STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195520	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Place-Ruston	1405 White Street Ruston, LA 71270

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interviews, the facility failed to ensure the chemical solution for the dishwasher was maintained at the correct concentration. This deficient practice had the potential to affect 62 residents who received meals served from the kitchen.Findings:Review of the facility's current Dishwashing by Use of Machine policy (undated) revealed the following, in part:10. Check the machine during each procedure to determine if detergent, wetting agent and chemical sanitizer (if appropriate) is being dispensed properly.On 09/08/2025 at 8:48 a.m. observation of the kitchen revealed S5Dietary Manager (DM) checked the chemical solution concentration in the dishwasher. S5DM was unable to establish presence of the chemicals with the sanitizer test strip in the dishwasher drainage area 3 times while the dishwasher was being used to clean and sanitize dishes.On 09/08/2025 at 9:09 a.m. an interview with S5DM revealed the chemical solution container connected to the dishwasher was empty and needed to be replaced.On 09/09/2025 at 3:36 p.m. an interview with S1Administrator confirmed the kitchen staff should know when the chemical solution container needed to be replaced and how to properly test for the correct chemical solution.

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 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 observation, record review and interviews, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes or enhances his or her quality of life for 1 (#47) of 1 residents reviewed for dignity. The facility failed to ensure Resident #47 was given the opportunity to be weighed in a wheelchair instead of standing. Findings:Review of the medical record for Resident #47 revealed an admission date of 08/28/2025. Resident #47 had diagnoses including chronic atrial fibrillation, heart failure, anxiety, hypokalemia, hypertension, enlarged prostate, hyperlipidemia, and edema. Further review of the record for Resident #47 revealed the resident was blind and hard of hearing. Review of the admission 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #47 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderate cognitive impairment for daily decision making. On 09/08/2025 at 10:25 a.m., observation of Resident #47 revealed he was sitting in a wheelchair by the chair/standing scale with S3Certified Nursing Assistant (CNA) and S4CNA beside the resident. S4CNA instructed Resident #47 to stand up and get on the scale and Resident #47 stated I am scared. S3CNA and S4CNA stated to Resident #47 we got you and assisted Resident #47 to a standing position. Resident #47 stated again I am scared. Further observation of the encounter revealed S3CNA and S4CNA did not offer Resident #47 to sit down in the wheelchair when he stated two times that he was scared. On 09/08/2025 at 12:30 p.m., an interview with S3CNA revealed they usually use the bed scales to weigh Resident #47, and he wasn't sure why they used the chair/standing scale to weigh him today. When S3CNA was asked if Resident #47 said anything when he was instructed to stand up on the scale to weigh, S3CNA replied I don't think so.On 09/08/2025 at 12:45p.m., an interview with Resident #47 revealed it made him nervous and scared when he had to stand to be weighed. On 09/09/2025 at 8:20 a.m., an interview with S4CNA revealed she did help weigh Resident #47 on 09/08/2025. S4CNA revealed Resident #47 doesn't like to be weighed using the bed lift scale and that is why she asked him to stand with their help to weigh him. When S4CNA was asked if Resident #47 said anything when he was instructed to stand on the scale to weigh S4CNA replied she wasn't sure. On 09/09/2025 at 9:15 a.m., an interview with S2Director of Nursing (DON) confirmed the staff should not have made Resident #47 stand to weigh when the resident stated that he was scared. S2DON further confirmed the staff should have weighed Resident #47 in a wheelchair.

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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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interviews, the facility failed to provide form for Centers for Medicare and Medicaid Services (CMS) 10123-Notice of Medicare Non-Coverage (NOMNC) as required for 1 (#46) of 3 (#46, #62, and #77) residents reviewed for Skilled Nursing Facility (SNF) Beneficiary Notification. The facility had a census of 70 residents.Findings:A review of the facility's current Form Instructions for the NOMNC CMS-10123 policy (undated) revealed the following, in part:Providers must deliver the NOMNC to all beneficiaries eligible for the expedited determination process per Chapter 4, Section 260 of the Medicare Claims Processing Manual and Chapter 13, Sections 90.2-90.9 of the Medicare Managed Care Manual. A NOMNC must be delivered even if the beneficiary agrees with the termination of services. Alterations to a NOMNC- the NOMNC must remain two pages. The notice can be two sides of one page or one side of two separate pages, but must not be condensed to one page. A review of Resident #46's SNF Beneficiary Notification Review form revealed the facility initiated the resident's discharge from Medicare Part A services when benefit days were not exhausted. Resident #46 was discharged from Medicare Part A services on 03/13/2025. Further review of Resident #46's record revealed a NOMNC was not provided to the resident. On 09/09/2025 at 11:43 a.m., an interview was conducted with S7Social Services Director (SSD). S7SSD confirmed she did not provide the Beneficiary Notifications NOMNC form to the resident #46. S7SSD reported she was not aware Resident #46 should have received a Beneficiary Notification NOMNC form at the time of discharge from services. On 09/09/2025 at 12:50 p.m., an additional interview was conducted with S7SSD. S7SSD acknowledged she was responsible for completing and providing the Beneficiary Notification NOMNC form to residents. S7SSD stated she should have completed and provided Beneficiary Notification NOMNC form to Resident #46.On 09/10/2025 at 10:39 a.m., an interview with S1Administrator, confirmed the Beneficiary Notification NOMNC form was not provided to Resident #46 and should have been.

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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, policy review, and interviews, the facility failed to ensure that each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment for 1 (#2) of 1 residents reviewed for smoking. Findings:Review of the facility's current Smoking Policy-Residents, revised January 2025, revealed the following, in part:Policy Interpretation and Implementation6. The resident will be evaluated on admission to determine if he or she is a smoker or non-smoker. If a smoker, the evaluation will include: ˆd. Ability to smoke safely with or without supervision (per a completed Safe Smoking Evaluation).8. A resident's ability to smoke safely will be re-evaluated quarterly, upon significant change (physical or cognitive) and as determined by the staff. Review of Resident #2's record revealed an admission date of 05/18/2023 with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, nicotine dependence cigarettes uncomplicated, cerebral infarction, schizophrenia, bipolar disorder, personal history of other mental and behavioral disorders, hypertension, chronic obstructive pulmonary disease, and primary osteoarthritis of right shoulder. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating no cognitive impairment. Review of Resident #2's current care plan revealed the use of tobacco and the interventions included to assess smoking safety quarterly and as needed, assist with oral care as needed, monitor clothing for burn holes, provide safe receptacles for extinguishing cigarette butts, store cigarettes safely, and store lighter safely. Review of Resident #2's Smoking Safety Evaluation dated 07/28/2025 revealed the facility failed to determine if the resident had the ability to smoke safely with or without supervision on his quarterly re-evaluation. An interview on 09/10/2025 at 10:50 a.m. with S6Licensed Practical Nurse (LPN)/MDS revealed the MDS nurses are responsible for completing the quarterly risks assessments including the Smoking Safety Evaluation for Resident #2. S6LPN/MDS confirmed that Resident #2's Smoking Safety Evaluation dated 07/28/2025 failed to determine that the resident had the ability to smoke safely with or without supervision as per the facility's Smoking Policy. After review of Resident #2's Smoking Safety Evaluation dated 07/28/2025 and the facility's current Smoking Policy with S1Administrator on 09/10/2025 at 11:15 a.m., S1Administrator confirmed the facility failed to determine if Resident #2 was a safe smoker with or without supervision on the Smoking Safety Evaluation as per the facility's policy. An interview on 09/10/2025 at 1:30 p.m. with S2Director of Nursing (DON) confirmed that Resident #2 was not accurately assessed for smoking by failing to identify if Resident #2 had the ability to smoke safely on the Smoking Safety Evaluation on 07/28/2025.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation and interview the facility failed to maintain all mechanical equipment in safe operating condition by having a buildup of grease inside the deep fryer.Findings:On 09/08/2025 at 8:30 a.m., an observation of the kitchen revealed the large deep fryer contained a buildup of grease on the internal components.On 09/08/2025 at 8:35 a.m. S5Dietary Manger (DM) confirmed the internal components of the deep fryer contained a buildup of grease.