

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Cherry Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 5980 Cherry Ridge Rd Bastrop, LA 71220	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40238</p> <p>Based on record review, observations and interviews the facility failed to ensure a resident who is unable to carry out activities of daily living received the necessary services to maintain good grooming, and personal hygiene for 1 (#5) of 2 (#5, and #14) residents investigated for assistance with activities of daily living (ADL). The failed practice was evidenced by resident #5 having long and dirty fingernails.</p> <p>Findings:</p> <p>Resident #5</p> <p>Record review revealed resident #5 was admitted to the facility on [DATE] with diagnoses that included hypertension, chronic obstructive pulmonary disease, seizure disorder, and congestive heart failure.</p> <p>Further review of the record revealed a Minimum Data Set (MDS) assessment completed on 04/05/2024. The assessment revealed resident #5 had a brief interview of mental status (BIMS) score of 15 which indicated he had no cognitive impairment. Further review of the MDS data, under section G - ADL assistance, revealed resident #5 required assistance with all activities of daily living with at least one person assistance.</p> <p>On 05/28/2024 at 2:52 p.m. an interview and observation with resident #5 revealed he had long fingernails with black grime observed underneath the nails. Resident #5 reported staff came by a couple of weeks ago and soaked his fingernails in warm water and reported they would be back to trim his nails but no one returned to trim his nails. Resident #5 reported he asked staff to cut them again on a different day but the person he asked never returned to trim his nails.</p> <p>On 05/29/2024 at 3:34 p.m., an observation of resident #5 revealed he had long fingernails with black grime observed underneath the nails.</p> <p>On 05/29/2024 at 10:20 a.m., an observation of resident #5 was conducted in his room with S3Licensed Practical Nurse (LPN). Observation revealed resident #5 had long fingernails with black grime observed underneath the nails. S3LPN confirmed resident #5 was in need of nail care.</p> <p>On 05/30/2024 at 11:32 a.m., S2Director of Nurses (DON) was informed of resident #5 having long dirty fingernails and S2DON agreed nail care should have been provided.</p>

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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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18118</p> <p>Based on record reviews and interviews, the facility failed to ensure resident's drug regimens were free from unnecessary psychotropic medications for 2 (#24 and #219) of 5 (#12, #16, #24, #54, #219) residents reviewed for unnecessary medications. The facility failed to ensure 1) lab work was obtained for resident #24 while receiving a psychotropic medication and 2) a psychotropic medication was used only when there was an acceptable diagnosis documented in the medical record for resident #219.</p> <p>Findings:</p> <p>Resident #24</p> <p>Review of the medical record for resident #24 revealed an admitted [DATE] with diagnoses including esophageal obstruction, diabetes mellitus, depression, bipolar, psychosis, and dementia.</p> <p>Review of the May 2024 physician orders revealed an order dated 05/01/2022 for Seroquel (antipsychotic) 25 milligrams (mg) to be administered by mouth at hour of sleep. Further review of the May 2024 orders revealed an order dated 10/26/2022 to obtain Glycated Hemoglobin (HbA1c) annually in February.</p> <p>Review of the current care plan revealed antipsychotic drug use related to diagnosis of bipolar and to obtain lab work as ordered.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident scored a 15 on the Brief Interview for Mental Status (BIMS) which indicated intact cognitive skills for daily decision making.</p> <p>Review of the medical record revealed no documented evidence of a HbA1c obtained in February 2024 as ordered.</p> <p>Interview with S2Director of Nursing (DON) on 05/29/2024 at 3:00 p.m. confirmed there was no documentation of the HbA1c obtained for resident #24 in February 2024.</p> <p>Interview with S2DON on 05/30/2024 at 1:10 p.m. confirmed the facility should obtain the HbA1c when a resident was administered Seroquel.</p> <p>19256</p> <p>Resident #219</p> <p>Review of the medical record for resident #219 revealed the resident was admitted on [DATE] with diagnoses of hypertension, insomnia, restless legs syndrome, atherosclerotic heart disease, osteoarthritis, neuropathy, and osteoporosis.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident scored a 10 on the Brief Interview for Mental Status (BIMS) which indicated moderately impaired cognitive skills for daily decision making.</p> <p>Review of the physician orders for May 2024 revealed an order dated 05/10/2024 for Geodon (antipsychotic) 20 mg at bedtime daily.</p> <p>Review of the record revealed the following care plan: antipsychotic drug use, at risk for side effects - takes Geodon.</p> <p>An interview with S8Assistant Director of Nursing on 05/30/2024 at 9:50 a.m. confirmed the resident did not have a diagnosis documented in the clinical record for receiving Geodon.</p> <p>An interview with S2Director of Nursing on 05/30/2024 at 1:10 p.m. confirmed the resident did not have an acceptable diagnosis documented in the clinical record for receiving the antipsychotic medication, Geodon.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>40238</p> <p>Based on observations, interview and record reviews, the facility failed to honor and accommodate food preferences for 5 (#4, #17, #22, #39, #47) of 6 (#4, #6, #17, #22, #39, #47) residents investigated for dining concerns. The failed practice was evidenced by residents not being provided condiments with their meals.</p> <p>Findings:</p> <p>Resident #39</p> <p>Record review revealed resident #39 had a quarterly Minimum Data Set (MDS) assessment completed on 05/03/2024. Section C (cognitive patterns) of the MDS revealed a Brief Interview of Mental Status (BIMS) was completed with a score of 13 which indicated she was cognitively intact.</p> <p>Further review of active physician orders for May 2024 revealed an order for resident #39 to receive a regular diet.</p> <p>On 05/28/2024 at 09:18 a.m., observation revealed resident #39 was served pancakes with no syrup. During an interview at this time with resident # 39, she reported she was agitated and she stated enough was enough. Resident # 39 complained about the kitchen staff rarely providing the necessary condiments to go with the food served. Resident # 39 reported she had to ask for condiments the majority of the times when she ate meals in her room.</p> <p>Resident #17</p> <p>Record review revealed a quarterly MDS assessment data was collected on 04/19/2024. Section C (cognitive patterns) revealed resident #17 had a BIMS score of 12 which indicated mild cognitive impairment and had the ability to make her wants and needs known.</p> <p>Further review of active physician orders for May 2024 revealed an order for resident #17 to receive a regular diet.</p> <p>On 05/28/2024 at 09:24 a.m., an observation and interview with resident #17 was conducted in her room as she was being served breakfast. She was served bacon and pancakes with no syrup. Resident #17 reported she wanted syrup with her pancakes and she frequently had to ask for condiments such as salt, pepper and ketchup because it was not provided on her meal tray. Resident #17 reported she normally ate in her room.</p> <p>Resident #4</p> <p>Record review revealed resident #4 had a quarterly MDS assessment completed on 03/24/2024. Section C (cognitive patterns) of the MDS revealed a BIMS was completed with a score of 15 which indicated she was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of active physician orders for May 2024 revealed an order for resident #4 to receive a regular renal diet.</p> <p>On 05/28/2024 at 09:27 a.m., an observation and interview was conducted in resident #4's room. Resident #4 reported she never got condiments with her meals.</p> <p>Resident #47</p> <p>Record review revealed resident #47 had a quarterly MDS assessment completed on 04/12/2024. Section C (cognitive patterns) of the MDS revealed a BIMS was completed with a score of 15 which indicated he was cognitively intact.</p> <p>Further review of active physician orders for resident #47 revealed an order for resident #47 to receive a regular diet with no concentrated sweets.</p> <p>On 05/30/2024 at 1:10 p.m., an interview was conducted with resident #47 in his room. Resident #47 was alert and oriented. He reported he was not served condiments with all of his meals served in his room.</p> <p>Resident #22</p> <p>Record review revealed resident #22 had a quarterly MDS assessment completed on 03/01/2024. Section C (cognitive patterns) of the MDS revealed a BIMS score of 15 which indicated she was cognitively intact.</p> <p>Further review of active physician orders revealed an order for resident #22 to receive a regular diet.</p> <p>On 05/30/2024 at 1:00 p.m., an interview was conducted with resident #22 in her room. Resident #22 was alert and oriented. Resident #22 reported condiments were not always on her tray when meals were served. Resident # 22 reported she occasionally ate meals in her room and it was a problem if she had to wait for condiments to be delivered after her food was dropped off in her room.</p> <p>On 05/30/2024 at 11:30 a.m. an interview was conducted with S2 Director of Nurses (DON). S2DON confirmed all residents should have been served condiments with their meals in accordance with their diet ordered.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32231</p> <p>Based on observations and interviews, the facility failed to prepare and distribute food in accordance with professional standards for food service safety.</p> <p>The facility failed to ensure 1) that all staff operating the three compartment sink and dishwasher could test for the proper amount of sanitizer, and 2) contaminated serving utensils did not come in contact with the food on the steam table.</p> <p>According to interview with S4Dietary Manager (S4DM), there were 72 residents who received meals served from the kitchen.</p> <p>Findings:</p> <p>During a tour of the kitchen with S4DM on 05/28/2024 at 8:35 a.m., an observation revealed S5Dietary Worker in the dishwashing room. She was observed placing dishes in the three compartment sink. Further observation revealed water in all three individual compartments of the sink. S5Dietary Worker removed a test strip from the Auto-Chlor (Test strips used to test for chemical sanitizer levels) bottle. S5Dietary Worker dipped the test strip into the water of each of the compartments. S5Dietary Worker revealed that she was checking the water with the test strip and if it (referring to the test strip) turned purple, the water was warm enough. Observation of the test strip revealed there was no color change to indicate the sanitizer level.</p> <p>S6Dietary Worker was present in the dishwashing room and was observed preparing dishware for the dishwashing machine. S6Dietary Worker revealed that when she used the strips (Referring to test strips used to check the sanitizer level), she was to check the temperature of the water. She pointed to one of the dishwasher's hose that was located at the top of the dishwashing machine and revealed she could see the water that contained the sanitizer coming out of the hose. S6Dietary Worker confirmed that she did not check the machine's water during the rinse cycle to determine the amount of sanitizer in the water. S4DM was present in dishwashing room during the observations and interviews with S5Dietary Worker and S6Dietary Work and confirmed the dietary staff needed further training on the testing for sanitation of the three compartment sink and the dishwashing machine.</p> <p>During an observation of the lunch service on 05/28/2024 at 11:45 a.m., S5Dietary Worker was observed using a pair of tongs to retrieve sliced turkey from a pan that was located on the steam table. When attempting to pick the meat up, she dropped the tongs in the pan with the handle submerged in the gravy and in direct contact with the sliced turkey. S5Dietary Worker had held the tongs with her bare hands. S5Dietary Worker picked the tongs up from the gravy with the same bare hands and continued with the meal service. Further observation revealed S7Dietary Worker retrieved the rolls from a different pan on the steam table. After handling the tongs with her bare hands, S7Dietary Worker was observed placing the tongs including the handles, on top of the rolls. The handle of the tongs were on top of and in direct contact with the rolls.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>S4DM was present in the kitchen during the meal service and was notified of the observations and interviews with S5Dietary Worker and S7Dietary Worker. S4DM confirmed that S5Dietary Worker should have replaced the dropped tongs and S7Dietary Worker should not have placed the tong handles on top of an in direct contact with the rolls.</p> <p>On 05/30/2024 at 3:02 p.m., S1Administrator and S9Administrator-In-Training were notified of the observations during the lunch meal service.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>32231</p> <p>Based on observation and interview, the facility failed to maintain all mechanical equipment in a safe operating condition by having a large buildup of grease in the deep fryer.</p> <p>Findings:</p> <p>On 05/28/2024 at approximately 12:30 p.m., an observation of the kitchen revealed one large gas deep fryer. Further observation revealed the deep fryer had a lower compartment that housed the fryer's internal components. Observation of the lower compartment revealed a large, thick buildup of grease and grease splatters throughout the compartment and in direct contact with the fryer's internal components. S4Dietary Manager was present during the observation and confirmed the deep fryer was not in safe working condition and needed to be cleaned.</p> <p>On 05/30/2024 at 3:02 p.m., S1Administrator and S9Administrator-In-Training were notified of the observation of the deep fryer.</p>		