STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camelot Leisure Living	6818 Highway 84 West Ferriday, LA 71334

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 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. Based on observation, record review, and interview the facility failed to provide care and services that met professional standards. The facility failed to:Obtain PT/INR for Resident #2; andDocument medications and/or treatments on the EMAR and ETAR for 5 (Resident #1, Resident #6, Resident #8, Resident #37, and Resident #59) of 26 sampled residents. Review of Resident #37's medical record revealed an admission date of 06/20/2022 with diagnoses that included in part.Type 2 Diabetes Mellitus with Diabetic Neuropathy, Methicillin Resistant Staphylococcus, Mild Protein-Calorie Malnutrition, GERD, Dysphagia, COPD, Chronic Hypertension, Diverticulitis of Intestine, Constipation, HTN, and Depressive Episodes, and Atherosclerotic Heart Disease of Native Coronary Artery. Review of Physician Orders 03/2026 revealed an order to clean RLE Dermitits with Dermal wound cleanser, pat dry, and apply Mupirocin ointment, place adaptic non-stick gauze, cover w/foam daily and secure with tubigrip to hold gauze. Review of 03/2026 Treatment Administration Record revealed no documentation of treatment on the following days: 03/04/2026; 03/05/2026; 03/06/2026; 03/07/2026; 03/09/2026; 03/10/2026; and 03/11/2026. Interview on 03/18/2026 at 2:22 p.m. with S2ADON confirmed Resident #37 did not receive treatment on above days. Findings: Resident #2 Review of Resident #2's electronic medical record revealed an admission date of 01/08/2026. Medical diagnoses included Chronic Obstructive Pulmonary Disease, Ataxia, Muscle Weakness, secondary Hypertension, Urinary Tract Infection, Atrial Fibrillation, Generalized Anxiety Disorder, and Depression. Review of the Physician Orders included in part.PT/INR monthly (3/5/26). Review of Lab results revealed no documented evidence of a PT/INR drawn on 03/05/2026. Interview on 03/17/2026 at 4:00 p.m. with the Laboratory Technician revealed the last lab work drawn for Resident #2 was on 03/12/2026 and that a PT/INR was not included in that lab draw. Interview on 03/18/2026 at 10:00 a.m. with S2 ADON confirmed that a PT/INR lab was ordered to be drawn on 03/05/2026. She confirmed that the PT/INR was not obtained, and it should have been. (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: 195516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camelot Leisure Living	6818 Highway 84 West Ferriday, LA 71334

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 03/18/2026 at 10:05 a.m. with S11 MDS confirmed Resident #1's PT/INR ordered for 03/05/2026 was not drawn and it should have been. Resident #1 Review of a facility policy titled, Charting and Documentation dated 01/15/2026, read in part. Documentation of procedures and treatments will include care specific details, including: a. the date and time the procedure/treatment was provided; and b. The signature and title of the individual documenting. Review of Resident #1's electronic medical record revealed an admission date of 02/24/2026, and Medical Diagnoses included in part.Pneumonia, dehisced surgical wounds, chronic burn wounds, Neuralgia and Neuritis. Review of Resident #1's Physician's Orders reflected in part, Physician Orders: Site # 1 superficial dehisced surgical wound to chest wall - clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged. Site #4 chronic burn wound to right anterior hip- clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged. Site #5 chronic burn wound to right anterior thigh- clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged. Site # 6 chronic burn wound right posterior knee- clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged. Review of Resident #1's Treatment Administration Record revealed no documentation of treatment on the following days: 03/03/2026; 03/04/2026; 03/05/2026; 03/06/2026; 03/07/2026; 03/09/2026; 03/10/2026; and 03/11/2026. Interview on 03/17/2026 at 1:30 p.m. with S2 ADON revealed that S3 LPN worked on the dates of March 3, 4, 5, 6, 7, 9, 10, and 11. Interview on 03/17/2026 at 1:45 p.m., S2 ADON confirmed that S3 LPN had not documented treatments on 03/03/2026; 03/04/2026; 03/05/2026; 03/06/2026; 03/07/2026; 03/09/2026; 03/10/2026; and 03/11/2026, and she should have. Findings: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE 6818 Highway 84 West Ferriday, LA 71334	

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #6 Review of Resident #6's medical record revealed an admission date of 09/16/2020 with diagnoses which included in part .Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Mild Protein-Calorie Malnutrition, Generalized Anxiety Disorder, Deficiency of other Vitamins, and Unspecified Psychosis not due to a Substance or Known Physiological Condition. Review of Resident #6's 03/2026 EMAR/ETAR (electronic medication administration record/electronic treatment administration record) revealed the following findings in part . On dates 03/03/2026, 03/04/2026, 03/05/2026, 03/06/2026, 03/07/2026, 03/09/2026, 03/10/2026, and 03/11/2026 there was no documented evidence of order administration for the following orders: -Apply geri sleeves one time a day; -Cleanse peg site with normal saline. Pat dry with 4x4's every day. Apply gauze dressing PRN (as needed) if draining one time a day; and -Inflatable carrot or rolled coban to right hand contracture daily. Ensure placement one time a day. On 03/06/2026, there was no documented evidence of order administration for the following orders: -Nurse to ensure nail care is performed every week on Friday and PRN; and -Weekly body audits every Friday. Resident #8 Review of Resident #8's medical record revealed an admission date of 07/16/2025 with diagnoses which included in part .Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Depression, Anxiety Disorder, Type 2 Diabetes Mellitus Without Complications, Acute Respiratory Failure with Hypercapnia, and Severe Persistent Asthma With (Acute) Exacerbation. Review of Resident #8's 03/2026 EMAR/ETAR revealed the following findings in part . On 03/13/2026, there was no documented evidence of order administration for the following orders: -Multi-vitamin mineral oral tablet give one tablet by mouth daily related to vitamin deficiency; -Enhanced barrier precautions to be during resident high contact activities shift twice a day; -Evaluate pain per pain scale (1-10) every shift and PRN. If pain is present document interventions and follow up on effects. Notify MD (Medical Doctor) of persistent pain unrelieved by intervention twice a day; -Monitor for additional signs/symptoms of COVID (corona virus) (loss of appetite, malaise altered mental status, sleeping more than usual, new loss of taste or smell, repeated shaking with chills) (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE 6818 Highway 84 West Ferriday, LA 71334	

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	every shift, chart (-) No signs/symptoms present or (+) sign/symptoms present and notify MD twice a day; -Monitor for signs/symptoms of bleeding every shift chart (-) non signs/symptoms present or (+) s/s present (nauseas; cold/clammy skin; trouble breathing after an injury; abdominal pain/tenderness; spitting/cough blood; bloody vomit or diarrhea; coffee grained vomit; level of conscience; and notify MD; -Monitor for signs/symptoms of dehydration every shift; chart (-) no sign/symptoms present or (+) signs/symptoms present and chart in nurse's notes twice a day; -Monitor mood and behaviors every shift twice a day; -Oxygen per nasal cannula 2 liters/minute continuously twice a day related to acute respiratory failure with hypercapnia; -Observation antianxiety medication side effects every shift; observe for side effects: drowsiness, slurred speech, dizziness nausea, aggressive/impulsive behavior, and document (-) no signs/symptoms present or (+) signs/symptoms present and chart in nurse notes twice a day related to anxiety disorder; -Observation: antidepressant medications observe for side effects: gastrointestinal upset, insomnia fatigue, dizziness, dry mouth, and headache. Chart (-) no sign/symptoms depression noted or (+) signs/symptoms present and chart in progress notes twice a day related to depression; -Range of motion with ADLs (activities of daily living) twice a day related to hemiplegia ad hemiparesis following cerebral infraction affecting left non-dominant side; -RCS/NAS (Reduced concentrated Sweets/No Added Salt) diet, mechanical soft texture, regular consistency twice a day; -Vitamin C twice a day for skin; -Diltiazem HCL (Hydrochloride) 1 tablet 30 milligrams orally three times a day related to Essential primary hypertension; -Propylthiouracil 50 tablet milligram give 1 tablet orally three times a day related to Thyrotoxicosis, without thyrotoxic crisis or storm; -Humalog Injection Solution 100 UNIT/milliliters (Insulin Lispro) Inject as per sliding scale: if 0 - 150 = 0 UNITS; 151 - 200 = 3 UNITS; 201 - 250 = 6 UNITS; 251 - 300 = 8 UNITS; 301 - 350 = 12 UNITS; 351 - 400 = 16 UNITS; 401 - 999 = 20 UNITS and notify MD, subcutaneously four times a day related to Type 2 diabetes mellitus without complications; and -Ipratropium-Albuterol Nebulizer Solution 0.5-2.5(3) milligram/3milliliter 1 dose inhale orally four times a day related to Severe persistent asthma with (acute) exacerbation. On 03/03/2026, 03/04/2026, 03/05/2026, 03/06/2026, 03/07/2026, 03/09/2026, 03/10/2026, 03/11/2026 there was no documented evidence of order administration for the following order: (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE 6818 Highway 84 West Ferriday, LA 71334	

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Hand towel or carrot in the left hand to address decrease in further contractures ad decreased skin breakdown, wear 8 to 10 hours per day twice a day. On 03/09/2026, there was no documented evidence of order administration for the following order: -Weekly body audit on Monday one time a day every Monday. Resident #59 Review of Resident #59's medical record revealed an admission date of 02/01/2021 with diagnoses which included in part . Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Other Acute Kidney Failure, and Pseudobulbar Affect. Review of Resident #59's 03/2026 EMAR/ETAR revealed the following findings in part . On 03/13/2026, there was no documented evidence of order administration for the following orders: -Amlodipine Desylate tab 10 milligrams give 1 tablet orally one time a day related to essential primary hypertension; -Aspirin tablet delayed release 81 milligrams give tablet orally one time a day for hemiplegia related to hemiplegia following cerebral infarction affecting the right dominant side; -Atorvastatin Calcium tab 10 milligrams give 1 tablet by mouth at bedtime related to hyperlipidemia; -Docusate Sodium capsule 100 milligram give 1 capsule orally at bedtime for constipation related to constipation; -Hand rolls to left hand for contracture management as tolerated twice a day related to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side; -House supplement 8 ounces by mouth twice a day; -Monitor of signs/symptoms of bleeding every shift Chart (-) no signs/symptoms present or (+) signs/symptoms present (nausea, cold/clammy skin, trouble breathing after an injury, abdominal pain/tenderness, splitting/coughing blood, bloody vomit or diarrhea, coffee grind vomit, level of conscience) and notify MD; -Monitor for signs/symptoms of coronavirus every shift such as cough, sore throat, body aches, sob, nasal congestion, seasonal allergies, fever, fatigue, loss of smell and/or taste. (-) no signs/symptoms present (+) signs/symptoms present notify MD if signs/symptoms present two times a day; -Monitor for signs/symptoms of dehydration every shift; chart (-) no signs/symptoms present or (+) signs/symptoms present and chart in nurses notes two times a day; -Monitor mood & behaviors every shift; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camelot Leisure Living	6818 Highway 84 West Ferriday, LA 71334

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Observation: Antidepressant Medication (Prozac) - Observe for behavior (sign/symptoms depression). Observe for side effects: gastrointestinal upset, insomnia, fatigue, dizziness, dry mouth, headache. Document Y if resident is free of side effects. Document N if the resident is not free from side effects. If N document side effects in the progress notes two times a day related to major depressive disorder, single episode; and -On a scale of 0-10 with 10 being worst imaginable, rate your pain (verbal); (a) groans (b) facial grimacing (nonverbal); if pain is present, follow up in 1 hour two times a day. In an interview on 03/17/2026 at 1:35 p.m., S2 ADON stated in reference to nurses charting and documentation in the EMAR/ETAR, If it is not documented then it didn't happened. In an interview on 03/17/2026 at 2:39 p.m., S1 DON revealed she expected all the nurses to always document in the resident medical record in real time for all nursing procedures, such as medication and treatment administrations. In a record review, at this time, S1 DON reviewed Resident #6's, Resident #8's and Resident #59's 03/2026 EMAR/ETAR and confirmed all the above findings. S1 DON confirmed that if the nurses did not chart in the medical record then it didn't happen. S1 DON revealed the nurses who were scheduled on these dates/times were all staff nurses and were aware and in-serviced on proper nurse charting and documentation in the medical record. S1 DON confirmed that for the above findings, the nurses did not document in Resident #6's, Resident #8's and Resident #59's medical record appropriately but should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195516	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camelot Leisure Living	6818 Highway 84 West Ferriday, LA 71334

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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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. Based on observation and interview the facility failed to ensure nurse staffing data requirements were completed and posted appropriately. This deficient practice had the potential to affect all 65 residents residing in the facility. Observation on 03/16/2026 at 9:10 a.m. revealed a facility form titled, Daily Nursing Census posted on a clipboard (on the wall-near the front desk) with a date of 03/15/2026. No observation of the completed form for the current date, 03/16/2026. Observation on 03/17/2026 at 9:00 a.m. revealed a facility form titled, Daily Nursing Census posted on a clipboard (on the wall-near the front desk) with a date of 03/15/2026. No observation of the current date, 03/17/2026, were noted. Further observation of the previous facility forms titled, Daily Nurse Census revealed several missing dates. Reviewed dates from 02/14/2026 -03/17/2026 revealed the facility form was not completed for the following dates:02/15/2026, 02/16/2026, 02/17/2026, 02/18/2026, 02/19/2026, 02/20/2026. 02/23/2026, 02/24/2026, 02/25/2026, 02/26/2026, 02/27/2026, 03/02/2026, 03/03/2026, 03/04/2026, 03/05/2026, 03/06/2026, 03/08/2026, 03/09/2026, 03/10/2026, 03/11/2026, 03/12/2026, 03/13/2026, 03/16/2026, and 03/17/2026. In an interview on 03/17/2026 at 9:13 a.m., S10 RN revealed that she worked every other weekend and completed the Daily Nurse Census form on the weekends. S10 RN revealed that on opposite weekends the RN on duty completed the Daily Nurse Census forms. S10 RN stated the S1 DON was responsible for completion of the Daily Nurse Census form during the weekdays. In an interview on 03/17/2026 at 9:20 a.m., S2 ADON revealed S1 DON was responsible for completion of the Daily Nurse Census forms during the weekdays and was unaware why the forms were not completed consistently every day. In an interview on 03/17/2026 at 9:30 a.m., S1 DON revealed she thought S2 ADON completed the Daily Nurse Census forms and was unaware she needed to complete these forms during the week. In a record review, with surveyor present, S1 DON confirmed all the above findings and confirmed the Daily Nurse Census forms were not completed daily as required. S1 DON revealed she was unaware the purpose of these forms and had not completed the forms daily- since she was hired in 10/2025.

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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 0803 Level of Harm - Minimal harm or potential for actual harm 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. Based on observation, interview, and record review the facility failed to meet the nutritional needs of residents in accordance with established national guidelines. The facility failed to follow the recipe while mixing ingredients to ensure nutritional adequacy for the 7 residents receiving pureed meals prepared by the facility's kitchen.Findings:Observations on 03/16/2026 at 11:00 a.m. of S5 Dietary Manager revealed she chopped 7 slices of bread in the blender, added an unmeasured amount of whole milk, blended the ingredients again to make a slurry, stopped the blender, added 3 more slices of torn bread, blended again, and then scooped the pureed bread into the resident's serving bowls. After washing and sanitizing the blender bowl S5 Dietary Manager placed 10 spoons of unmeasured, cooked vegetables to the blender bowl and blended to a smooth consistency. Next she poured an unmeasured amount of thickener into the blender bowl with the pureed vegetables, blended the mixture for a few seconds, and then scooped the vegetables into the resident's serving bowls.S5 Dietary Manager was observed not following pureed recipe menus, as the closed pureed recipe menu binder was observed on a shelf in the kitchen away from the food prep area.Interview on 03/16/2026 at 11:05 a.m. with S5 Dietary Manger revealed she had recipes to use for preparing pureed foods, but she did not use them. She stated she did not measure the ingredients, she just poured and blended ingredients until the consistency looked right. S5 Dietary Manager revealed that she had already pureed the baked pork loin. She stated she took the pork loin and added an unmeasured amount of broth for the liquid and then she added enough thickener to make the right consistency.Review of the facility's recipe for pureed bread reflected in part, for 10 servings of bread with margarine to use 3 tablespoons + 1 teaspoon margarine, 2 tablespoons + 1 1/2 teaspoons food thickener bulk, and 1 1/4 cup water or juice.Review of the facility's recipe for pureed Capri vegetable blend reflected in part, for 10 servings to use 12.5 cups Capri vegetable blend and 1/4 cup + 1/2 teaspoon food thickener bulk.Review of the facility's recipe for pureed baked pork loin reflected in part, for 10 servings to use 10, 2 ounce portions of pork loin, 1 1/4 cup of water or stock, and 2 tablespoons + 1 1/2 teaspoons food thickener bulk.Interview on 03/16/2026 at 11:10 a.m. with S5 Dietary Manager confirmed she did not use the recipes to prepare the pureed meals for lunch and she should have.

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure that each Resident was treated with respect and dignity in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life for 2 (#3 and #38) of 26 residents sampled for dignity, by failing to ensure they were free of facial hair. Findings: Review of the facility's policy dated 01/16/2026 and titled Activities of Daily Living (ADLs), Supporting revealed in part.Policy Statement: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, personal and oral hygiene. Policy Interpretation and Implementation: 2. (a) hygiene (bathing, dressing, grooming, and oral care). Review of Resident #3's medical record revealed she was admitted to the facility on [DATE] with diagnoses that included in part.Anxiety Disorders, Depression, and Unspecified Psychosis. Review of Residents #3's Quarterly MDS with an ARD date of 02/25/2026 revealed she had a BIMS score of 07 indicating cognition was severely impaired. The MDS revealed Resident #38 required partial/moderate assistance with personal hygiene. Review of Resident #3's care plan revealed she had an ADL self-care performance deficit related to confusion and interventions that included 1 person assist with personal hygiene. Observation and Interview with Resident #3 on 03/17/2026 at 9:30 a.m. revealed Resident #3 was noted to be unshaven with more than 10 facial, chin hairs. Surveyor asked Resident #3 if she would like the hair on her chin shaved, she stated, yes and begin smiling and pulling at the chin hairs. In an interview with S7 CNA on 03/17/2026 at 1:50 p.m., S7 CNA revealed during baths the residents get bathed and men will get shaved if needed. S7 CNA stated, I have never shaved a female. Review of Resident #38's medical record revealed she was admitted to the facility on [DATE] with diagnoses that included in part.Chronic Diastolic (Congestive) Heart Failure, Muscle Wasting and Atrophy, not elsewhere classified right and left upper arms, Other specified Depressive Disorder. Review of Resident #38's Quarterly MDS with an ARD date of 10/05/2023 revealed she had a BIMS score of 99 which means unable to perform due to Resident #38's cognition was severely impaired. The MDS revealed Resident #38 required substantial/maximal assistance with personal hygiene. Review of Resident #38's care plan revealed she had an ADL self-care performance deficit related to confusion, dementia and an intervention that included 1 person assist with personal hygiene. Observation on 03/17/2026 at 12:09 p.m. revealed Resident #38 was noted to be unshaven with a moderate amount of facial, chin hairs. In a telephone interview on 03/18/2026 at 1:57 p.m., Resident #38's responsible party stated she would like Resident #38's chin to be shaved. In an interview on 03/17/2026 at 2:15 p.m., S6 CNA Supervisor acknowledged Resident #3 and #38 had not been shaved but should have. In an interview on 03/17/2026 at 3:14 p.m., S1 DON confirmed Resident #3 and #38 should have been shaved but had not.

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NAME OF PROVIDER OR SUPPLIER: Camelot Leisure Living		STREET ADDRESS, CITY, STATE, ZIP CODE: 6818 Highway 84 West, Ferriday, LA 71334	

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to notify the Ombudsman in writing of resident transfer/discharge for 1 (Resident #68) of 3 residents reviewed for transfer/discharge. The total sample size was 26.Findings:Review of a facility policy on 03/18/2026 at 3:11 a.m. titled, Nursing Home Discharge Policy: Ombudsman Notification dated 01/16/2026 revealed the following in part .This policy outlines when and how the facility will notify the Long-Term Care Ombudsman of resident discharges to ensure compliance with federal regulations and Louisiana requirements. The facility will notify the Long-Term Care Ombudsman Program of discharges in accordance with federal and state regulations to protect resident rights and ensure safe transitions. Review of Resident #68's medical record revealed an admission date of 01/13/2026 and a discharge date of 02/20/2026. Resident #68 had diagnoses of Chronic Obstructive Pulmonary Disease, Chronic Systolic (Congestive) Heart Failure, and Chronic Atrial Fibrillation. Review of Resident #68's Discharge summary dated [DATE] revealed in part .an admission date of 01/13/2026 and discharge date of 02/20/2026. Reason for discharge: Unplanned discharge home. Review of the facility's Emergency Transfer Log form reviewed from 01/2026-03/2026 revealed Resident #68's discharge on [DATE] was not reported to the Louisiana Ombudsman Program. In an interview on 03/18/2026 at 1:44 p.m., S2 ADON revealed Resident #68 was admitted for therapy services and planned to discharge home after completion. S2 ADON stated upon discharge, Resident #68 decided to continue his stay at the facility longer. S2 ADON explained the family of Resident #68 when decided to discharge the resident suddenly, thus Resident #68 had an unplanned discharge home on [DATE]. In an interview on 03/18/2026 at 2:29 p.m., S9 SSD revealed she was responsible for notification to the Louisiana Ombudsman Program for hospitalizations. S9 SSD revealed she was only aware to report the hospitalizations to the Ombudsman Program and had not reported any unplanned or planned discharges from the facility. S9 SSD confirmed she did not report Resident #68's unplanned discharge on [DATE] to the Louisiana Ombudsman Program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195516	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camelot Leisure Living	6818 Highway 84 West Ferriday, LA 71334

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that a resident with an identified mental disorder had a completed Preadmission Screening and Resident Review (PASRR) Level II form as required for 1 (#11) of 26 sampled residents.Findings: Review of the facility policy dated 01/16/2026 titled PASRR (Pre-admission Screening & Resident Review) Policy read in part.Purpose: This policy ensures compliance with the Preadmission Screening and Resident Review (PASRR) requirements for all residents admitted to the facility in accordance with Louisiana Department of Health (LDH) and federal regulations. A Review of Resident #11's medical record revealed an admission to the facility on [DATE] with diagnoses that included: Other Depressive Episodes, Major Depressive Disorder, Recurrent, Mild, Chronic Atrial Fibrillation, Other Schizophrenia, and Other Bipolar Disorder. Review of Resident #11's medical record revealed no Level II PASRR screening performed after the new diagnoses of Other Schizophrenia and Other Bipolar Disorder dated 04/19/2023. A Review of Resident #11's Louisiana Department of Health and Hospitals Medicaid Program Notice of Medical Certification form read in part.II. (F.) Level II decision is not required. Refer to Section 1 for decision, signed and dated 01/28/2021. An Interview on 03/18/2026 at 3:19 p.m., S12 LPN revealed Resident #11 had a new diagnosis of Schizophrenia and Bipolar Disorder on 04/19/2023 with no new PASRR completed, but should have.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards. The facility failed to ensure respiratory equipment/nebulizer was stored properly for 1 (Resident #8) of 1 residents reviewed for respiratory care. The total sample size was 26 residents. Findings:Review of a facility policy on 03/17/2026 at 1:35 p.m. titled, Nebulizer Tubing Policy dated 01/16/2026 revealed in part .Purpose: To ensure safe, effective, and infection-controlled use of nebulizer tubing and equipment for residents receiving aerosolized medications. Policy: Nebulizer tubing and equipment will be maintained, cleaned, and replaced according to infection control standards, manufacturer guidelines, and state/federal regulations. Procedure: 6. Store equipment in a clean, dry area between uses. Review of Resident #8's medical record revealed an admission date of 07/16/2025 with diagnoses which included in part .Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Depression, Anxiety Disorder, Type 2 Diabetes Mellitus Without Complications, Acute Respiratory Failure with Hypercapnia, and Severe Persistent Asthma with (Acute) Exacerbation. Review of Resident #8's Quarterly MDS with an ARD of 01/07/2026 revealed a BIMS score of 15, which indicated intact cognition. Resident #8 received oxygen therapy and was dependent on staff for toileting hygiene, dressing, personal hygiene and showering/bathing.Review of Resident #8's 03/2026 physician orders revealed in part .Order Date: 04/03/2024- Ipratropium-Albuterol Nebulizer Solution 0.5-2.5(3) milligram/3milliliters 1 dose inhale orally four times a day related to Severe persistent asthma with (acute) exacerbation.Observation on 03/16/2026 at 8:45 a.m. revealed Resident #8 lying in bed awake with resident's nebulizer mask placed face down directly on the resident's bedside dresser cabinet. Observation failed to reveal a storage bag for the nebulizer mask and tubing to be stored in, when not in use. In an interview on 03/16/2026 at 8:58 a.m., S10 RN accompanied this surveyor to Resident #8's room and bedside. S10 RN confirmed the above findings and stated Resident #8 used her nebulizer daily multiple times for shortness of breath and anxiety attacks. S10 RN confirmed Resident #8's nebulizer mask should be stored in a plastic bag and labeled when not in use, but was not. In an interview on 03/17/2026 at 2:39 p.m., S1 DON revealed she expected the nurses to properly store and label all nebulizer masks when not in use. S1 DON revealed when a nebulizer mask is not in use, the mask should be properly cleaned and put back into the labelled plastic storage bag, not placed directly on a resident's dresser cabinet.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, record review and interview the facility failed to maintain a medication error rate of less than 5% for 2 (Resident #12 and Resident #50) of 3 residents observed during medication administration. A total of 27 opportunities were observed which included 2 medication errors for a medication error rate of 7.41% Findings:Review of a facility policy titled Administering Medications with a revision date of 01/15/2026 read in part.Steps in the procedure: (6) Check the label on the medication and confirm the medication name and dose with the MAR. (8) Check the medication dose. Re-check to confirm the proper dose. (9) Prepare the correct dose of medication.Observation on 03/17/2026 at 8:24 a.m. revealed Resident #12 was administered Doxazosin Mesylate (anti-hypertensive) 2 Milligram Tablet by mouth by S4 LPN.Review of Resident #12's current Medication Administration Record (03/2026) revealed an order for Doxazosin Mesylate 4 Milligram Tablet by mouth two times a day.Observation on 03/17/2026 at 8:36 a.m. during medication administration by S4 LPN revealed Resident #50's Metformin Hydrochloride (anti-diabetic) 500 Milligram Tablet by mouth one time a day was omitted. Review of Resident #50's current Medication Administration Record (03/2026) revealed an order for Metformin 500 Milligram tablet by mouth one time a day. Interview on 03/17/2026 at 11:39 a.m. with S4 LPN confirmed she administered Doxazosin Meyselate 2 Milligram tablet by mouth to Resident #12 on 03/17/2026 at 8:24 a.m. and she should not have. S4 LPN confirmed she did not administer Resident #50 Metformin 500 Milligram Tablet on 03/17/2026 during morning medication administration and should have.Telephone interview with Resident #12's Physician revealed Resident #12 should have received Doxazosin Mesylate 4 Milligram Tablet by mouth one time a day. Interview on 03/17/2026 at 1:51 p.m. with S2 ADON revealed the expectation was for all nurses to follow the Medication Administration Record when administering medications.

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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 drugs and biologicals used in the facility were stored in accordance with current accepted professional principles. The facility failed to: Ensure medications were not left at the bedside for 1 (Resident #8) of 26 sampled residents; and Ensure controlled substances were properly stored in a permanently affixed compartment in the medication refrigerator. Facility census was 65. Findings: Review of a facility policy on 03/17/2026 at 1:35 p.m. titled, Storage of Medications with a date of 01/16/2026 revealed in part .the facility shall store all drugs and biologicals in a safe, secure, and orderly manner. 8. Drugs shall be stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications shall be assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents. 1. Resident #8 Review of Resident #8's medical record revealed an admission date of 07/16/2025 with diagnoses which included in part .Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Depression, Anxiety Disorder, Type 2 Diabetes Mellitus Without Complications, Acute Respiratory Failure With Hypercapnia, and Severe Persistent Asthma With (Acute) Exacerbation. Review of Resident #8's Quarterly MDS with an ARD of 01/07/2026 revealed a BIMS score of 15, which indicated intact cognition. Resident #8 received oxygen therapy and was dependent on staff for toileting hygiene, dressing, personal hygiene, and showering/bathing. Review of Resident #8's 03/2026 physician orders revealed in part .Order Date: 04/03/2024- Ipratropium-Albuterol Nebulizer Solution 0.5-2.5(3) milligram/3milliliters 1 dose inhale orally four times a day related to Severe persistent asthma with (acute) exacerbation. Observation on 03/16/2026 at 8:45 a.m. revealed Resident #8 lying in bed awake. Observed a tube of unopened nebulizer solution (Ipratropium-Albuterol Nebulizer Solution 0.5-2.5(3) milligram/3milliliter) on the resident's dresser cabinet, unattended and unsecure. In an interview on 03/16/2026 at 8:58 a.m., S10 RN accompanied this surveyor to Resident #8's room and bedside. S10 RN confirmed there was an unsecure and unattended medication (Ipratropium-Albuterol Nebulizer Solution 0.5-2.5(3) milligram/3milliliter) placed on the resident's bedside dresser cabinet. S10 RN confirmed Resident #8's nebulizer medication solution should have been stored in the locked medication cart when not in use, but was not. In an interview on 03/17/2026 at 2:39 p.m., S1 DON revealed there were no residents in the facility who self-administered medications. S1 DON confirmed she expected all nurses to store medications in the locked medication cart when not in use and not leave medications at the bedside, unattended. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Findings: On 03/16/2026 at 1:45 p.m., an observation of the medication refrigerator in the medication room was conducted accompanied by S10 RN and revealed an unsecure chained, mobile, locked box with the narcotic of an unopened box of liquid Lorazepam. In an interview on 03/16/2025 at 3:24 p.m., S1 DON confirmed the medication room had a locked, mobile narcotic box inside the medication refrigerator, but should have not.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to ensure infection control measures were practiced to provide a sanitary environment to help prevent the development and transmission of communicable diseases and infections for 1 (#1) of 1 residents observed for wound care.Findings:Review of Resident #1's electronic medical record revealed an admission date of 02/24/2026, and Medical Diagnoses included in part.Pneumonia, dehisced surgical wounds, chronic burn wounds, Neuralgia and Neuritis.Review of Resident #1's Physician's Orders reflected in part:Site # 1 superficial dehisced surgical wound to chest wall - clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged,Site #4 chronic burn wound to right anterior hip - clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged,Site #5 chronic burn wound to right anterior thigh - clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged, andSite # 6 chronic burn wound right posterior knee - clean with wound cleanser, pat dry with 4x4's, apply Triple Antibiotic Ointment, cover with bordered gauze every other day and as needed if soiled/dislodged.Observation of S8 LPN on 03/17/2026 at 10:30 a.m. performing wound care revealed that she did not perform hand hygiene nor did she change gloves between wound care provided to the right posterior knee and the right anterior thigh. After performing wound care to the right posterior knee, she began performing wound care to the right anterior thigh, and she did not remove her soiled gloves, perform hand hygiene, and re-glove between the two sites.Interview on 03/17/2026 at 11:55 a.m. with S8 LPN, confirmed she did not perform hand hygiene, nor did she change gloves between wound care of the right posterior knee and the right anterior thigh, and she should have.