| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 195346 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Willow Ridge Nursing and Rehabilitation Center,llc | 660 Factory Outlet Drive<br>Arcadia, LA 71001 |

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 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>Based on record reviews and interview, the facility failed to inform and provide written information to formulate an advance directive for 5 (#2, #8, #23, #71, #116) out of 5 residents reviewed for advance directives. Findings:Review of Resident #2's medical records revealed an admit date of 02/17/2025. Further review of Resident #2's Resident Rights/Advanced Directive form dated 02/17/2025 failed to provide written information to formulate an advance directive. Review of Resident #8's medical records revealed an admit date of 04/08/2025. Further review of Resident #8's undated Resident Rights/Advanced Directive form signed by representative failed to provide written information to formulate an advance directive. Review of Resident #23's medical records revealed an admit date of 10/30/2024. Further review of Resident #23's Resident Rights/Advanced Directive form dated 04/29/2024 failed to provide written information to formulate an advance directive. Review of Resident #71's medical records revealed an admit date of 03/24/2022. Further review of Resident #71's Resident Rights/Advanced Directive form dated 03/23/2022 failed to provide written information to formulate an advance directive. Review of Resident #116's medical records revealed an admit date of 10/02/2024. Further review of Resident #116's Resident Rights/Advanced Directive form signed on 10/02/2024 failed to provide written information to formulate an advance directive. During an interview on 09/16/2025 at 2:15 p.m. S8Admissions Director acknowledged Residents #2, #8, #23, #71, and #116's Resident Rights/Advanced Directive forms failed to include and provide written information to formulate an advance directive. |

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 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident?s drug regimen must be free from unnecessary drugs.<br><br>Based on record review, observation and interviews the facility failed to ensure each resident's drug regimen was free from unnecessary drugs for 1 (#8) of 2 (#8, #80) residents reviewed for infections. The facility failed to ensure Resident #8's Tobramycin ophthalmic medication was stopped after indication for use was resolved. Findings:Review of Resident #8's medical record revealed an admission date of 04/08/2025 with diagnoses that included, in part, hordeolum externum left eyelid, type 2 diabetes mellitus without complications, and end stage renal disease. Review of Resident #8's physician orders revealed a 05/13/2025 order for Tobramycin opthalmic ointment 0.3% - Instill 0.5 drop in left eye every 8 hours for hordeolum externum left upper eyelid. Review of Resident #8's May, June, July, August, and September 2025 Medication Administration Records (MAR) revealed Resident #8 continued to receive Tobramycin ophthalmic ointment from the order dated 05/13/2025 until 09/17/2025. Review of Resident #8's 05/13/2025 progress note by S3Nurse Practitioner (NP) revealed, in part:Complaint/Nature of Presenting Problem: Evaluation of stye left inner canthus since yesterday . Plan: hordeolum externum left upper eyelid . Start tobramycin opthalmic ointment 0.3%: Apply 1 half-inch ribbon to inner corner left eye every 8 hours until healed. Review of S3NP progress notes after 05/28/2025 did not address Resident #8's hordeolum externum (stye). Observation on 09/16/2025 at 12:31 p.m. revealed Resident #8's left eye looked normal and without issue. During a phone interview on 09/17/2025 at 10:00 a.m. S3NP reported she was aware Resident #8 had a stye in the past which had healed and was unaware Resident #8 was still receiving Tobramycin ophthalmic medication. S3NP further reported typically she would have discontinued the order for Tobramycin ophthalmic when the stye in Resident #8's left eye had resolved and she had missed it. During an interview on 09/17/2025 at 10:05 a.m. S4Licensed Practical Nurse (LPN) confirmed Resident #8 was still receiving the Tobramycin ophthalmic medication. |

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| F 0803<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.<br><br>Based on observations, interviews, and menu review, the facility failed to ensure the menu was followed for 10 (#9, #12, #13, #23, #37, #52, #54, #62, #86, #90) of 10 (#9, #12, #13, #23, #37, #52, #54, #62, #86, #90) residents that had an order for a pureed diet. Findings:Review of the 09/15/2025 lunch menu, approved by the Registered Dietician, revealed the residents who require a pureed diet would receive pureed Southwestern chicken over pureed rice and gravy, pureed black eyed peas, and pureed strawberry cookie bar. On 09/15/2025 at 11:55 a.m., an observation of the lunch meal service revealed the facility had 10 residents that received a pureed diet. Dining room observations revealed that the residents present who required a pureed diet did not receive a pureed strawberry cookie bar for dessert. On 09/15/2025 at 12:15 p.m., an interview with S7Dietary worker confirmed that he was responsible for preparing the pureed menu. He further confirmed that he did not puree the cookie bar for dessert as specified on the lunch menu. On 09/15/2025 at 12:20 p.m., an interview with S6Dietary Supervisor confirmed the residents who received a pureed diet should have received the dessert listed on the menu. S6Dietary Supervisor further confirmed that the residents did not receive a dessert during the lunch meal. On 09/15/2025 at 12:45 p.m., S1Administrator was informed that residents who required a pureed diet did not receive the dessert specified on the facility menu for the lunch meal. |