STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195326	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Iberia Manor South	600 Bayard St New Iberia, LA 70560

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on record review and interview, the facility failed to ensure the grievances the resident group voiced in regards to the food that was being served were acted upon and resolved. Review of the monthly resident council meeting minutes dated from 01/13/2025 to 07/03/2025 revealed there were complaints that the food was cold, improperly cooked, and portion sizes were small. On 07/22/2025 at 10:10 a.m. during the resident council meeting, the residents in attendance stated the food issues were not addressed and was worse. The residents complained the food was served uncooked, cold, and the meat was tough. The residents in attendance were Resident #4, #11, #16, #39, #50, #66, #69, #85, #87, and #90. During the resident council meeting on 07/22/2025 at 10:10 a.m., S15AD (Activity Director) was present during the meeting per the residents' request. S15AD confirmed the complaints about the food had been ongoing since 01/13/2025 to present date.

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
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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on record review and interview, the facility failed to provide evidence that Resident #7's grievance was reported and investigated for 1 (#7) out of 36 sampled residents. Resident #7. On 07/21/2025 at 12:41 p. m., the resident stated that about 6 months ago when he was admitted to the facility his wallet was stolen. The resident stated that his wallet contained 350 dollars, driver's license and social security card. The resident stated he reported it to the administrative staff. The resident stated that no one has followed up with him concerning his stolen wallet. The resident stated that he does not know if there was an investigation. Review of the resident's general nurses notes dated 10/27/2024 at 11:30 a.m. revealed, Resident reported theft of a wallet (containing: bank card, social security card, driver's license, insurance card and $350.00 cash) and a pair of sunglasses. He says that this occurred the first week he got here . On 07/23/2025 at 3:00 p.m., an interview was conducted with S16RN (Registered Nurse). S16RN stated she remembers the resident reporting to her that his wallet with money and cards were stolen when he was on the rehabilitation side of the facility. S16RN stated she does not remember if she reported the grievance to anyone.On 07/23/2025 at 3:15 p.m., an interview was conducted with S1ADM (Administrator). S1ADM stated she was aware of the grievance and that she would look for documentation addressing the grievance. S1ADM did not provide evidence the resident's grievance was addressed and investigated by the time of the exit conference on 07/23/2025 at 5:45 p.m.

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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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement physician's orders by failing to change the dressing on a peripherally inserted central catheter site for 1(#56) of 5 (#9, #11, #43, #56, and #58) residents investigated for infections.Resident #56 was admitted to the facility on [DATE], with diagnoses which included, but were not limited to, urinary tract infection, extended beta lactamase (ESBL) resistance, and enterococcus as the cause of diseases.Review of physician's orders revealed an order written on 07/11/2025 to change midline dressing following technique and apply BIO (round antimicrobial dressing used to prevent infections at catheter insertion sites) patch every day shift every Fri (Friday).On 07/21/2025 at 10:54 a.m., an observation was made of Resident #56. The resident had a midline catheter with an exit site on her left arm which was dated 07/11/2025. Further observation revealed a sign taped over the residents bed which read, midline was inserted 07/11/2025.On 07/21/2025 at 3:27 p.m., an interview was conducted with S3ADONIP (Assistant Director of Nursing/Infection Preventionist). She confirmed that Resident #56's midline dressing was dated 07/11/2025. She further stated the dressing should have been changed on 07/18/2025 and was not.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure nursing staff provided services reflecting accepted standards of quality care as evidenced by medications being left at the bedside for 3 residents (#17, #84 and #90) out of a finalized sample of 36 residents. Resident #17:Resident #17 was admitted to the facility on [DATE], with diagnoses which included, but were not limited to history of falling and allergic rhinitis.Review of Resident #17's admission Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating the resident's cognitive function was intact.Review of physician's orders revealed an order written on 07/14/2025 for Zyrtec allergy oral tablet 10 mg (Cetirizine HCL [hydrochloride]) give 10 mg (milligrams) by mouth one time a day for allergic rhinitis. On 07/21/2025 at 10:38 a.m., an observation and interview was conducted with Resident #17. An oval shaped white pill was observed on the resident's bed. The resident picked up the pill and stated that it was her pill that the nurse had given her. The resident stated that she did not sign a form to be able to self-administer her medications. The resident put her call light on to call the nurse.On 07/21/2025 at 10:38 a.m., an interview and observation of the pill was conducted with S4LPN (Licensed Practical Nurse). She stated it was Resident #17's Zyrtec, and confirmed it should not have been left in the resident's room. Resident #84:Resident #84 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to history of falling, other fracture of head and neck of left femur, and aftercare following joint replacement surgery.Review of Resident #84's admission Minimum Data Set (MDS) assessment dated [DATE] revealed in Section C, a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment.Review of Resident's EHR revealed no signed document that she was able to self-administer her medications.Review of Resident #84's physician's orders revealed an order written on 06/27/2025 for Cholecalciferol (Vitamin D3) oral tablet 25mcg (microgram) (1000 UT [units]) (Cholecalciferol) Give 1000 unit orally one time a day for vitamin deficiency related to vitamin deficiency, unspecified.On 07/21/2025 at 10:17 a.m., an observation was made of Resident #84 in her room. A whitish round pill was noted on the over bed table in the corner of the resident's room. On 07/21/2025 at 10:19 a.m., an observation and interview was conducted with S4LPN. She stated the pill looked like Resident #84's Vitamin D because it had no writing on it. S4LPN took the pill and walked to her medication cart then returned and stated the pill matched Resident #84's Vitamin D in her cart. She stated she didn't know how the pill got to the resident's over bed table and was not supposed to be left in her room.Resident #90Resident #90 was admitted to the facility on [DATE] with pertinent diagnoses, including but not limited to bipolar disorder, depression, dysphagia following cerebral infarction and shortness of breath. Review of Resident #90's quarterly MDS assessment dated [DATE] revealed a BIMS score of 13 indicating the resident's cognition was intact. Review of Resident #90's July 2025 physician's orders revealed an order dated 06/03/2025 for Albuterol Sulfate Inhalation Aerosol Solution 108 (90 Base) MCG/ACT(microgram/actuation) (Albuterol Sulfate) 2 puff inhale orally every 4 hours as needed for SOB. Review of nursing progress notes revealed an entry on 07/17/2025 per S10LPN read: RP called the facility and stated that her brother (Resident #90) needs assistance with getting inhaler from jacket pocket. Nurse went into the room and grabbed inhaler from jacket pocket and handed it to the resident.On 07/21/2025 at 2:19 p.m., an observation was made of Resident #90 propelling himself in his wheelchair towards his room to get his Albuterol inhaler. An observation was made of Resident #90 grabbing his inhaler from his window seal in his room.On 07/22/2025 at 10:01 a.m., an observation was made of Resident #90's resident's Albuterol inhaler located on the resident's window seal in his room.On 07/23/2025 at 4:15 p.m., an interview was conducted with S18LPN who confirmed Resident #90 kept his Albuterol inhaler on him and stated the S11MDS (Minimum Data Set Nurse) would provide the documentation supporting the resident had been assessed to safely administer his Albuterol inhaler.On 07/23/2025 at 5:30 p.m., during exit conference, S11MDS (Minimum Data Set Nurse) confirmed the facility did not have documented evidence that Resident #90 was assessed to safely self-administer his Albuterol inhaler.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the residents received all care and treatment in accordance with professional standards of practice by failing to inform the resident's physician/nurse practitioner that resident (#4), who has a diagnosis of Heart Failure, was having difficulty breathing and had a low O2 sat (oxygen saturation- the amount of oxygen circulating in blood) reading of 88% for 1 (#4) out of 4 (#4, #7, #13, #92) residents investigated for hospitalizations out of a total sample of 36 residents.Resident #4. Review of the resident's electronic clinical record revealed the resident was admitted to the facility on [DATE]. The resident's diagnoses included Hemiplegia and Hemiparesis following Cerebral Infarction, Heart Disease, Heart Failure, Hepatitis C, and Diabetes. Review of the resident's significant change MDS (Minimum Data Set) dated 06/12/2025 revealed the resident's BIMS score was 14 for being cognitively intact. Further review of the MDS revealed the resident had respiratory issues that included COPD (Chronic Obstructive Pulmonary Disease). Review of the resident's weekly vital sign log revealed the resident's vital signs on 03/19/2025 was, temperature 98.1; blood pressure 150/72; pulse 56; respirations 18; and oxygen saturation was 96%. Review of the resident's general nurses notes dated 03/24/2025 at 1:06 p.m. revealed, Resident left with . driver for appt (doctor's appointment) with 2L (liters) of oxygen applied r/t (related to) hypoxia. Review of the resident's general nurses notes dated 03/24/2025 at 2:56 p.m. revealed, Spoke with RP (Responsible Party) . RP is at . appt with resident and RP explained that the nurse from (doctor's appointment) recommended resident to go to hospital. RP wants resident to be transferred to (hospital) . Review of the resident's general nurses notes dated 03/24/2025 at 9:17 p.m. revealed, Received report from (nurse at the hospital) in ER (Emergency Room). Nurse reported to writer that resident presented with SOB (Shortness of Breath) to ER . is in fluid overload. Resident is breathing slower than when first entering the ER . Review of the resident's ED (Emergency Department) provider notes dated 3/24/2025 at 5:09 p.m. revealed, .chief complaint: patient presents with Shortness of Breath onset this AM and BLE (bilateral lower extremity) edema for 1 week. [AGE] year-old male with a history of chronic kidney disease as well as cirrhosis presents to the emergency department because of increased shortness of breath and swelling of the lower extremities and abdomen. Patient has chronic kidney disease reports that over the past 2 to 3 days has had increased swelling and increased shortness of breath . On 07/23/2025 at 10:55 a.m., an interview was conducted with S13TD (Transportation Driver). S13TD stated she remembers transporting Resident #4 to his scheduled doctor's appointment. S13TD remembers the resident was having shortness of breath and noticed that he had his oxygen with him. S13TD stated she encouraged the resident to use his oxygen. S13TD stated that no one reported to her the resident was having trouble breathing that day. On 07/23/2025 at 12:55 p.m., an interview was conducted with S12LPN (Licensed Practical Nurse). S12LPN stated the day the resident was transported to his doctor's appointment that she remembers the resident's O2 saturation being low. S12LPN stated the resident normally has an O2 saturation of 96% and on that day it was 88%. S12LPN stated she applied oxygen at 2 liters for his low O2 saturation. S12LPN stated she did not document the resident's O2 saturation or an assessment of the resident's condition prior to him going out to his scheduled doctor's appointment and stated that she should have. S12LPN stated she did not report the resident's low O2 saturation to the nurse practitioner. On 07/23/2025 at 2:11 p.m., an interview was conducted with S11MDS (Minimum Data Set). S11MDS reviewed the resident's electronic clinical record and confirmed that there was no evidence of the resident's clinical condition prior to being transported to his scheduled doctor's appointment. S11MDS stated the nurse should have documented the resident's condition. On 07/23/2025 at 3:30 p.m., an interview was conducted with S2DON (Director of Nursing). S2DON reviewed the resident's electronic clinical records and confirmed there was no evidence of the resident's condition prior to being transported to his scheduled doctor's appointment and there should have been. S2DON confirmed there was no evidence the physician or nurse practitioner was informed of the resident's condition prior to being transported to the doctor's appointment.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents' environment remained free of accident hazards, by failing to lower and lock beds for 2 (#17 and #84) of 3 (#10, #17, and #84) residents investigated for accidents.On 07/23/2025, a review of the facility's policy titled, Fall Prevention Program with a last review date of 06/18/2025, read in part.All residents will be assessed for the risk for falls at the time of admission, on a quarterly basis.Based on the results of this assessment, interventions will be implemented to minimize falls, avoid repeat falls and minimize falls resulting in significant injury. 3. The following is a list of commonly used interventions that may be considered to minimize falls and injury.c. Bed maintained in low position.Resident #17:Resident #17 was admitted to the facility on [DATE], with diagnoses which included, but were not limited to history of falling, fracture of left pubis, and aftercare following joint replacement surgery.Review of a therapy screen dated 07/02/2025, revealed safety awareness/safety concerns: Resident has had a change in level of safety awareness and has a potential for safety concerns to develop. Fall risk status: Resident is a fall risk.On 07/21/2025 at 10:38 a.m., an observation was made of Resident #17. A yellow falling star was observed outside the resident's room indicating she was at risk for falls. Resident #17 was in her bed and sat up as surveyor entered room. Further observation revealed the red lever on the resident's bed was up and the green down.On 07/21/2025 at 10:39 a.m., an interview and observation of Resident #17's bed was conducted with S4LPN. She confirmed the bed was not locked and should have been. S4LPN further stated that the bed is locked when the red lever is down and the green up.Resident #84:Resident #84 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to history of falling, other fracture of head and neck of left femur, and aftercare following joint replacement surgery.Review of Resident #84's care plan revealed a focus area dated 06/30/2025 the resident is at risk for falls r/t (related to) history of falls.Interventions included place bed in lowest position. On 07/21/2025 at 10:17 a.m., an observation and interview conducted with Resident #84. There was a yellow falling star posted outside the resident's room indicating she was a fall risk. The resident was lying on her lifter pad in bed, and the bed was in the highest position. There was a hoyer lift at the resident's bedside, but no staff was present. Resident #84 stated staff had been in her room to get her up for therapy, but left.On 07/21/2025 at 10:19 a.m. , an observation and interview was conducted with S4LPN (Licensed Practical Nurse). She confirmed the resident's bed was left on the highest position. S4LPN stated that the resident's bed should not have been left on the highest position.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure that residents who require dialysis receive such services, consistent with professional standards of practice, by failing to ensure ongoing communication and collaboration with the dialysis facility regarding dialysis care and services for 1 (#37) of 1 (#37) resident investigated for dialysis.On 07/23/2025, a review of the facility's dialysis protocols with a reviewed date of 07/11/2025 read in part.2. Implement dialysis communication regarding plan of care. Resident #37 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to end stage renal disease and dependence on renal dialysis. Review of Resident #37's July 2025 Physician's orders revealed an order written on 06/30/2025 for Resident #37 to receive dialysis 3 days a week on Monday, Wednesday, and Friday at a dialysis provider center. Review of Resident #37's dialysis communication sheets between the facility and the dialysis provider revealed the following:06/27/2025 the form was missing pre-dialysis information for meal provision and condition alert.06/30/2025 the resident specific pre-dialysis information for medication administered, meal provision, and condition alert were left blank. 07/07/2025 there was no resident specific pre-dialysis information and the form was not signed.07/09/2025 there was no resident specific pre-dialysis information and the form was not signed by facility staff.07/11/2025 there was no resident specific pre-dialysis information.07/14/2025 there was no resident specific pre- dialysis information07/16/2025 there was no resident specific pre-dialysis information and the form was not signed. 07/18/2025 there was no form for that date07/21/2025 there was no form for that date.On 07/23/2025 at 8:30 a.m., an interview was conducted with S2DON (Director of Nursing). She confirmed the missing information and stated that she would check the facility's policy.On 07/23/2025 at 8:59 a.m., an interview was conducted with S5LPN (Licensed Practical Nurse). She confirmed the missing information and forms. She stated that the form was to be completed with vital signs, whether they ate, refused meal or was sent with a snack, and whether they are awake, alert, oriented. S5LPN also stated when the resident returned from dialysis, the assigned nurse should have checked the section filled out by the dialysis agency, then signed the form. S5LPN further stated the form must be completed because that's how they communicate with the dialysis provider. On 07/23/2025 at 9:47 a.m., S5LPN provided the form for 07/21/2025 and stated she took it off the fax machine.On 07/23/2025 at 10:35 a.m., a follow up interview was conducted with S2DON. She stated that she reviewed the dialysis protocols and the communication sheets were supposed to have been completed and signed by the nurse per the facility's protocol.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure food was served to residents that was palatable, attractive, and at a safe and appetizing temperature for 3 (#4, #7, #37) out 3 (#4, #7, #37) residents investigated for food out of a total sample of 36 residents1. Resident #4. On 07/21/2025 at 11:43 a.m., the resident stated that he did not like the way the food was prepared. On 07/22/2025 at 10:10 a.m. during the resident council meeting, the resident stated the food was served cold and the portion sizes were too small. 2. Resident #7. On 07/21/2025 at 12:47 p.m., the resident stated the food was not good, not seasoned, the meat was tough, and the portion sizes were for a child. On 07/22/2025 at 8:55 a.m., S14CNA (Certified Nursing Assistant) was observed picking up the resident's breakfast tray out of his room. On 07/22/2025 at 9:08 a.m., an interview was conducted with S14CNA. She stated the resident did not eat his meals because he did not like the food that was served. 3. Resident #37: Resident #37 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, unspecified severe protein-calorie malnutrition, and end stage renal disease. Review of Resident #37’s admission Minimum Data Set (MDS) dated [DATE] revealed in “Section C” that she had a Brief Interview for Mental Status of 14, indicating her cognition was intact. Further review revealed in “Section K” that the resident had complaints of difficulty or pain when swallowing. Review of Resident #37’s Physician’s Orders revealed she was on a renal diet, regular texture, thin consistency. On 07/21/2025 at 12:11 p.m., an observation was made of Resident #37 during lunch. The resident received a dinner roll, a hamburger patty and steamed vegetables on her plate. The hamburger patty looked burnt and hard and Resident #37 was observed struggling to cut it. On 07/21/2025 at 12:11 p.m., S4LPN (Licensed Practical Nurse) tried cutting the hamburger on Resident #37’s plate and stated that she would not serve that hamburger to anyone. S7CNA (Certified Nursing Assistant) also tried cutting the resident’s hamburger and stated that it was hard and she would not serve it to anyone. On 07/21/2025 at 12:19 p.m. S6RD (Registered Dietician) cut Resident #37’s hamburger patty with a metal knife and fork and told S1ADM (Administrator) who was called to the dining room that the meat was hard and dry.

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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 observations, and interview, the facility failed to store food in accordance with professional standards for food service, and ensure sanitary conditions were maintained in the kitchen as evidenced by: opened food items in the walk in cooler not labeled with the date and time; thick layer of debris and food residue on the deep fryer cooking oil collection area; andexposed facial hairThe facility had a census of 84 residents.Findings:On 07/21/2025, a review of the facility's policy titled, Food Receiving and Storage, with a last revision date of 06/23/2025, revealed in part. Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. Policy Interpretation and Implementation:.8. All food stored in the refrigerator or freezer will be covered, labeled and dated (use by date).On 07/21/2025, a review of the facility's policy titled, Refrigerator and Freezer, with a last reviewed date of 06/25/2025, revealed in part.Policy Statement: This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. Policy Interpretation and Implementation.7. Use by dates will be completed with expiration dates on all prepared food in refrigerators.On 07/21/2025, a review of the facility's policy titled, Dietary Employee Dress Code, with a last revision date of 07/03/2025, revealed in part.Protocol: All employees will wear approved attire to perform their assigned duties. Procedure: 1. All staff will have their hair off their shoulders, confined in a hairnet or cap-facial hair covered properly.a. According to the Food Code, food service staff must wear hairnets when cooking, preparing, or assembling food, such as stirring pots or assembling the ingredients of a salad.On 07/21/2025 at 9:09 a.m., a tour of the facility's kitchen was conducted with S8DA (Dietary Aide), who stated that she was the in charge for the day shift.On 07/21/2025 at 9:25 a.m., an observation of the walk in cooler was conducted with S8DA and revealed the following items were opened and not labeled with the date and time they were opened nor the use by date: large container of minced garliclarge container of mayonnaiselarge container of cherrieslarge container of mustardlarge block of margarineplastic gallon bag of shredded carrotsplastic gallon bag of green bell pepperplastic gallon bag of celeryplastic gallon bag of onionsplastic gallon bag of baconplastic gallon bag of apple slicesplastic gallon bag of cinnamon rollsplastic gallon bag of sliced cheddar cheese(2) large containers of green grapes S8DA confirmed the food items listed above were opened, and not labeled with the date and time they were opened nor the use by date, and should have been. On 07/21/2025 at 9:36 a.m., an observation of the deep fryer was conducted with S8DA that revealed the cooking oil collection area had a thick layer of debris, and large pieces of fried food material. S8DA stated the deep fryer was last used sometime last week, and confirmed that is was not cleaned after it was used and should have been. On 07/21/2025 at 10:39 a.m., S9COOK was observed in the kitchen with facial hair exposed while he was preparing to puree the lunch meal. S9COOK confirmed that his facial hair should be covered and was not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195326	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Iberia Manor South	600 Bayard St New Iberia, LA 70560

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility failed to provide a sanitary and homelike environment for 1 (#9) out of 36 sampled residents.Resident #9. On 07/21/2025 at 10:23 a.m., the resident was observed siting up in bed in his room. During this observation, a suction canister was observed on the resident's dresser. There was drainage noted in the canister. The resident stated that the suction canister had been on the dresser for days. On 07/21/2025 at 10:24 am, S17LPN (Licensed Practical Nurse) entered the room and observed the canister on the dresser. S17LPN stated she did not know how long the canister had been on the dresser and that it should have been discarded. On 07/23/2025 at 10:33 a.m., an interview was conducted with S2DON (Director of Nursing). S2DON stated the facility did not have a policy and procedure on suction equipment but stated the canister should have been changed out.