STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195213	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Courtyard of Natchitoches	708 Keyser Avenue Natchitoches, LA 71457

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety by failing to ensure refrigerated food items were covered, labeled, and stored with an open and discard date after opening. This deficient practice had the potential to affect the 87 residents that received meals served from the facility's kitchen.Findings: On 01/05/2026 at 8:50 a.m. observations of the facility kitchen accompanied by S14 Dietary, revealed the following:An unsealed, unlabeled package of smoked ham lunch meat;An unsealed bag of lettuce with brown discoloration, and the label on the lettuce was illegible due to moisture;Unpackaged, undated, loose cheese slices; andAn unpackaged, unlabeled block of cheese labeled with a discard date of 01/04/2026.Interview on 01/05/2026 at 08:55 a.m. with S14 Dietary confirmed the above findings. S14 Dietary confirmed that all food stored in the cooler should have been labeled and dated in sealed packages, but were not. S14 Dietary confirmed the expired cheese should have been discarded, but was not. Interview on 01/06/2026 at 9:30 a.m. with S4 Dietary confirmed the above findings. S4 Dietary confirmed that food stored in the facility refrigerator should have been covered or sealed, labeled with an open and discard date, and discarded according to the discard date, but was not.

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

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interviews and record reviews, the facility failed to provide education to the resident or resident representative and obtain consent from a resident's responsible party prior to administering the influenza vaccination for 1 (Resident #98) of 6 sampled residents reviewed for influenza vaccines.Findings: Review of the facility's policy titled, Pneumonia/Influenza Vaccinations with a revision date of 01/2025 revealed in part.Policy: In keeping with the policies of a hospital as a whole, the facility has adopted the following protocol regarding Pneumonia and Influenza vaccinations. 1. Contact Resident and Family and explain importance of vaccinations. 2. Obtain signed consent from resident and/or family. Review of Resident #98's clinical record revealed an admission date of 04/15/2015 with a re-entry date of 09/04/2025 with diagnoses that included in part.Chronic Kidney Disease, Stage 5; End Stage Renal Disease; Pneumonia, Schizophrenia; and Bipolar Disorder. Further review revealed Resident #98's Responsible Party was listed as her Health Care Proxy. Review of Resident #98's Significant Change MDS with an ARD of 09/10/2025 revealed a BIMS summary score of 03, which indicated severe intact cognition. Review of Resident #98's Physician's Orders revealed in part. start date-10/06/2025--Fluzone High-Dose Intramuscular Suspension Prefilled Syringe 0.5 ML (Influenza Virus Vaccine Split High-Dose Preservative Free. Inject 0.5 ml intramuscularly one time only for vaccine until 10/06/2025. Review of Resident #98's 10/2025 eMAR revealed Resident #98 was administered Fluzone High-Dose Influenza Virus Vaccine on 10/06/2025 at 1:00 p.m. Review of Resident #98's Care Plan read in part.Focus: Refuses vaccines: allergic to some components. Interventions: Assess for consent or refusal of vaccines upon admit and periodically with resident and responsible party (initiated: 08/08/2024). Focus: Short term memory deficit (date initiated: 08/08/2024). Intervention: assess mental status every shift and as needed; Reorient and redirect as needed. Review of Resident #98's Influenza Vaccination Request and Consent form dated on 10/10/2025 and signed by Resident #98's Responsible Party read in part.NO: I do not wish to receive the Influenza vaccine at this or any other time on an annual basis. Review of Resident #98's medical records revealed no documented evidence of a signed consent form signed by Resident #98 or her Health Care Proxy, a refusal of the vaccination, or education explaining the benefits/risks prior to Resident #98 receiving the Influenza vaccine on 10/06/2025. In an interview on 01/06/2026 at 2:37 p.m., S7 LPN stated that on 10/06/2025 she was given instructions from S5 IC Nurse to administer vaccinations to all the residents in the facility. S7 LPN stated she was given a list from S5 IC Nurse of all the residents who consented to receive the Influenza vaccine. S7 LPN confirmed she administered the Influenza vaccine to Resident #98 on 10/06/2025 but did not to ensure a consent was signed prior to administering the vaccine. In an interview on 01/06/2026 at 3:21 p.m., S2 ADON reviewed Resident #98's Influenza vaccination consent form dated 10/10/2025 and confirmed that Resident #98's Responsible Party signed the refusal after Resident #98 received the Influenza vaccination on 10/06/2025. In an interview on 01/07/2026 at 10:17 a.m., S5 IC Nurse acknowledged that an Influenza Vaccination consent/refusal and education should had been obtained for Resident #98 prior to administration of the vaccine on 10/06/2025, but was not.

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observations, interviews and record review the facility failed to ensure the interdisciplinary team assessed and determined if a resident was clinically appropriate for self-administration of medication for 1 resident of 1 (Resident #48) sampled residents. Total sample size was 28. Findings: Review of a facility policy titled Resident Self-Administration of Medications with a review date of 02/2025 revealed in part.Policy Explanation and Compliance Guidelines: 3. If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this responsibility. 4. The results of the interdisciplinary team assessment are recorded on the Self-Administration Assessment form, which is placed in the resident's medical record. Review of Resident #48's Clinical Record revealed an admit date of 05/12/2025 with diagnoses which included: Chronic Obstructive Pulmonary Disease, Primary Insomnia, Depression, and Nicotine Dependence. Review of Resident #48's Quarterly MDS with an ARD of 11/19/2025 revealed a BIMS score of 15, which indicated intact cognition. Resident #65 was independent for bed mobility, transfers, eating, and toileting. Review of Resident #48's care plan with a target date of 02/04/2026 and revision date of 11/06/2025 revealed in part .Focus: The resident has a physician's order for (unsupervised) self-administration of the following medications: Carboxymethylcellulose Eye drops (initiated 09/04/2025) Further review of the medical record revealed there were no physician's orders to allow Resident #48 to store any medications in the room at the bedside. Review of Self-Administration of Medication assessment form dated 08/19/2025 revealed Resident #48 was fully capable to self-administer eye drops. Topical medications (including patches) were not selected for Resident #48 being capable to self-administer. In an interview and observation on 01/05/2026 at 11:09 a.m. revealed Diclofenac Arthritis Cream placed on Resident #48's bedside table. Resident #48 stated she was running low on this cream and needed some more. In an interview and observation on 01/07/2026 at 11:13 a.m., Resident #48 stated she would like some more cream for her left side. Accompanied Resident #48 to her bathroom and observed Diclofenac Arthritis Cream, Nystatin Cream, and Hydrocortisone Cream placed on a table next to Resident #48's toilet. Resident #48 stated she administers the creams herself and that she got them from a nurse (didn't remember which nurse). Resident #48 stated a nurse would give her some cream in a medicine cup. In an observation and interview on 01/07/2026 at 12:19 p.m., S2 ADON accompanied surveyor to Resident #48's bedroom. S2 ADON confirmed that the Diclofenac Arthritis Cream, Nystatin Cream, and Hydrocortisone Cream should not be left unattended in Resident #48's bathroom. S2 ADON reviewed Self-Administration of Medications assessment with Surveyor and confirmed that Resident #48 was only allowed to self-administer eye drops and not topical creams.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, record review, and interview the facility failed to ensure the resident's right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences. The facility failed to ensure 1 (Resident #54) of 28 sampled residents was provided a wheelchair appropriate for her size. Findings: Review of Resident #54's medical record revealed an admit date of 02/26/2024 with diagnoses that included in part.Edema, Quadriplegia Unspecified, Acute Pain, Muscle Spasm, Central Cord Syndrome At Unspecified Level Of Cervical Spinal Cord, and Seizures.Review of Resident #54's Quarterly MDS with an ARD of 10/22/2025 revealed she had a BIMS score of 15 indicating intact cognition. The MDS revealed Resident #54 had bilateral upper and lower extremity impairments, and used a wheelchair for mobility. The MDS revealed Resident #54 required set up or clean up assistance with eating, and was dependent for 2 person assistance with personal hygiene, transfers and toileting.Review of Resident #54's care plan with a Target Date of 01/21/2026 revealed in part.1. The resident has limited physical mobility related to Central Cord Syndrome with interventions that included in part.Monitor/document/report PRN any signs and symptoms of immobility; contractures forming or worsening.2. The Resident is at risk for pressure ulcers/injuries with interventions that included in part.Avoid scratching and keep hands and body parts from excessive moisture. Use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface. Observation and interview on 01/05/2026 at 10:30 a.m. with Resident #54 revealed she was in her room sitting in a wheelchair. Resident #54 had no space between her hips and the sides of the wheelchair. Resident #54 stated her wheelchair was too small and was rubbing against her hips. Resident #54 stated she had notified S1 Administrator, over a month ago, that her wheelchair was too small because she had gained weight. Interview on 01/06/2026 at 9:00 a.m. with S10 CNA revealed Resident #54 had complained of her wheelchair being too small and rubbing against her hips. Interview on 01/06/2026 at 9:16 a.m. with S11 CNA revealed. Resident #54 had notified her over a month ago about her wheelchair being too small and it was hurting her hips. S11 CNA stated she notified S1 Administrator of Resident #54's complaint. S11 CNA stated S1 Administrator went to Resident #54's room and she showed her Resident #54's wheelchair was too small. Observation of Resident #54 on 01/06/2026 at 1:10 p.m. revealed 3 CNA assisting her from wheelchair via Hoyer lift onto her bed. Resident #54 observed to have redness and indentions to bilateral hips from pressing against the sides of her wheelchair. Observation and Interview on 01/06/2025 at 1:15 p.m. with S9 LPN in Resident #54's room confirmed Resident #54 had redness and indentions to bilateral hips from her wheelchair pressing against the side of her hips. Interview on 01/06/2026 at 1:30 p.m. with S12 RCNA revealed she had noticed Resident #54's wheelchair being too small for her. S12 RCNA revealed resident had edema sometimes and she had gained weight. Interview on 01/06/2026 at 1:35 p.m. with S13 PTA revealed residents are screened every 3 months and as needed. S13 PTA stated Nursing had not notified Therapy of Resident #54's wheelchair being too small. Interview on 01/06/2026 at 1:40 p.m. with S1 Administrator revealed she had filled out a requisition form and had sent it to the hospital for approval, so Resident #54 could get a bigger wheelchair. S1 Administrator stated the requisition had been cancelled (the hospital did not approve the new wheelchair). S1 Administrator confirmed no other measures had been implemented to obtain an appropriate sized wheelchair for Resident #54, and it should have.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure a resident's drug regimen was free from unnecessary medications by failing to have a documented medical condition and by failing to monitor for side effects and behaviors of psychotropic medications for 1 (Resident #8) of 5 residents reviewed for unnecessary medications.Findings: Review of a facility policy titled Antipsychotic Drug Use with a revision date of 02/02/2017, revealed in part.Policy: Residents of our facility will not receive unnecessary anti-psychotic drugs.Procedure: Behaviors for which anti-psychotics drugs should not be used include: Insomnia.Review of Resident #8's medical chart revealed an admission date of 07/24/2025 with diagnoses that included in part.Other Unspecified Anxiety Disorder, Insomnia, and Blindness of Both Eyes.Review of Resident #8's Quarterly MDS with an ARD of 10/15/2025 revealed a BIMS score of 6 indicating severe cognitive impairment. The MDS revealed Resident #8 had received an Anti-psychotic with no indication noted.Review of Resident #8's care plan with a Target Date of 01/14/2026 revealed in part.The Resident uses psychotropic medications (Seroquel), with interventions that included in part.Administer psychotropic medications as ordered by physician. Monitor for side effects and effectiveness every shift.Review of Resident #8's physician orders for 01/2026 revealed in part.Seroquel Oral tablet 25 MG by mouth at bedtime related to Insomnia, Unspecified with a start date of 08/03/2024.Review of a facility form dated 09/21/2025 and titled, Medication Drug Review' revealed in part.Resident #8, no supporting diagnoses for current medication Seroquel-3rd request. The form was signed by S15 DON on 09/22/2025.Review of a facility form dated 09/21/2025 and titled, Doctor Report revealed in part.After reviewing this resident's drug regimen we found the following items that must be addressed: Resident is on Seroquel Therapy-Please select one of the following acceptable diagnoses: Bipolar. Formed signed by the Pharmacist on 09/21/2025 and the Physician and S15 DON on 10/2025.Interview and record review on 01/07/2026 at 11:41 a.m. of Resident #8's medication drug review with S2 ADON revealed the consultant pharmacist requested for Resident #8's psychotropic medication (Seroquel) to be updated to reflect a supporting diagnosis. S2 ADON confirmed that Resident #8's medical chart was not updated to reflect the diagnosis of Bipolar, in which the physician had written in 10/2025; and the facility was not monitoring Resident #8 for any side effects or behaviors of psychotropic medications, but should have been.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on record review and interview, the facility failed to refer a resident with a newly diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 1 (Resident #11) of 3 residents investigated for PASARR in a final sample of 28 residents.Review of facility policy titled Resident Assessment - Coordination with PASARR Program with review date of 01/2025 read in part. This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure the individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. 6. The Social Services Director shall be responsible of keeping track of each residents PASARR screening status, and referring to the appropriate authority. 8. Any level II resident who experiences a significant change in status will be referred promptly to the state mental health or intellectual disability authority for additional resident review. Review of Resident #11's demographic sheet revealed an initial admission date of 11/27/2024 with a diagnosis that included Personal History of other Mental and Behavioral Disorders, Anxiety Disorder, and Major Depressive Disorder. Resident #11 had a diagnosis of Delusional Disorder with onset date of 03/27/2025 and Schizoaffective Disorder, Depressive type, with onset date of 05/13/2025. Review of Resident #11's Annual MDS with ARD 11/05/2025 revealed in part. Resident #11 had a BIMS score of 13, indicating intact cognition.Review of Resident #11's medical record revealed a document titled OBH-PASRR Level II Evaluation Summary & Determination Notice dated 11/15/2024. Document read in part. The Individual does not have a serious mental illness, and a level II is not required. Applicant has a diagnosis of Anxiety and Depression. There was no intensive behavioral health treatment reported. Review of Resident #11's medical record revealed Resident was sent out of the facility on 03/13/2025 for psychiatric evaluation due to a change in mental status. Further review revealed Resident #11 had an inpatient psychiatric admission from 03/13/2025 through 03/27/2025. Further review of Resident #11's record revealed there was no evidence that a new review or a Level II PASARR had been submitted to the appropriate state-designated authority after the new diagnosis of Delusional Disorder on 03/27/2025 or Schizoaffective Disorder on 05/13/2025.In an interview on 01/06/2026 at 10:38 a.m. S6 SSD revealed she was responsible for sending referrals to the appropriate state-agencies for Level II PASARR evaluations. S6 SSD reviewed Resident #11's diagnoses list at this time and confirmed Resident #11 had new diagnoses of Delusional Disorder and Schizoaffective Disorder since the last Office of Behavioral Health (OBH) PASRR Level II Evaluation. S6 SSD confirmed the facility did not send a new referral for Resident #11 to the appropriate state-agency for a Level II Evaluation after new diagnoses of Delusional Disorder and Schizoaffective Disorder, and should have.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, record review, and interview the facility failed to provide care and services that met professional standards of quality by failing to ensure physician's diet orders were followed for 1 (Resident #48) of 1 sampled residents. Total sample size was 28. Findings: Review of Resident #48's Clinical Record revealed an admit date of 05/12/2025 with diagnoses which included: Chronic Obstructive Pulmonary Disease, Primary Insomnia, Depression, and Nicotine Dependence. Review of Resident #48's Quarterly MDS with an ARD of 11/19/2025 revealed a BIMS score of 15 indicating intact cognition. Resident #65 was independent for bed mobility, transfers, eating, and toileting. Review of Resident #48's 01/2026 Physician Orders revealed the following, in part:10/22/2025-Regular diet, Regular texture, Regular/Thin consistency-Single cup sips only no straws, no dry or particulate food (bread, rice, etc) for having swallowing problems Review of Resident #48's Care Plan read in part: The resident has Aspiration *NO straws, bread, or rice* (initiated 10/24/2025). Review of Resident #48's Physician Progress notes dated 10/22/2025 read in part: Resident #48 had MBS (Modified Barium Swallow Study) since last encounter revealing she had some aspiration of liquids but improved when avoiding straws and if single cups sips only and avoiding dry or particulate foods such as breads and rice. Review of Resident #48's Change in Diet Form dated 10/22/2025 read in part: Special Request: Sips only from cups, no straws, or particulate food (bread, rice, etc.,) An observation and interview on 01/05/2026 at 11:09 a.m. revealed Resident #48 preparing to eat lunch. Lunch tray revealed a BLT sandwich. Resident #48 stated oh yea I'll eat this. Resident #48 stated she always gets a BLT sandwich during meal service because that's all she'll eat. An observation and interview on 01/07/2026 at 8:30 a.m., Resident #48 stated she does have trouble swallowing at times and is always served bread on her sandwiches during meal service. Resident #48 stated she doesn't know why she's always served bread since she can't eat it. An observation and interview on 01/07/2026 at 11:13 a.m. revealed mashed potatoes, bread, and baked turkey on Resident #48's lunch tray. Meal ticket observed which stated Regular. Resident #48 stated see they served me this bread again. Interview on 01/07/2026 at 11:19 a.m., S7 LPN stated Resident #48 was on a regular diet and that anytime a diet is changed, staff completes a change of diet form, and sends it to dietary staff so the meal ticket can reflect the new diet order. This surveyor accompanied S7 LPN to her computer and reviewed physician diet orders. S7 LPN acknowledged that the physician orders specified No bread, rice, or straws for Resident #48. S7 LPN confirmed that Resident #48 was served bread during meal services and shouldn't be. Interview on 01/07/2026 at 11:33 a.m., S2 ADON acknowledged Resident #48's current physician orders stated No bread, rice, or straws. S2 ADON stated that anytime a resident's diet is change, staff updates, and sends a change of diet form to dietary, and then it's uploaded on the resident's meal ticket. S2 ADON confirmed that Resident #48 shouldn't have been served bread during meal services and that Resident #48's meal ticket did not reflect current physician diet orders but should have. Interview on 01/07/2026 at 12:06 p.m., S4 Dietary stated when a change in diet form is completed and uploaded in the hospital portal, the changes should reflect on the meal ticket. S4 Dietary confirmed that Resident #48 is served bread every day and doesn't believe Resident #48 signed a waiver. Interview on 01/07/2026 at 12:50 p.m., S3 ST revealed that Resident #48 was not cleared by a physician to eat bread and she had a previous MBS study done which indicated she is not to be served bread, rice, or have straws.

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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 observation, interview, and record review, the facility failed to ensure all drugs and biologicals were stored in a secure manner by failing to ensure medications were not left at the bedside for 1 (Resident #48) resident of 28 sampled residents.Findings: Review of Resident #48's Clinical Record revealed an admit date of 05/12/2025 with diagnoses which included: Chronic Obstructive Pulmonary Disease, Primary Insomnia, Depression, and Nicotine Dependence. Review of Resident #48's Quarterly MDS with an ARD of 11/19/2025 revealed a BIMS score of 15, which indicated intact cognition. Resident #65 was independent for bed mobility, transfers, eating, and toileting. Further review of the medical record revealed there were no physician's orders to allow Resident #48 to store any medications in the room at the bedside. In an interview and observation on 01/05/2026 at 11:09 a.m. revealed Diclofenac Arthritis Cream placed on Resident #48's bedside table. Resident #48 stated she was running low on this cream and needed some more. In an interview and observation on 01/07/2026 at 11:13 a.m., Resident #48 stated she would like some more cream for her left side. Accompanied Resident #48 to her bathroom and observed Diclofenac Arthritis Cream, Nystatin Cream, and Hydrocortisone Cream placed on a table next to Resident #48's toilet. Resident #48 stated that she got them from the nurse (didn't remember which nurse). Resident #48 stated one nurse would give her some cream in a medicine cup. In an observation and interview on 01/07/2026 at 12:19 p.m., S2 ADON accompanied surveyor to Resident #48's bedroom. S2 ADON confirmed that the Diclofenac Arthritis Cream, Nystatin Cream, and Hydrocortisone Cream should not be left unattended in Resident #48's bathroom.

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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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review, the facility failed to honor and accommodate food preferences for 2 (Resident #5 and Resident #29) of the 7 residents reviewed for dining. The deficient practice had the potential to affect 87 residents who consumed meals from the kitchen.Review of facility policy titled Promoting/Maintaining Resident Self-Determination dated 04/2025 read in part. It is the practice of this facility to protect and promote resident rights by facilitating resident self-determination through support of resident choice. The facility will ensure that each resident has the opportunity to exercise his/her autonomy regarding those things that are important in his/her life such as interest and preferences. 9. The facility will accommodate the resident preferences to the extent possible and as agreed upon by the resident sponsor and physician. Resident #5Review of Resident #5's electronic medical record revealed an initial admission date of 06/09/2016 with diagnoses that included, in part, Type 2 Diabetes Mellitus without complications, Anxiety Disorder, and Essential Primary Hypertension.Review of Resident #5's Annual MDS with ARD 11/5/2025 revealed in part. Resident #5 had a BIMS score of 15, indicating intact cognition. An observation on 01/06/2026 at 11:28 a.m. revealed Resident #5 sitting up in her wheelchair in her room with a lunch tray present in front of her. Resident #5's plated meal included chicken pasta with a white cream sauce, broccoli, and garlic breadstick. Resident chicken pasta was observed untouched by Resident #5. In an interview on 01/06/2026 at 11:28 a.m. Resident #5 revealed she does not like meat in her pasta and would not eat her chicken pasta with white cream sauce. Review of Resident #5's meal ticket on lunch tray at this time read in part. Dislikes: beef and meat in pasta. On 01/06/2026 at 11:32 a.m. S8 LPN accompanied the surveyor to Resident #5's room. S8 LPN confirmed that Resident #5 had a dislike of meat in pasta on her meal ticket. S8 LPN confirmed Resident #5 was served food that did not honor her preferences and should not have been. In an interview on 1/06/2026 at 11:40 a.m., review of Resident #5's meal ticket and the above findings were discussed with S1 Administrator. S1 Administrator acknowledged Resident #5 was served food that did not honor her preferences and should not have been.Resident #29Review of Resident #29's electronic medical record revealed an initial admission date of 09/04/2024 with diagnoses that included, in part, Multiple Myeloma and Chronic Kidney Disease. Review of Resident #29's Annual MDS with ARD 12/5/2025 revealed in part. Resident #29 had a BIMS score of 15, indicating intact cognition.An observation on 01/06/2026 at 11:16 a.m. revealed of Resident #29 eating lunch in dining area. Resident #29 observed to be eating well, with the exception of the broccoli plated. Interview with Resident #29 at this time revealed that he did not like broccoli and did not eat it. Review of Resident #29's meal ticket on his lunch tray at this time read in part . Dislikes: Broccoli. The resident did not have an alternate vegetable served to him at this time.In an interview on 01/06/2026 at 11:17 a.m. review of Resident #29's meal ticket and meal tray with S9 LPN. S9 LPN confirmed that Resident #29's meal ticket listed broccoli as a dislike. S9 LPN confirmed that the Resident was served food that did not honor his preferences and should not have been. In an interview on 01/06/2026 at 11:25 a.m. S1 Administrator confirmed Resident #29 was served food that did not honor his preferences and should not have been.