STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195528	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgecrest Community Care Center	1616 Wellerman Road West Monroe, LA 71291

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review and interview the facility failed to ensure staff followed enhanced barrier precautions during personal care provided to 1 (#66) of 1 resident observed and 2) failed to ensure staff sanitized hands during meal delivery to in-room residents. Findings: 1) Review of the policy and procedure Enhanced Barrier Precautions (EBP) dated August 2022 in part revealed:Policy Interpretation and Implementation2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply.a. Gloves and gowns are applied prior to performing the high contact resident care activity (as opposed to before entering room).3. Examples of high -contact resident care activities requiring the use of gown and gloves for EBPs include:d. providing hygiene,f. changing briefs or assisting with toileting.11. Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE required. Resident #66 Review of the record for Resident #66 revealed an admit date of 01/04/2023. Review of the current Physician orders for Resident #66 revealed there was an order dated 02/21/2026 for Enhanced Barrier Precautions. On 06/01/2026 at 1:35 p.m. observation of the doorway to Resident #66's room revealed there was an EBP sign posted and personal protective equipment (PPE) available. Further observation of S8CNA providing incontinent care to Resident #66 revealed S8CNA did not wear a gown while providing the care.Interview at that time S8CNA confirmed she was supposed to wear a gown while providing the care but did not. On 06/03/2026 at 1:30 p.m., an interview with S2DON agreed S8CNA should have worn a gown while providing incontinent care to Resident #66. 2) Review of the facility policy and procedure for Assisting the Resident with In-room meals revised December 2013 revealed in part:Preparation:11. Employees must wash their hands before serving food to residents. It is not necessary to wash hands between each resident tray: however, if there is contact with soiled dishes, clothing or the resident's personal effects, the employee must wash his/her hands before serving food to the next resident. On 06/01/2026 at 11:35 a.m. observation of the lunch meal served on the hallways revealed S5CNA was observed entering Resident #8's room to serve the lunch tray. S7CNA entered the room and assisted S5CNA in assisting Resident #8 up in the bed. S7CNA was observed exiting the room without cleaning her hands and then served Resident #24 and Resident #2. S5CNA was also observed exiting the room without cleaning her hands. On 06/01/2026 at 11:45 a.m. an interview with S5CNA and S7CNA confirmed they did not clean their hands after assisting Resident #8 up in the bed. On 06/03/2026 at 10:30 a.m., an interview with S2DON agreed the staff should have cleaned their hands after assisting Resident #8 up in the bed.

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming and personal hygiene for 1 (#83) of 2 residents sampled for Activities of Daily Living.Findings: Review of Resident #83's record revealed an admission date of 12/14/2016 with diagnoses including unspecified sequelae of cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting left non dominant side, and arthropathy.Review of Resident #83's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15 indicating no cognitive impairment. Further review of the MDS revealed the resident required partial/moderate assistance with personal hygiene, and had functional limitation in range of motion on one side of his body. Review of Resident #83's June 2026 Physician's Orders revealed an order dated 04/10/2024 for the nurse to assess nails for cleanliness and trim as needed every 30 days and as needed. Review of Resident #83's current care plan revealed he had an ADL self-care performance deficit. Further review of the care plan revealed the resident required limited assistance by one staff with personal hygiene. Observations on 06/02/2026 at 11:15 a.m. and 06/03/2026 at 8:30 a.m. of Resident #83 revealed the resident had a contracture to his left hand and his fingernails on both hands were long and needed to be trimmed.Interview on 06/02/2026 at 11:15 a.m. with Resident #83 confirmed he's not able to trim his own fingernails.Interview 06/03/26 at 8:45 a.m. with S3LPN revealed Resident #83 has a contracture to his left hand and requires assist with activities of daily living including nail care. Observation of Resident #83's fingernails, at this time, with S3LPN confirmed the resident's fingernails to bilateral hands were long and needed to be trimmed.