealed Resident #17's fingernails were untrimmed, jagged and had grown over the tip of the fingers on both hands with brown residue under fingernails. During an interview on 12/01/2025 at 9:01 a.m., Resident #17 reported she had requested to have her fingernails trimmed yesterday. An observation on 12/02/2025 at 11:55 a.m. revealed Resident #17's fingernails were untrimmed, jagged and had grown over the tip of the fingers on both hands with brown residue under fingernails. During an interview on 12/02/2025 at 11:56 a.m. Resident #17 reported she requested again to have her fingernails trimmed this morning. An observation on 12/02/2025 at 4:05 p.m. with S2 DON revealed Resident #17's fingernails were untrimmed, jagged and had grown over the tip of the fingers on both hands with brown residue under fingernails. During an interview on 12/02/2025 at 4:05 p.m. S2 DON confirmed Resident #17's fingernails on both hands were untrimmed, jagged and had grown over the tip of the finger with brown residue under fingernails. Resident #131 Review of Resident #131's medical records revealed an admit date of 11/25/2025 with diagnosis of, in part: hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, muscle weakness (generalized), need for assistance with personal care and other reduced mobility. Review of Resident #131's Baseline Care Plan revealed in part: daily preferences that resident prefers - receiving shower; shower/bathe self: the ability to bathe self, including washing, rinsing, and drying substantial/maximal assistance; and cognitive status a. cognitively intact. Review of Resident #131's tasks in medical records failed to reveal bathing was documented since admission. Review of Resident #131's hall shower log failed to reveal a shower/bath for November and December. During an interview on 12/01/2025 at 7:20 a.m. Resident #131 reported he had not received a bath since he was admitted. During an interview on 12/02/2025 at 2:30 p.m. Resident #131 reported he had not received a bath. During an interview on 12/02/2025 at 4:20 p.m. S2 DON (Director of Nursing) reported she was unable to find documentation Resident #131 received since a shower/bath since admission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8622 Line Avenue Shreveport, LA 71106	

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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on record review and interviews, the facility failed to maintain acceptable parameters of nutritional status by failing to follow up with the physician in a timely manner to implement the registered dieticians (RD) recommendation for 1 (#99) of 6 (#1, #16, #25, #86, #99 and #132) residents reviewed for nutrition. Findings:Review of Resident #99's medical record revealed an admission date of 08/28/2025 with the following diagnoses, not limited to, muscle wasting and atrophy, type 2 diabetes mellitus without complications, mild protein-calorie malnutrition, muscle weakness (generalized) and need for assistance with personal care.Review of Resident #99's weights revealed a significant 17.93% (33 pounds) weight loss in 73 days from dates 08/29/2025 (184 pounds) and 11/10/2025 (151 pounds).Review of Resident #99's physician orders for dates 09/01/2025 through 12/03/2025 failed to reveal recommendations from S7RD and S8RD were implemented:On 09/16/2025 S8 RD recommended: three times a day house shake supplements for 90 days.On 11/20/2025 S7RD recommended: two times a day house shake supplement to aid with oral intake. During an interview on 12/03/2025 at 11:02 a.m., S2DON (Director of Nursing) reported the recommendations by S7RD and S8RD for Resident #99 were not sent to S6NP (Nurse Practitioner).During an interview on 12/03/2025 1:22 p.m., S6NP reported she was not notified of Resident #99's weight loss or recommendations from S7RD and S8RD.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Spring Lake Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8622 Line Avenue Shreveport, LA 71106	
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on record reviews, observations, and interview, the facility failed to provide specialized care needs for the provision of respiratory care including tracheostomy care and tracheal suctioning, in accordance with professional standards of practice for 1 (#117) of 1 (#117) resident reviewed for respiratory care. The facility failed to date and store hand held nebulizer mask and tubing in a covered bag. Findings: Review of Facility's policy and procedure for oxygen administration revised February 2025 revealed in part: 6. Nebulizer tubing will be changed within 7-10 days, or if visibly soiled. 6. Store nebulizer equipment in a covered device (i.e. plastic bag, kangaroo pouch) between uses. Review of Resident #117's medical records revealed an admit date of 11/05/2025 with the following diagnoses, in part: severe persistent asthma uncomplicated and chronic systolic (congestive) heart failure. Review of Resident #117's physician's orders revealed an order dated 11/25/2025 for Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 mcg(microgram)/Act(actuation) (Budesonide-Formoterol Fumarate Dihydrate) 2 puffs inhale orally two times a day related to severe persistent asthma uncomplicated. Review of Resident #117's November 2025 medication administration record failed to reveal documentation respiratory mask and tubing were changed per policy. Observation on 12/02/2025 at 7:00 a.m. revealed Resident #117's hand held nebulizer mask and tubing sitting on bedside table, undated and not stored in a covered bag. Observation on 12/03/2025 at 7:50 a.m. revealed Resident #117's hand held nebulizer mask and tubing sitting on bedside table, undated and not stored in a covered bag. During an interview on 12/02/2025 at 7:50 a.m. S3 LPN (Licensed Practical Nurse) acknowledged Resident #117's hand held nebulizer mask and tubing was undated and not stored in a covered bag.</p>		