

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/16/2025
NAME OF PROVIDER OR SUPPLIER  Cornerstone at the Ranch		STREET ADDRESS, CITY, STATE, ZIP CODE  103 West Martial Ave Lafayette, LA 70506	

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 - 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>Based on observations, interviews, and record reviews, the facility failed to store food in accordance with professional standards for food service and ensure sanitary conditions were maintained in the kitchen, as evidenced by:</p> <ol style="list-style-type: none"> <li>1. the flooring was not clean;</li> <li>2. rodent droppings in a storage area;</li> <li>3. opened and unlabeled food items in the refrigerator designated for resident supplements; and</li> <li>4. a thick layer of debris and food residue on the deep fryer.</li> </ol> <p>This deficient practice had the potential to affect the 79 residents who resided in the facility.</p> <p>Findings:</p> <p>On 06/16/2025 at 12:15 p.m., a review of the facility's undated policy titled, Policy and Procedure for: Food Procurement, Store/Prepare/Serve-Sanitary, revealed in part: 2. All food items in refrigerators and freezers must be labeled and dated .15. Observe for any evidence of pests in the food storage, preparation, or service areas and report to the dietary supervisor.</p> <p>Review of the state department Sanitarian's notice of violations revealed a routine/renewal visit was conducted on 06/05/2025 at 10:30 a.m. with non-critical items of: Floors are not clean, signed by S2DM (Dietary Manager)</p> <p>Review of the state department Sanitarian's notice of violations revealed a complaint visit was conducted on 06/12/2025 at 12:25 p.m. with a critical item violation described as: Rodents are present in the establishment. Non-critical item violations were described as: Non-food contact surfaces not being cleaned at a frequency necessary to preclude the accumulation of soil residues, and a repeat violation of floors not being clean. Under the comments section, read in part: Inspection: Rodent droppings were found in the kitchen storage areas. S1AssistAdmin (Assistant Administrator) signed the notice.</p> <p>(continued on next page)</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/12/2025 at 8:01 a.m. an initial tour of the kitchen was conducted. There was a separate area of the kitchen that was not in use to prep and serve food; it was used as storage. There was a commercial stationary steam table, not working, with an open section between the cold and hot well systems. The open section did not have tile on the floor, observed two single-use empty round condiment containers, a black glue rodent and insect trap, and multiple dark colored, dried droppings scattered on the floor.</p> <p>On 06/12/2025 at 8:03 a.m., an upright freezer/refrigerator located in the open storage area was observed. S2DM explained the freezer/refrigerator was designated for residents' supplements during meal services. Upon opening the refrigerator, an observation was made of the third shelf. The third shelf consisted of a pull-out drawer for storage. Inside the drawer, there were three storage plastic bags of lettuce; two of the bags were unlabeled and unopened. One of the plastic storage bags of lettuce was opened and not dated. S2DM confirmed the bags were not dated or labeled. S2DM immediately removed and disposed the three plastic storage bags of lettuce.</p> <p>On 06/12/2025 at 12:33 p.m., a follow up observation was conducted in the kitchen. A deep fryer was observed with a thick layer of debris and food residual on both sides of the fryer. The flooring underneath the fryer was observed with a dark thick layer of residue.</p> <p>On 06/12/2025 at 1:01 p.m., S3KS (Kitchen Staff) was observed sweeping the floor surrounding the upright freezer/refrigerator. S3KS explained the Sanitarian who was present instructed S3KS to sweep the floor due to observations of rodent droppings. S3KS explained that the items in the upright freezer/refrigerator were utilized by facility staff to grab supplements needed when serving residents their meals.</p> <p>On 06/12/2025 at 5:00 p.m., an observation and interview was conducted with S2DM who confirmed the sides of the fryer and the flooring underneath the fryer were not cleaned and should have been.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations and interviews, the facility failed to provide a safe, sanitary, and comfortable environment as evidenced by failing to ensure that an electrical outlet was sealed and secured properly into the wall in the kitchen.</p> <p>This deficient practice had the potential to affect the 79 residents who resided in the facility.</p> <p>Findings:</p> <p>On 06/12/2025, a review of the facility's policy titled, Quality of Life-Homelike Environment, with a last revision date of April 11, 2025, revealed in part . 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment .</p> <p>On 06/12/2025 at 8:09 a.m., an observation of the kitchen was conducted. An electrical outlet near the food preparation area was not sealed and secured properly into the wall. The box of the outlet was protruding out of the wall, and a square hole was observed where the outlet was supposed to be secured to the wall.</p> <p>On 06/12/2025 at 5:08 p.m., an observation and interview was conducted with S1AssistantADM (Assistant Administrator) who confirmed the electrical outlet was not sealed and secured properly into the wall and should have been.</p>