STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195553	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastridge Nursing & Rehabilitation	2305 Richard St. Abbeville, LA 70510

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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 - Some	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 record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety as evidence by:1. Storing expired foods;2. Not cleaning small appliances after each use; and3. Not covering food before being transportedThis had the potential to affect 83 residents who ate food prepared in the kitchen.Findings:1.A review of the facility policy titled: Kitchen Food Storage Areas Policy and Procedure with a review date of 02/14/2025, read in part: Care of the Storeroom: 1.The staff will maintain care of the storeroom according to the following directions. C. Foods with expirations dates are used prior to the date on the package. An observation on 12/15/2025 at 09:30 a.m. revealed a container of peanut butter stored on a shelf in the dry food storage room with an expiration date of 11/15/2025. A container of cottage cheese was stored in the standup kitchen refrigerator with an expiration date of 11/22/2025.An interview was conducted on 12/15/2025 at 09:32 a.m. with S2DM (Dietary Manager). S2DM examined the container of peanut butter and cottage cheese and confirmed both were stored beyond their expiration dates and should have been discarded. 2.A review of the facility policy titled: Cleaning Instructions Food Preparation Appliances Policy and Procedure with a review date of 02/14/2025, read in part: Small appliances will be cleaned. after each use.An observation on 12/15/2025 at 09:40 a.m. was made of the fryer. The fryer had brown, dark brown, and orange cakey and crusty material on the outside of it. The body of the fryer had dark brown, orange, and white cakey material on it. The two fryer baskets had brown and orange cakey material on the handles. The grease inside the fryer had a dark brown to black film on top of it and it appeared to be thick and sludgy. An interview on 12/15/2025 at 09:42 a.m. was conducted with S2DW. S2DW confirmed the fryer and two fryer baskets had cakey and crusty material on the outside of it and thick and sludgy material on the inside over the grease. She stated the fryer had not been cleaned after it was last used on 12/12/2025. She stated that the body of the fryer had not been cleaned since she started working as the dietary manager approximately 6 months ago. 3.A review of the facility policy titled: General Food Preparation and Handling Policy and Procedure with a review date of 02/19/2025 read in part: Food items will be prepared to. keep free of injurious organisms and substances. 4. Food Service: b. prepared food will be transported to other areas in covered containers. On 12/15/2025 at 11:40 a.m. an observation was made of S2DM transporting one container of sausage and potatoes and one container of Brussel sprouts on a rolling cart from the kitchen, across a hallway, and into the dining/ service area. The two containers of food were not covered. An interview was conducted on 12/16/2025 at 10:30 a.m. with S2DM. She confirmed that she did not cover the container of sausage and potatoes or the container of Brussel sprouts prior to transporting them to the dining/ service area. She stated that she was aware of the facility policy and that she should have covered the food prior to transporting it from the kitchen to the dining/ service area.

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviews and interviews, the facility failed to ensure the residents' Minimum Data Set (MDS) assessments were accurately coded to reflect the residents' status for 3 (#4, #23, #38) of 35 sampled residents, as evidenced by:1. Failing to code Resident #4 for Level II PASRR (Pre-admission Screening and Resident Review);2. failing to code Resident #38 for receiving dialysis treatment; and3. failing to code Resident #23 for bed mobility and transfers Findings: 1. Resident #4 was admitted to the facility on [DATE], with diagnoses that included, but were not limited to major depressive disorder, bipolar disorder, and type 2 diabetes. On 12/17/2025, a review of Resident #4's modified Annual MDS assessment with an Assessment Reference Date (ARD) of 03/13/2025, revealed the following in part: Section A1500. Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? 0 was checked indicating no. Review of Resident #4's miscellaneous electronic documents revealed an OBH (Office of Behavioral Health) PASRR Level II Evaluation Summary and Determination Notice. Further review revealed Evaluation placement Recommendations in part: The individual has a serious mental illness and is recommended nursing home admission. Review of Resident #4's current care plan revealed a focus area dated 10/31/2024 in part: I have diagnosis of bipolar disorder.I have level 2. On 12/17/2025 at 8:53 a.m., an interview was conducted with S6SSD (Social Services Director). She stated the resident had a Level II PASSR. S6SSD printed a Level II PASSR with Resident #4's name that was dated 10/01/2020. On 12/17/2025 at 9:30 a.m., a review of Resident #4's modified Annual MDS assessment with an ARD of 03/13/2025 and an interview were conducted with S7MDS (Minimum Data Set Coordinator). She confirmed the resident was not coded for having a Level II PASSR, and stated the resident should have been coded as having a Level II PASSR. 2. Resident #38 was admitted to the facility on [DATE], with diagnoses that included, but were not limited to chronic kidney disease, dependence on renal dialysis, and iron deficiency anemia. On 12/16/2025, a review of Resident #38's Annual MDS assessment with an ARD or seven day look back period of 09/24/2025, revealed in Section O0110. Special Treatments, Procedures, and Programs, that the resident did not receive J1. Dialysis or J2. Hemodialysis while a resident. Review of Resident #38's December 2025 Physician's Orders revealed an order that was written on 05/26/2025 that read in part: Hemodialysis.every Mon (Monday), Wed (Wednesday), Fri (Friday). (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #38's Medication Administration Record (MAR) for September 2025, revealed Resident #38 received hemodialysis during the seven day look back period of her Annual MDS assessment dated [DATE], on 09/17/2025, 09/19/2025, and 09/22/2025. On 12/16/2025 at 11:46 a.m., reviews of Resident #38's Annual MDS with a seven day look back period of 09/24/2025, and the resident's September 2025 MAR were conducted with S1CN (Corporate Nurse). She confirmed Resident #38 received hemodialysis within the seven days leading up to her Annual MDS. S1CN stated Resident #38's Annual MDS should have been coded yes for receiving dialysis, but was coded no for receiving dialysis. On 12/17/2025 at 9:24 a.m., an interview was conducted with S5MDS. She confirmed resident #38's Annual MDS with an ARD of 09/24/2025 was coded incorrectly for dialysis. 3. Resident #23 Review of Resident #23's electronic health record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Alzheimer's disease, heart failure, chronic obstructive pulmonary disease, chronic kidney disease, generalized osteoarthritis, and morbid (severe) obesity. A review of Resident #23's care plan read in part .I require staff assistance for ADL's (Activities of Daily Living) related to incontinence, weakness, decreased mobility. I required two person assist with transfers via Hoyer lift. Further review of Resident's #27's care plan revealed the following interventions:.I require a Hoyer lift with x2 (two person) assist with transfers; I require assistance with bed mobility; I require assistance with transfers; I use a wheelchair for mobility. Review of Resident #23's progress note dated 11/25/2025 read in part.Resident sitting in dining room with 02 (oxygen) at 2L/NC (liters/nasal cannula). Further review of resident #23's medical record revealed a quarterly MDS assessment with an ARD (Assessment Reference Date) of 11/27/2025, which read in part . Section GG. Functional Abilities .B. Sit to lying was coded 88 which indicated Not attempted; C. Lying to sitting on side of bed was coded 88 which indicated Not attempted; E. Chair/bed-to-chair transfer was coded 88 which indicated Not attempted. On 12/17/2025 at 11:55 a.m., an interview and record review was conducted with S5MDS (Minimum Data Set Coordinator) who confirmed Resident #23 was dependent for bed mobility and transfers. S5MDS reviewed the referenced MDS assessment and confirmed sit to lying, lying to sitting on side of bed, and chair/bed-to-chair transfer was indicated on the assessment as not attempted and was coded incorrectly.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations, interviews, and record review, the facility failed to follow the menu for 3 (#23, #36, and #71) out of 3 (#23, #36, #71) residents who required puree diets. Findings:A. On 12/15/2025 at 2:30 p.m., a review of the facility's policy titled, Pureed Policy and Procedure with a review date of 06/18/2025 read in part: Pureed Preparation: 1. Follow standardized recipes for accurate serving sizes and servings per batch; 3. Place desired number of portions to be pureed into food processor; 11. Determine proper scoop/ serving size. On 12/15/2025 at 10:55 a.m., a review of the recipe spreadsheet revealed a puree diet recipe of 4 ounces of red beans and 2 ounces sausage per resident for lunch. An observation on 12/15/2025 at 11:00 a.m. revealed S4CK (Cook) scooped unmeasured potatoes and sausage from a single pot and placed them in one container. An interview was conducted on 12/15/2025 at 11:03 a.m. with S4CK. S4CK stated that she did not measure the amount of potatoes or sausage. She stated I just eye ball it. She stated that she did not follow the recipe spreadsheet provided to her by the facility.An interview on 12/15/2025 at 11:08 a.m. with S2DM (Dietary Manager) revealed that the recipe spreadsheet for red beans and sausage serving size was used for the potatoes and sausage serving size for puree diet preparation. S2DM stated the serving size to be pureed in the food processor should have been measured for 2 ounces of sausage and 4 ounces of potatoes. B. On 12/15/2025 at 1:30 p.m., a review of the facility's policy titled: Accuracy and Quality of Tray Line Service Policy and Procedure read in part: All Meals are checked by food service personnel for accuracy, and by the employees serving the meals prior to serving to the individual. 7. Each meal will be checked for proper portion sizes.An observation on 12/15/2025 at 11:59 a.m. of the lunch menu revealed that one serving size was 6 ounces of combined sausage and red beans for the puree diet for one resident. An observation on 12/15/2025 at 12:10 p.m. revealed that S3CK (Cook) used a green handle 4 ounce spoodle to serve one serving of combined pureed potatoes and sausage for a puree diet tray. An interview was conducted on 12/15/2025 at 12:15 p.m. with S3CK. S3CK confirmed that she used a green handle 4 ounce spoodle to serve one serving of pureed potatoes and sausage for a puree diet tray. She confirmed that she should have used a 6 ounce spoodle to serve one serving per resident. An interview on 12/15/2025 at 12:20 p.m. was conducted with S2DM. She stated that the green handle 4 ounce spoodle should not have been used to scoop one serving size of potatoes and sausage for the puree diet tray. She stated the recipe spread sheet read that 6 ounces was one serving size for the puree diet tray. She stated that a 6 ounce spoodle should have been used to provide one serving for the puree diet tray.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record review, the facility failed to ensure staff adhered to Enhanced Barrier Precautions (EBP) by wearing appropriate Personal Protective Equipment (PPE) while providing high-contact care to 1 (Resident # 12) of 1 resident observed for facility staff adherence to EBPs. There was a finalized sample of 35 residents. FindingsReview of the facility's policy and procedure titled, Enhanced Barrier Precautions Policy and Procedure with a last reviewed date of 12/03/2025, revealed in part:Purpose to prevent the spread of potential infection by implementing Enhanced Barrier Precautions (EBP) when contact precautions do not apply. This approach recommends the use of EBP during high contact care activities for residents with indwelling medical devices.Procedure 1. EBP are indicated for residents with any of the following:1b. Indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO (multi-drug resistant organism) .ii. Indwelling medical device examples include .feeding tubes .4. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities .g. device care of use (.feeding tube .) 5. PPE is to be applied prior to performing the high-contact resident activity according to below and before moving to another resident. a. Perform hand hygiene. b. Put on a gown and gloves. c. After resident care, throw away gown and gloves in trash receptacle.On 12/17/2025 at 10:17 a.m., an observation was made of S8LPN (Licensed Practical Nurse) outside of the resident's room in the hallway preparing the supplies needed to provide enteral (tube feeding) hydration and nutrition to Resident #12. A PPE cart stocked with yellow isolation gowns was available outside the entrance to the resident's room. S8LPN failed to put on isolation gown prior to entering the resident's room.On 12/17/2025 at 10:21 a.m., an observation was made of S8LPN in Resident #12's room administering Resident #12's enteral hydration and nutrition through his indwelling medical device (feeding tube). S8LPN completed the tube feeding procedure without an isolation gown. On 12/17/2025 at 10:30 a.m., an interview was conducted with S8LPN who confirmed Resident #12 had a feeding tube therefore required EBPs. S8LPN stated EBP required staff to wear gloves and an isolation gown when accessing Resident #12's feeding tube. S8LPN confirmed she failed to wear an isolation gown when performing high contact care on Resident #12.On 12/17/2025 at 11:21 a.m., an interview was conducted with S9IP (Infection Preventionist) who verified S8LPN should have donned (put on) a gown when she administered Resident #12's tube feeding.^