

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965</p> <p>Based on record review and interview, the facility failed to ensure a resident identified with a qualified mental disorder was referred to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 1(#8) of 1 resident sampled for PASARR, out of a total sample of 23 residents.</p> <p>Findings:</p> <p>On 10/2/2024, a review of the facility's policy titled Pre-Admission Screening and Resident Review (PASRR) Policy and Procedure with a revision date of 06/18/2024 read in part: Purpose: To ensure completion of Pre-Admission Screening and Resident Review level two evaluations to assess the need for nursing facility placement and service, including planning and facilitation of behavioral health services. Pre-admission screening and Resident Review is a federal requirement to help ensure that individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care .</p> <p>A review of Resident #8's medical record revealed that she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Unspecified Dementia, Anxiety, Major Depressive Disorder, and Schizoaffective Disorder. Further review of the resident's medical record revealed she was diagnosed with Schizoaffective Disorder on 05/24/2021 and there was no evidence a review had been submitted for a level 2 evaluation and determination.</p> <p>On 10/01/2024 at 2:57 p.m., an interview was conducted with S4SSD (Social Services Director) who confirmed she was responsible for submitting reviews to the OBH (Office of Behavioral Health) when a resident had a new qualifying mental illness. S4SSD confirmed that on 05/24/2021 the resident had a new diagnosis of Schizoaffective Disorder but she did not submit a review to the OBH for a level 2 evaluation and determination and should have.</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 |
|---|-------|-----------|

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |
| 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965</p> <p>Based on observations, interviews, and record review, the facility failed to provide respiratory care consistent with professional standard of practice for 2 (Resident #12 and #19) out of 3 (Resident #12, #19, and #37) residents investigated for respiratory care. The facility failed to:</p> <ol style="list-style-type: none"> 1. Store Resident #12's oxygen equipment in a sanitary manner, and 2. Provide continuous oxygen therapy for Resident #19. <p>Findings:</p> <p>On 10/02/2024, a review of the facility's policy titled Oxygen Concentrator and Equipment Cleaning Policy and Procedure, with a revision date of 05/09/2024, revealed in part: Purpose: To keep Oxygen concentrator and equipment clean .Procedure .2. Store Oxygen tubing, cannula, and mask in bag when not in use.</p> <p>Review of Resident #12's EHR (Electronic Health Record) revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Chronic Obstructive Pulmonary Disease, Hypoxemia, and Shortness of Breath.</p> <p>A review of physician's orders revealed an order written on 11/29/2023 for O2 (Oxygen) at 2 LPM (liters per minute) PER (by) NC (nasal cannula) PRN (as needed) SOB (shortness of breath) related to Hypoxia.</p> <p>On 09/30/2024 at 9:20 a.m., an observation and interview was conducted with Resident #12. The resident's nasal cannula was on top of the O2 concentrator and left exposed to air. The resident stated that staff applied her O2 tubing when she got short of breath and took it off when she was no longer short of breath.</p> <p>On 09/30/2024 at 9:20 a.m., an observation of Resident #12's O2 set up and an interview was conducted with S3ADON (Assistant Director of Nursing). She confirmed the resident's O2 tubing (nasal cannula) was left exposed to air and not stored in a bag. S3ADON stated that nurses are supposed to store the resident's O2 tubing in a bag when not in use.</p> <p>47540</p> <p>Resident #19</p> <p>Review of Resident #19's record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Chronic Obstructive Pulmonary Disease, Alzheimer's Disease, and Heart Failure.</p> <p>Review of Resident #19's most recent Quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) of 03, indicating her cognition was severely impaired. Section O: Special Treatments, Procedures and Programs was checked for oxygen therapy.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |
| 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident #19's physician's orders revealed an order dated 11/05/2020 that read in part, oxygen at two liters per nasal cannula continuously .</p> <p>Review of Resident #19's comprehensive care plan with a focus that read in part, I have Chronic Obstructive Pulmonary Disease . I experience Shortness of Breath (SOB) while lying flat, upon exertion, and when at rest. I require use of Continuous Oxygen (O2) with ear cushions to by nasal cannula .</p> <p>On 09/30/2024 at 12:17 p.m., an observation was made of Resident #19 in the dining room eating lunch. Resident #19's oxygen concentrator was observed and it was turned off, and no amount of liters were infusing via nasal cannula.</p> <p>On 09/30/2024 at 12:25 p.m., an interview and observation conducted with S6LPN (Licensed Practical Nurse). S6LPN stated Resident #19 was supposed to receive oxygen via nasal cannula continuously. She confirmed that the resident's oxygen concentrator was off, and was not receiving any oxygen.</p> <p>On 10/01/2024 at 10:21 a.m., an interview with S5LPN. She stated that Resident #19 was on continuous oxygen. S5LPN stated Resident #19's oxygen concentrator was brought to the dining room with her by staff and she was supposed to receive oxygen while eating. She stated Resident #19 does not control the oxygen concentrator and that was turned on and off by the staff.</p> <p>On 10/01/2024 10:38 a.m., an interview with S2DON (Director of Nursing). She confirmed if a resident was ordered to be on continuous oxygen, this means the resident should receive oxygen at all times.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>49784</p> <p>Based on observation, interview, and record review, the facility failed to follow the recipe in order to meet the nutritional needs of the residents as evidenced by kitchen staff failing to:</p> <ol style="list-style-type: none"> 1) Use the appropriate recipe to prepare a pureed food item 2) Ensure the appropriate sized scoops were used to serve pureed and mechanically soft food. <p>This deficient practice had the potential to contribute to an unpleasant dining experience, decreased intake, altered nutritional needs and weight loss for the 8 residents who consumed pureed meals and mechanical soft meals from the kitchen.</p> <p>Findings:</p> <p>A review of the facility's policy Pureed Policy and Procedure, with a last review date of 04/10/2024, revealed in part: Purpose: The Pureed texture is a mechanical modification of the Regular Diet or any therapeutic diet, designed for people with moderate to severe swallowing difficulty and a poor ability to protect their air way. This texture allows pureed food that is smooth and easily stays together. Policy: Pureed Preparation 1. Follow standardized recipes for accurate serving sizes and servings per batch.</p> <p>A review of the facility's policy Portion Control Policy and Procedure, with a last review date of 04/10/2024 revealed in part: Policy: Individuals will receive the appropriate portions of food as planned on the menu. Control at the point of service is necessary to assure that accurate portion sizes are served. 3. Serve the food with ladles, scoops, spoodles and spoons of standard size. a. Portions that are too small result in the individual not receiving the nutrients needed.</p> <p>A review of the facility's policy Accuracy and Quality of Tray Line Service Policy and Procedure, with a last review date of 05/09/2024 revealed in part: Policy: Tray line positions and set up procedures are planned for efficient and orderly delivery. All meals are checked by food service personnel for accuracy, and by the employees serving the meals prior to serving the individual. 1. The menu extension sheet displays food items and amounts for each regular or therapeutic diet., 7. Each meal will be checked for: Proper portion size.</p> <ol style="list-style-type: none"> 1. Review of the recipe for Pureed Dinner Roll revealed whole milk was the required liquid to be used. <p>On 09/30/24 at 10:18 a.m., an observation was made of S9COOK preparing pureed dinner roll. S9COOK used water as the liquid to puree the dinner roll.</p> <ol style="list-style-type: none"> 2. Review of Portion Sheet for Week 3 revealed the following listed portion sizes: Mechanical Soft Beans with ground ham- 6 oz (ounces) (3/4 cup); Pureed Beans with ground ham- 6oz (3/4 cup); and Pureed Peas- 1/3 cup <p>(continued on next page)</p> |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 09/30/2024 at 11:45 a.m., an observation of the serving line at lunch was conducted. The following scoops were used to serve residents on Pureed and Mechanically Soft diets: Mechanical Soft Beans- [NAME] scoop (1/3 cup); Pureed beans- [NAME] scoop (1/3 cup); and Pureed peas- Blue scoop (1/4 cup);</p> <p>On 09/30/24 at 12:56 p.m., an interview was conducted with S9COOK and S7DM. S9COOK stated that she has not used recipes to prepare pureed foods. S9COOK stated she has prepared pureed foods by memory of what she had been taught, and that she does not use measurements when cooking or preparing pureed foods. S7DM stated that the staff have a portion sheet for recommended scoop portions that is placed on the food prep table. S7DM stated that the cook is responsible for ensuring that the proper scoops are used, but S7DM stated that she selected the scoops herself today.</p> <p>On 10/01/24 at 08:23 a.m. an interview was conducted with S10RD. S10RD confirmed that S9COOK should have used a recipe to puree dinner rolls, and milk should have been used instead of water to puree according the recipe. She confirmed that the correct scoops were not used according to the portion size sheet for residents receiving mechanically soft and pureed diets. She confirmed that staff should have used the portion size sheet to select scoops for serving. S10RD confirmed that residents receiving mechanically soft and pureed diets may have not received the recommended nutritional needs.</p> |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784</p> <p>Based on observations, interviews, and policy and procedure reviews, the facility failed to:</p> <ol style="list-style-type: none"> 1. Maintain a clean and sanitary kitchen to prevent cross contamination and the likelihood of foodborne illnesses; 2. Store food in accordance with professional standards for food service safety; and 3. Wear an appropriate hair restraint; <p>This had the potential to effect the 83 residents who ate meals prepared from the facility's kitchen. The facility's census was 86.</p> <p>Findings:</p> <p>Review of the facility's policy, Dry Storage Areas and Policy and Procedure, with a last review date of [DATE], revealed the following in part: Policy: Dry storage areas will be kept in a condition which protects stored foods from infestation. Care of the Store Room: 1.c. Foods with expiration dates are used prior to the date on the package. Canned and dry foods without expiration dates are used within six months of delivery or according to manufacturer's guidelines.</p> <p>Review of the facility's policy, Employee Sanitary Practices Policy and Procedure, with a last review date of [DATE], revealed the following in part: Policy: All kitchen employees will practice standard sanitary procedures. Procedure: All employees shall: 1. Wear hair restraints (hairnet, hat, and/or beard restraint) to prevent hair from contacting exposed food.</p> <p>Review of the facility's policy, Cleaning Instructions Slicers Policy and Procedure, with a last review date of [DATE], revealed the following in part: The slicer will be cleaned and sanitized after each use.</p> <p>Review of the facility's policy, Cleaning Instructions Fryers Policy and Procedure, with a last review date of [DATE], revealed the following in part: Policy: Fryers will be cleaned on a regular basis and cared for in such a way to maintain optimum production.</p> <p>Review of the facility's policy, Cleaning Instructions Ice Machine and Equipment Policy and Procedure, with a last review date of [DATE], revealed the following in part: Policy: The ice machine and equipment (scoops, etc.) will be cleaned on a regular basis to maintain a clean, sanitary condition. Procedure: 7. The ice scoop and any other removable parts will be washed and sanitized at least weekly or as needed in the dishwasher and allowed to air dry.</p> <p>Review of the facility's policy, Cleaning Dishes- Manual Dishwashing Policy and Procedure, with a last review date of [DATE], revealed the following in part: Policy: Dishes and cookware will be washed after each meal to assure that all dishes are clean and sanitary.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Review of the facility's policy, Cleaning Instructions Floors, Tables and Chairs Policy and Procedure, with a last review date of [DATE], revealed the following in part: Policy: Kitchen and dining room floors, tables and chairs will be kept clean and sanitary. Procedure: 1. Kitchen floors will be swept and cleaned after each meal. A thorough cleaning using disinfectant will be done at least daily.</p> <p>Review of the facility's policy, Cleaning Instructions Food Preparation Appliances Policy and Procedure, with a last review date of [DATE], revealed the following in part: Policy: Small appliances (such as mixers and food processors) will be cleaned and sanitized after each use. Procedure: 6. Clean the outer surface of the appliance with a clean cloth that has been moistened with hot, soapy water.</p> <p>Review of the facility's policy, Cleaning Instructions Food Carts Policy and Procedure, with a last review date of [DATE]: Policy: Food carts will be cleaned and sanitized after each use. Procedure: 1. Each day, the inside and outside of all food carts will cleaned and sanitized.</p> <p>An initial tour of the kitchen was conducted on [DATE] at 08:45 a.m. with S1ADM (Administrator) and S7DM (Dietary Manager) and revealed the following:</p> <ol style="list-style-type: none"> 1. One container of Ready Care Thickener expired on [DATE]; 2. Three bags of hot dog buns without a date of expiration or a date received; 3. Two bags of hamburger buns without a date of expiration or a date received; 4. One ziplock bag of hamburger buns without a date of expiration or a date received; 5. Three containers of Silk Milk with an expiration of [DATE]; 6. A tray of ten small covered bowls in the refrigerator, containing food that was not labeled, and had no date of preparation; 7. One box of salad bags with an expiration of [DATE] 8. A Three tiered shelf holding clean cups contained dirt and dust on all shelves; 9. One tray of clean serving dishes and a rolling pin, with food residue on the rolling pin and crumbs on the tray; 10. Yellow residue in the bottom of the ice scoop holder connected to the ice machine; 11. Multiple spots of dried, burnt food residue in the bottom of the stove's collection receptacle; 12. [NAME] food splatter on the back and side wall of a food prep table; 13. Food residue and crumbs on the spice shelf; 14. [NAME] food residue and crumbs on the slicer; <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195553 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/02/2024 |
| NAME OF PROVIDER OR SUPPLIER Eastridge Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 Richard St. Abbeville, LA 70510 | |

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>15. Two spigots were lying on the floor connected to hoses for two juice containers;</p> <p>16. Dried food on the front drawer of the stove;</p> <p>17. Dried grease and food residue on the side panel of the fryer;</p> <p>18. Crumbs at the bottom of rolling plate rack containing clean dishes;</p> <p>19. [NAME] residue with dirt underneath a shelving rack holding clean dishcloths;</p> <p>20. [NAME] serving dishes on a shelf with crumbs on them;</p> <p>21. [NAME] food splatter on the wall behind the stove and steamer shelf;</p> <p>22. A rolling shelf holding a steamer contained dried food debris on the bottom shelf and on the side bar;</p> <p>23. Dried grease on the floor underneath the fryer;</p> <p>24. A large stock pot on a clean shelf with dried food debris on the sides;</p> <p>25. Clear containers utilized for plastic utensils with crumbs in the bottom of the containers;</p> <p>26. A rolling cart for clean dishes containing food crumbs, food debris, and trash debris;</p> <p>27. Dried food debris on a portable mixer;</p> <p>28. Dried peanut butter on ziplock bag containing food in the dry storage area.</p> <p>S1ADM and S7DM both confirmed the observations of the tour. S1ADM and S7DM both stated that the noted items should have been cleaned, that expired items should not be present in food storage areas, and that the prepared food in the refrigerator storage should have been labeled and dated.</p> <p>On [DATE] at 10:30 a.m., another tour of the kitchen was conducted with the S7DM and revealed the following:</p> <ol style="list-style-type: none"> 1. A return air conditioner vent with a thick layer of dust, located behind a shelving unit, was in direct contact with clean dish towels. 2. A fire alarm covered with a thick layer of dust was over a food prep table. <p>S2DM confirmed these findings and confirmed that they should have been cleaned.</p> <p>On [DATE] at 12:48 p.m. and observation was made of S8DW (Dietary Worker) not wearing a beard restraint. At that time, S7DM confirmed that S8DW should be wearing a beard restraint.</p> |