STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195414	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resthaven Nursing & Rehab Center, LLC	1103 W McNeese Lake Charles, LA 70605

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 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 item not labeled with the date; expired foods in the kitchen walk in cooler, and dry storage area;grease splatter and thick layer of debris on the deep fryer cover and cooking oil collection area; andexposed facial hairThis deficient practice had the potential to affect the 103 residents who consumed food from the kitchen.Findings:On 08/18/2025, a review of the facility's policy titled, Storage of Refrigerated Food, with a last revision date of October 2018, revealed in part. Policy: The facility ensures the quality and safety of refrigerated food through accepted storage practices. Procedure:.4. All non-hazardous, opened foods are labeled with name of food and date stored.On 08/18/2025, a review of the facility's policy titled, Dietary Dress Code, with no known revision date, revealed in part.Proper Work Attire.b. The food service employee observes the following dress standards: i. Wears a clean hat or other hair restraint. Employees with facial hair wear a beard restraint.On 08/18/2025 at 8:37 a.m., a tour of the facility's kitchen was conducted with S1DM (Dietary Manager), who stated that she was responsible for the day to day management of the kitchenOn 08/18/2025 at 8:47 a.m., an observation of the walk in cooler was conducted with S1DM and revealed a large opened container of yellow mustard not labeled with the date it was stored or opened. Further review of the walk in cooler revealed the following: 1. large opened container of cherries with an expiration date of 05/18/20252. large opened container of cherries with an expiration date of 07/09/20253. large opened container of strawberry spread with an expiration date of 07/23/20254. plastic gallon bag with an opened block of Swiss cheese with an expiration date of 05/09/20255. plastic gallon bag with an opened block of cream cheese with an expiration date of 07/23/2025 S1DM confirmed the food item was not labeled with the date it was stored or opened, and should have been. She also confirmed the food items listed above were expired and should have been removed from the walk in cooler and discarded. On 08/18/2025 at 8:58 a.m., an observation of the dry storage area was conducted with S1DM and revealed 10 cans of evaporated milk with the expiration date of 08/07/2025. S1DM confirmed the food items were expired and should have been removed from the dry storage area and discarded.On 08/18/2025 at 9:04 a.m., an observation of the deep fryer was conducted with S1DM and revealed the cover of the fryer had grease splatter and a thick layer of debris. S1DM removed the cover of the deep fryer and further revealed the cooking oil collection area had a thick layer of food debris and pieces of fried food material. S1DM confirmed that the deep fryer was not cleaned after it was used and should have been.On 08/18/2025 at 12:23 p.m., S2DW (Dietary Worker) and S3DW were observed in the kitchen with facial hair and mustaches exposed while both were placing meal trays on the hall food carts. S1DM confirmed S2DW and S3DW's mustaches were not covered with a beard restraint, and all facial hair should be covered and 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record reviews and interviews, the facility failed to notify the State's Long-Term Care Ombudsman of a discharge in writing for 1 (#110) of 1 (#110) resident reviewed for discharge requirements out of a final sample of 36.Findings:Review of Resident #110's electronic medical record (EMR) revealed an admission date of 06/11/2025, with diagnoses that included type 2 diabetes mellitus with diabetic chronic kidney disease. Further review of Resident #110's EMR revealed a progress note indicating the resident was discharged on 06/13/2025.Continued review of Resident #110's EMR failed to reveal evidence that the State's Long-Term Care Ombudsman had been notified in writing of Resident #110's discharge from the facility on 06/13/2025.On 08/20/2025 at 10:01 A.M., an interview was conducted with S8ADM (Administrator). S8ADM stated the Ombudsman had not been notified of the resident's discharge as this was something the facility did not do.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition Based on record reviews and interview the facility failed to complete a significant change MDS (Minimum Data Set) within 14 days after determining there was a significant change in 2 (#2, #4) of 36 sampled resident's reviewed. The deficient practice had the potential to affect a total census of 105.Findings:A review of the facility's policy titled Resident Assessment Instrument (RAI) Policy with no review date, revealed the following; Significant Change Assessments: Significant Change Assessments will be completed as soon as needed to provide appropriate care to the resident, but in no case, later than 14 days after determining a significant change in the resident's physical or mental condition has occurred.Resident #2Review of Resident #2's EMR (Electronic Medical Record) revealed an admission date 04/07/2023 with diagnosis that included combined systolic and diastolic heart failure, hypokalemia, and depression. A comparison review of MDS Assessments with an ARD (Assessment Reference Dates) of 03/25/2025 and 06/11/2025 revealed Resident #2 had a decline in his functional status in 8 areas, a decline in bowel and bladder continence, and had a major orthopedic fracture repair surgery.Further review of Resident #2's EMR failed to reveal a significant change assessment had been completed. Resident #4Review of Resident #4's EMR revealed an admission date of 10/17/2024 with diagnoses that included; chronic obstructive pulmonary disease, dementia, and chronic pain syndrome. A comparison review of MDS Assessments with ARD dates of 05/03/2025 and 08/03/2025 revealed Resident #4 had a decline in her cognitive function/BIMS (Brief Interview Mental Status) score and a decline with her functional status in 11 areas. Further review of Resident #4's EMR failed to reveal a significant change assessment had been completed. On 08/20/2025 at 1:15 p.m., a concurrent records review and interview was conducted with S7MDS. S7MDS reviewed both Resident #2 and #4's MDS assessments and confirmed all areas of decline. S7MDS further stated that she did not know the criteria that warranted a significant change assessment and further confirmed that one had not been done.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the provider failed to accurately code a resident's MDS (Minimum Data Set) for use of an antipsychotic medication for 1(#25) out of 36 sampled residents. Findings:Review of Resident #25's electronic health record revealed an admit date of 06/18/2015 with diagnoses including delusional disorder and major depressive disorder. Resident #25's current physician orders revealed an order for Aripiprazole (an atypical antipsychotic medication) 2 mg (milligrams) daily.Review of Resident #25's electronic Medication Administration Record (eMAR) for May 2025 through June 2025 revealed she received Aripiprazole daily.Review of Resident #25's quarterly MDS, with an ARD (Assessment Reference Date) of 06/03/2025, revealed in part: Section N. Medications. N0415. High Risk Drug Classes: Use. A. Antipsychotic.Is resident taking.marked No.On 08/20/2025 at 1:15 p.m. an interview and electronic record review was conducted with S6CCC (Clinical Care Coordinator). She verified Resident #25 received Aripiprazole, an antipsychotic medication and stated the quarterly MDS dated [DATE] was coded incorrectly.