

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Leslie Lakes Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 Sixth Street Arcadia, LA 71001	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations and interviews, the facility failed to ensure residents have a right to a clean, comfortable and homelike environment by having unsanitary items for resident use for 1 (#1) of 2 residents reviewed for environment. Findings: Observations of resident #1's room on 02/23/2026 at 10:00 a.m., 02/24/2026 at 9:00 a.m., and 02/25/2026 at 8:30 a.m. revealed a spilled substance on the bedside table and tube feeding pole. Further review revealed a black substance and grime on the resident's air condition unit. During an interview on 02/25/2026 at 8:38 a.m., S6Housekeeper confirmed there were spills and splatters on the bedside table and tube feeding pole. During an interview on 02/25/2026 at 8:42 a.m., S7Maintenance confirmed there was a black substance and grime on the air condition unit, and the air filter needed to be changed.</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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