STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehab Center	1420 Blankenship Dr Deridder, LA 70634

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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 observation, interview and record review, the facility failed to maintain a clean and sanitary kitchen to prevent the likelihood of foodborne illnesses and failed to store food in accordance with professional standards for food service safety. This deficient practice had the potential to effect all 58 residents who consumed food from the kitchen. The facility failed to ensure: 1. Expired food items were discarded and not available for usage:2. Food items were properly stored, labeled, and dated;3. Dishware were properly clean and sanitized in accordance with food safety;4. Dietary staff worn hair/facial hair restraints while in the kitchen; and 5. Food temperatures were checked before meal services.Findings:Review of an undated facility policy on 12/15/2025 at 12:39 p.m. titled, References revealed the following in part .Sink: Solution 200PPM.Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Storage: Dry Food revealed the following in part .3. Discard any expired foods. Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Sanitation Room revealed the following in part .Work Surfaces: Dish room work surfaces must be maintained in a clean and sanitary condition. 1. Wash the soiled areas, rinse, sanitize according to manufacturer's instructions, allow to air dry. Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Daily Food Temperature Control revealed the following in part .Temperatures of all hot and cold food shall be taken prior to every meal service and recorded on the Temperature Log. This is done to help ensure that food is safe and is served within the acceptable ranges. 2. Prior to meal service, the cook shall take the temperature of all hot and cold foods. 3. Temperatures are recorded on the Temperature Log.Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Storage: Freezer revealed the following in part .1. Keep all frozen foods tightly wrapped or packaged to prevent freezer burn. 3. Label and date all items. Review of a facility policy on 12/16/2025 at 3:26 p.m. titled, Infection Control-Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices with a revised date of 01/2025 revealed the following in part .12. Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens. Observation on 12/15/2025 at 8:46 a.m. of the facility kitchen accompanied by S1 Administrator revealed the following: Walk-In Dry Storage Pantry: 1. Five 32-ounce plastic bags of unopened coconut shredding with an expiration date/best by date of 12/10/2025. Three Refrigerators (A, B, and C):1. Refrigerator A revealed one opened carton of orange juice with an expiration date of 11/27/2025. Three Freezers (A, B, and C):2. Freezer A revealed one opened, undated, and unsealed plastic bag of biscuits in a cardboard box (over 100 individual loose biscuits).2. Freezer B revealed one opened, undated, and unsealed plastic bag of okra in a cardboard box (over 100 individual loose pieces of okra). One 3-Compartment Sink Station:3. On 12/15/2025 at 9:24 a.m., S11 [NAME] performed the sanitizer testing check for the 3-compartment sink and resulted with a reading of 100PPM (parts per million).3. On 12/15/2025 at 9:50 a.m., S11 [NAME] performed a retesting of the sanitizer for the 3-compartment sink and resulted with a reading of 100PPM.3. On 12/15/2025 at 12:20 p.m., Auto-Clor Representative serviced the facility 3-compartment sink and revealed the sanitizer was tested low at 100mm. Auto-Clor Representative revealed proper sanitation of dishware should had been reading 200PPM at a minimum. 3. S1 Administrator present at all times of the above procedures. Hair/Facial (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hair Restraints:4. Observation of S11 [NAME] with a red curly, goatee, with multiple fly away hairs on his chin. S11 [NAME] was observed not wearing facial hair restraints during the entire kitchen observation. S11 [NAME] was observed washing dishes, prepping food items, and walking throughout the kitchen areas without a facial hair restraint.4. In an interview on 12/15/2025 at 9:32 a.m., S11 [NAME] revealed he was aware he should wear a beard/facial hair restraint while in the kitchen but was not because they ran out of facial hair nets and was just not going to wear one today. S1 Administrator was present throughout all of the above findings during the kitchen observation and confirmed the above findings. S1 Administrator confirmed there should not have been any expired foods available for use and food items should have been dated/labeled and sealed in a bag once opened, but were not. S1 Administrator stated the food items should have been discarded, but were not. 5. Review of the facility Food Temperature Logs and Sanitizer Logs revealed the following in part .10/2025: Daily Food Temperature Logs and Sanitizer Logs revealed multiple days where the dish sanitizer solution was tested below 200 PPM and/or food temperatures for meal service were not completed. 11/2025: Daily Food Temperature Logs and Sanitizer Logs revealed multiple days where the dish sanitizer solution was tested below 200 PPM and/or food temperatures for meal service were not completed.12/2025: Daily Food Temperature Logs and Sanitizer Logs revealed multiple days where the dish sanitizer solution was tested below 200 PPM and/or food temperatures for meal service were not completed. S1 Administrator confirmed the above findings in regard to daily temperature logs and sanitizer logs, during the record review. In an interview on 12/16/2025 at 2:19 p.m., S4 DM revealed she was aware the dish sanitizer readings should be at a minimum of 200 PPM and expected her staff to notify her if the test readings were below 200 PPM. S4 DM revealed she expected all dietary staff to check the temperature of food items prior to serving and log temperatures on the daily temperature logs for each meal. S4 DM revealed she expected all dietary staff to label food items with an opened date once opened and then place the items into a seal Zip-Lock bag once opened. S4 DM revealed that a best by date is the equivalent to an expiration date and all expired food items should be disposed of and not available for use. S4 DM revealed she expected all dietary staff to wear hair restraints and/or facial hair restraints while in the kitchen and stated there was plenty of hair/facial restraint supplies for use. S4 DM acknowledged there was an issue with the dietary staff not labeling food items, sealing food items, checking food temperatures prior to serving, testing the sanitizer appropriately, and wearing hair/facial hair restraints while in the kitchen.

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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 record review, observation, and interview, the facility failed to ensure an infection prevention and control program was maintained to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure: 1. Enhanced Barrier Precaution procedures were followed for Resident #54 and Resident #44. 2. Staff decontaminated reusable medical equipment between uses on different residents. Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Enhanced Barrier Precautions revealed the following in part .It is the policy of this facility to implement Enhanced Barrier Precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDRO). 2. Enhanced Barrier Precautions- Nursing staff will place residents with any applicable conditions or devices on EBP. An order may be obtained. Applicable conditions and devices: i. Wounds and/or indwelling medical devices (central lines, hemodialysis, catheters, urinary catheter etc.) even if the resident is not known to be infected or colonized with a MDRO. 4. High-contact resident care activities include: dressing, bathing, providing hygiene, changing linens, changing briefs or assisting with toileting, and device care or use: central lines, urinary catheters, feeding tubes, etc. 7. EBP should be used for the duration of the affected resident's stay in the facility or until the wound heals or indwelling medical device is removed. Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Enhanced Barrier Precautions revealed the following in part .Providers and staff must also: wear gloves and gown for the following high-contact resident care activities: dressing, bathing/showering, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube. Do not wear the same gown and gloves for the care of more than one person. Resident #54 Review of Resident #54's medical record revealed an admission date of 12/18/2024 and diagnoses of Osteomyelitis, Encounter for Orthopedic Aftercare Following Surgical Amputation, Type 2 Diabetes Mellitus without Complications, and Chronic Kidney Disease. Review of Resident #54's Quarterly MDS with an ARD date of 09/26/2025 revealed a BIMS score of 4, which indicated severe cognitive impairment. Resident #54 required substantial/maximum assistance with bathing, upper body dressing, and personal care and was dependent on staff for transfers. Review of Resident #54's current physician orders revealed the following in part . Start date (04/01/2025) Enhanced barrier precautions related to wounds; and Start date (12/01/2025) Foley catheter: 12 French/30ml bulb, change catheter every 21 days and PRN due to leakage, occlusion, and dislodgement for urinary retention. Review of Resident #54's current care plan revealed the following in part .Focus: The resident has a 12French/30ml indwelling Foley catheter related to vesical fistula (date initiated 12/02/2025). Intervention: Catheter change every 21 days, 12 French/30ml indwelling Foley catheter (date initiated on 12/02/2025). Observation on 12/15/2025 at 10:13 a.m. revealed Resident #54 had an indwelling catheter. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 12/16/2025 at 9:40 a.m. revealed S9 CNA entered Resident #54's room with clean linen and closed the door behind her. No observation of S9 CNA acquiring a gown/gloves upon entering the resident room. Observed Enhanced Barrier Precaution signage posted on the resident's door, which stated a gown and gloves should be used when providing hygiene, linen change, and brief changing. Observed a door hanger caddy placed on the resident's door with gown and gloves available for use. Observation on 12/16/2025 at 9:55 a.m., revealed S9 CNA exit Resident #54's room and place dirty linen into a linen barrel. No observation of dirty PPE, including a gown, at this time. In an interview on 12/16/2025 at 9:59 a.m., S9 CNA revealed she was assigned to Resident #54 and he had a Foley catheter for about a month. S9 CNA revealed she just provided personal care to Resident #54, which included a bed bath, incontinent care, linen change, dressing, repositioning, catheter care, and emptied the catheter drainage bag. S9 CNA confirmed she had only worn gloves when she provided care to Resident #54. Review of Resident #54's door signage with S9 CNA, at this time. S9 CNA stated she was aware Resident #54 required Enhanced Barrier Precautions due to his Foley catheter and she did not wear a gown when providing care to him, but should have. In an interview on 12/16/2025 at 10:20 a.m., S10 CNA revealed she was assigned to Resident #54 and he had a Foley catheter. S10 CNA stated she was aware Resident #54 does require EBP, but S10 CNA had only worn a gown when the resident had a big bowel movement. S10 CNA stated she does not wear a gown any other time when providing care to Resident #54. In an interview on 12/17/2025 at 10:45 a.m., S7 MDS revealed she was working as a floor nurse and assigned to Resident #54. S7 MDS stated she was familiar with Resident #54's care and he required EBP due to his Foley catheter, urostomy, and unhealed surgical wound. S7 MDS stated that all staff should wear a gown and gloves when direct care is provided, such as incontinent care, bathing, dressing, catheter care, etc. In an interview on 12/17/2025 at 2:06 p.m., S2 DON revealed residents who have a chronic wound, indwelling catheter, immune deficiency, or other indwelling devices, etc. required the need for EBP procedures. S2 DON revealed she expected staff who are caring for a resident with EBP to wear both gloves and gown when direct care was provided. S2 DON confirmed Resident #54 required EBP and staff should have worn both a gown and gloves when direct care was provided. Resident #44 Review of Resident #44's electronic medical record revealed an initial admission date of 11/12/2025 and a re-entry admission date of 12/11/2025 with a diagnoses that included in part. Intracranial Abscess and Granuloma, Other Post-procedural Complications and Disorders of the Nervous System, Hydrocephalus Unspecified, Other Disorders of the Pituitary Gland, and Unspecified Adrenocortical Insufficiency. Review of Resident #44's admission MDS with ARD of 11/28/2025 revealed a BIMS Score of 10, indicating moderate cognitive impairment. Resident #44 required partial to moderate assistance with showering, bathing, and personal hygiene. Review of Resident #44's December 2025 orders revealed in part. Vancomycin HCl Intravenous (IV) Solution (Vancomycin HCl) - Use 750 mg intravenously two times a day related to Intracranial (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Abscess and Granuloma. Flush 10 milliliter (mL) before and after infusion. Ceftazidime Intravenous Solution Reconstituted 2 gram (GM) – Use 2 gram intravenously every 8 hours related to Intracranial Abscess and Granuloma. Other post-procedural complications and disorders of the nervous system. Flush with 10 mL before and after infusion. Review of Resident #44's care plan with initiation date of 11/13/2025 revealed Resident #44 received IV medications through right arm PICC (Peripherally Inserted Central Catheter) line. On 12/16/2025 at 09:15 a.m., observation revealed Resident #44's room did not have any evidence that Resident #44 required enhanced barrier precautions. In an interview on 12/16/2025 at 09:15 a.m., S8 RN confirmed that Resident #44 had a PICC line in his right arm and did not have enhanced barrier precautions in place. S8 RN revealed she had just accessed Resident #44's PICC line to administer his morning dose of IV Vancomycin and did not wear a disposable gown. S8 RN confirmed Resident #44 did not have enhanced barrier precautions in place, and should. S8 RN confirmed she did not wear a gown when accessing Resident #44's PICC line this morning and should have. In an interview on 12/16/2025 at 09:29 a.m., S3 ADON accompanied the surveyor to Resident #44's room. S3 ADON revealed any resident with an indwelling medical device required enhanced barrier precautions. S3 ADON confirmed enhanced barrier precautions were not in place for Resident #44, and should have been. Observation on 12/16/2025 from 9:03 a.m. until 9:47 a.m. revealed S5LPN using an arm BP monitor, a wrist BP monitor, and a pulse oximeter to monitor the vital signs of multiple residents without sanitizing the equipment between uses on different residents. Interview with S3ADON on 12/16/2025 at 12:00 p.m. revealed staff were to decontaminate reusable medical equipment between uses on different residents. Interview with S5LPN on 12/16/2025 at 12:05 p.m. confirmed she did not decontaminate reusable medical equipment between uses on different residents, but should have.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on interview and record review, the facility failed to complete a Quarterly MDS assessment as required for 1 (Resident #4) of 28 sampled residents.Findings: Review of Resident #4's EMR revealed an admission date of 08/19/2019 with diagnoses including Chronic Obstructive Pulmonary Disease, Major Depressive Disorder, and Diabetes Mellitus, Type II. Review of Resident #28's MDS record revealed a Quarterly MDS with ARD of 11/01/2025 was exported on 12/15/2025. An interview on 12/17/2025 at 12:20 p.m. with S12 LPN confirmed Resident #4's Quarterly MDS with ARD of 11/01/2025 should have been submitted by 11/15/2025, but was not.

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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 respiratory care consistent with professional standards for 1 (Resident #53) of 2 residents reviewed for respiratory care. The facility failed to ensure oxygen was administered at the prescribed flow rate.Findings: Review of Resident #53's EMR revealed an admission date of 11/17/2022 with diagnoses including Asthma and COPD.Review of Resident #53's physician's orders revealed the following, in part.O2 (Oxygen) at 2 LPM via NC PRN O2 sat <92% dated 02/15/2023.Observation of Resident #53 on 12/15/2025 at 10:30 a.m. revealed O2 at 4 LPM via NC.Observation of Resident #53 on 12/16/2025 at 9:54 a.m. revealed O2 at 4 LPM via NC.Observation of Resident #53 on 12/16/2025 at 11:38 a.m. accompanied by S5 LPN revealed O2 at 4 LPM via NC. Interview with S5 LPN during the observation confirmed Resident #53's O2 should have been administered at 2 LPM, but was not.

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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 record review, observation, and interview the facility failed to maintain a medication error rate below 5%. The facility had a 7.41% medication error rate with 2 medication errors out of 27 opportunities. The facility failed to ensure:1. The correct topical medication was applied, in the correct site, and at the correct time for Resident #67; and2. Failure to ensure IV Vancomycin was infused at the correct infusion rate for Resident #44. Findings Observation of medication administration with S5LPN on 12/16/2025 at 9:16 a.m. revealed Desonide 0.05% Cream was applied to Resident #67's Right AKA stump. Review of Resident #67's physician's orders revealed the following, in part. Desonide 0.05% Cream - apply to face topically at bedtime, dated 12/04/2025; and Lidocaine External Cream 5% - apply to right stump area topically one time a day, dated 12/04/2025. Interview with S5LPN on 12/16/2025 at 11:17 a.m. confirmed she applied the wrong medication (Desonide Cream), to the wrong body site (Right stump), at the wrong time (AM), but should not have. Resident #44Review of Resident #44's electronic medical record revealed an initial admission date of 11/12/2025 and a re-entry admission date of 12/11/2025 with diagnoses that included in part. Intracranial Abscess and Granuloma, Other Post-procedural Complications and Disorders of the Nervous System, Hydrocephalus Unspecified, Other Disorders of the Pituitary Gland, and Unspecified Adrenocortical Insufficiency.Review of Resident #44's admission MDS with ARD of 11/28/2025 revealed a BIMS Score of 10, indicating moderate cognitive impairment. Review of Resident #44's December 2025 orders revealed in part. Vancomycin HCl Intravenous Solution (Vancomycin HCl) - Use 750 mg intravenously (IV) 2 times a day related to Intracranial Abscess and Granuloma. Flush 10 milliliter (mL) before and after infusion. In an interview on 12/16/2025 at 09:15 a.m., S8 RN revealed she just began Resident #44's 10 a.m. dose of IV Vancomycin. Observation at this time of Resident #44 revealed IV Vancomycin 750mg/150mL bag hanging on IV pole next to Resident #44 bed. IV Vancomycin infusing via dial flow tubing. Dial flow observed set at 150mL/hr. S8 RN confirmed IV Vancomycin was infusing at 150 mL/hr. Review of IV Vancomycin packaging at this time with S8 RN revealed a pharmacy label that read. Infuse 750mg IVPB over 90 minutes 2 times a day. S8 RN confirmed IV Vancomycin was infusing at the incorrect rate. S8 RN confirmed IV Vancomycin should be infusing at 100 mL/hr, and was not.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 by failing to ensure:1. Unattended treatment cart (Cart C) was locked appropriately;2. Expired medications were not available for use; and3. Drawers containing emergency medications were locked when not in use. This deficient practice had the potential to affect all 63 residents who currently resided in the facility. Findings: Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Medications-Storage revealed the following in part .The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others. Review of an undated Facility policy on 12/16/2025 at 8:48 a.m. titled, Medication Cart Security revealed the following in part .1. The nurse must secure the medication cart during the medication pass to prevent unauthorized entry. 4. Medication carts must be securely locked at all time when out of the nurse's view. 5. When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room. Observation on 12/16/2025 at 10:09 a.m. of the entrance of Hall Z revealed a medication/treatment cart (Cart C) unlocked. Observation revealed Cart C was placed at the entrance of a busy hallway, Hall Z, with the cart doors facing outwards into the hallway. This Surveyor observed for approximately 10 minutes (until 10:19 a.m.) the unattended, unlocked cart. Observed 4 residents ambulate in front of the unlocked cart, 22 staff members ambulated in front of the unlocked cart, and 2 wheelchair bound residents wheeled themselves in front of the unlocked cart. At 12/16/2025 at 10:24 a.m., S3 ADON accompanied this surveyor to Cart C located on Hall Z. S3 ADON confirmed Cart C was left unattended and unlocked on a busy hallway, Hall Z. S3 ADON confirmed that Cart C was placed where the drawers of the cart were facing in the direction of the hallway were residents and others could access the contents inside the cart. S3 ADON opened the drawers to the cart (no key needed due to unlocked) and revealed it was the treatment cart, which contained medicated creams, ointments, dressings, and other medical supplies. S3 ADON revealed that all nurses are fully aware to lock their carts when left unattended. S3 ADON confirmed Cart C was unattended and unlocked, but should not had been. In an interview on 12/17/2025 at 2:11 p.m., S2 DON revealed she expected all nurses to lock their medication/treatment carts when not in use or left unattended. Review of the facility's undated policy titled Medications – Storage revealed, in part.the facility shall not use outdated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. Observation of room [ROOM NUMBER] on 12/16/2025 at 11:45 a.m. with oversight from S6LPN (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed: Arformoterol Tartrate inhalation Solution 15mcg/2mL – 7 packages containing 5 vials each with expiration dates of 12/2024; Formoterol Fumarate Inhalation Solution 20mcg/2mL – 1 package with an expired date of 04/2025; Tropicamide 1% Phenylephrine 2.5% Ophthalmic Solution – 1 vial with beyond-use date of 11/15/2025; and Multiple unlocked Emergency Medication Storage drawers. Interview with S6LPN during observation revealed expired medications should not be available for use. Interview with S3ADON on 12/16/2025 at 12:00 p.m. confirmed expired medications were available for use, but should not have been. S3ADON confirmed Emergency Medication Storage drawers were to be locked when not in use, but were not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Deridder Retirement & Rehab Center	1420 Blankenship Dr Deridder, LA 70634

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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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review the facility failed to employ staff with appropriate competencies and skill sets to carry out the functions of the food and nutrition services by failing to ensure the dietary manager met the minimum qualifications of a certified dietary manager. This deficient practice had the potential to affect all 58 residents who consumed food from the kitchen. Findings:Review of an undated facility policy on 12/16/2025 at 3:36 p.m. titled, Food Service Manager revealed the following in part .Education: Dietary Manager certification is required. Qualifications: 1. Must be either a Dietary Assistant, Certified Dietary Manager, or Registered Dietitian. In an interview on 12/16/2025 at 2:19 p.m., S4 DM revealed she was hired in 08/2025 and has not worked in a nursing home setting before. S4 DM stated she has not obtained any certifications since she has been hired as the Dietary Manager, including the Serve Safe Certification. S4 DM revealed she has received guidance from the Registered Dietician and a Chef, who were both facility contracted individuals and worked part-time. S4 DM was unaware of a deadline to complete the Safe Serve Certification and should be starting the course in the middle of 01/2026.In an interview on 12/16/2025 at 4:00 p.m., S1 Administrator revealed S4 DM did not have any prior or current certifications in her personnel file. S1 Administrator confirmed he did not have any food service certifications. S1 Administrator confirmed that no other facility staff acquired the Serve Safe certification or other food service certifications for dietary management.In an interview on 12/17/2025 at 2:35 p.m., S1 Administrator revealed that upon hiring of S4 DM in 08/2025, S1 Administrator was aware S4 DM's certification was expired. S1 Administrator confirmed S4 DM did not have an associate or bachelor's degree of any kind. S1 Administrator confirmed the Registered Dietician and Chef were both contracted personnel and did not work every day at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195535	A. Building B. Wing	12/17/2025

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Deridder Retirement & Rehab Center	1420 Blankenship Dr Deridder, LA 70634

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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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation and interview the facility failed to ensure garbage and refuse were disposed of properly. This deficient practice had the potential to affect all 63 residents who resided in the facility. Findings:Review of an undated facility policy on 12/16/2025 at 8:48 a.m. titled, Trash revealed the following in part .1. All waste must be place in sealed containers. All garbage and trash will be place in a dumpster in a convenient area near the facility. The lid to the dumpster is to be kept closed at all times. Observation on 12/15/2025 at 9:38 a.m. of the facility dumpsters accompanied by S1 Administrator revealed two facility dumpsters (Dumpster A and Dumpster B). Observation of Dumpster A revealed an opened side lid to the dumpster. S1 Administrator stated he expects all staff to close the dumpster doors/lids when they were finished taking the trash out. S1 Administrator confirmed Dumpster A had an opened side lid and it should have been closed at all times when not in use, but was not.