STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195547	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eunice Manor	3859 Highway 190 Eunice, LA 70535

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Facility failed to post current staffing information Findings:Review of the facility's policy, Posting of Staffing, with a last review date of 01/12/2026 revealed the following in part, Purpose: To visibly see facility staffing levels that comply with federal and state requirements. Policy: Post daily staffing information daily in a prominent, easily accessible, and visible area for residents and visitors.On 01/11/2026 at 8:30 a.m., upon entrance to the facility, the Daily Staffing Report was observed posted on a glass window of an office located near the front entrance of the facility. The report was dated for 01/06/2026. On 01/12/2026 at 1:37 p.m., an interview was conducted with S2DON (Director of Nursing). She confirmed that the staffing information posted on 01/11/2026 at 8:30 a.m., near the front entrance of the facility, was dated for 01/06/2026. She further confirmed the posted staffing information was outdated, and should have been current with staffing information for 01/11/2026.

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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(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 observations, interviews, and policy and procedure reviews, the facility failed to: 1. Maintain a clean and sanitary kitchen to prevent cross contamination and the likelihood of foodborne illnesses and 2. Store food in accordance with professional standards for food service safety. This deficient practice had the potential to affect the 79 residents who consumed food from the kitchen. Findings: Review of the facility's policy, Sanitization, with a last review date of 01/02/2026, revealed the following in part: Policy Statement: The food service area is maintained in a clean and sanitary manner. 1. All kitchen, kitchen areas and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. 2. All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair. Review of the facility's policy, Refrigerators and Freezers, with a last review date of 01/02/2026, revealed the following in part: Policy Statement: The facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. 1. Refrigerators and/or freezers are maintained in good working condition. Refrigerators keep foods at or below 41 degrees Fahrenheit and freezers keep frozen foods frozen solid. 2. Monthly tracking sheets for all refrigerators and freezers are posted to record temperatures. 3. Monthly tracking sheets include time, refrigerator temperature, temperature of potentially hazardous foods (PHF)/time/temperature control for safety (TCS) food, initials, and action taken. The last column will be completed only if temperatures are not acceptable. 7. All food is appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) are marked on cases and on individual items removed from cases for storage. Use by dates are completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food are observed and use by dates are indicated once food is opened. 9. Supervisors are responsible for ensuring food items in pantry, refrigerators, and freezers are not past use by or expiration dates. An initial tour of the kitchen and interview was conducted with S1DM (Dietary Manager) on 01/11/2026 from 08:42 a.m. 9:30 a.m. S1DM observed and confirmed the cleanliness and food storage issues that included the following: 1. Dried white food particles and drip spots were observed on the stainless steel wall next to the steam table. 2. A three tiered rolling cart containing clean dishes and trays was observed with crumbs noted on all three shelves including yellow food crumbs noted in recessed areas of the top shelf. Yellow, dried, food debris was observed on the middle shelf. [NAME] and yellow dried food debris was observed on the bottom shelf. 3. A steam table was observed with dried black, white, and yellow residue noted in the back corners of the bottom shelf. A dried, round, brown liquid stain, crumb debris, dust, and small pieces of paper were also noted to the bottom shelf of the steam table. 4. A shelf containing clean stock pots was observed with white, dried, food debris. 5. The bottom, front panel of the stove was observed with thick, dried, yellow residue and food debris. 6. Dried food debris and trash debris was observed on the floor behind a prep table near the walk in cooler. 7. Dried white, yellow, and brown food debris along with a brown, dried, drip stain was observed in the bottom storage of a prep table. 8. A reach in cooler was observed sitting on a counter containing one pitcher of lemonade, one pitcher of pink lemonade, six small containers of orange juice, twelve small containers of apple juice, and ten small containers of cranberry cocktail. S1DM stated that there was no temperature monitoring for this refrigerator at the time of observation. 9. A box containing four packs of sliced turkey breast was observed in the walk in cooler with Use by or freeze by 12/15/2025 printed on the box. S1DM confirmed that the box of sliced turkey breast was expired and should have been discarded at the time of observation. 10. A double pack of ground meat was observed in the walk in freezer. The ground meat was in plastic wrapping without any indication of the date the item was received. S1DM stated that the ground meat had been removed from the box it was received in, and confirmed that the date the item was received should have been labeled on the packs of ground meat.