STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195572	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leslie Lakes Retirement Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure each resident's medication regimen was free from unnecessary medications by failing to monitor for bleeding while a resident was receiving an anticoagulant for 1 (#11) of 5 residents reviewed for unnecessary medications.Findings: Review of the medical record for Resident #11 revealed an admission date of 10/21/2025. Resident #11 had diagnoses including atrial fibrillation, hypothyroidism, hyperlipidemia, schizophrenia, dementia and depressive disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #11 had a BIMS score of 8 which indicated moderate cognitive impairment for daily decision making. Review of the current care plan revealed Resident #11 was at risk for bruising and bleeding related to anticoagulant therapy. Further review of the care plan revealed approaches included to observe resident for signs and symptoms of bleeding. Review of the February 2026 physician orders revealed an order dated 12/02/2025 for Eliquis (anticoagulant) 2.5 mg, give 1 tablet by mouth two times a day related to unspecified atrial fibrillation. Review of Resident #11's January 2026 and February 2026 MAR revealed no documented evidence of monitoring for signs and symptoms of bleeding for Resident #11 while receiving Eliquis. On 02/25/2025 at 4:10 p.m. interview with S2DON confirmed there was no documented evidence of monitoring for signs and symptoms of bleeding for Resident #11 while receiving Eliquis.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. The facility staff failed to implement standard precautions as evidenced by: 1) failure to perform hand hygiene and don gloves during medication administration, 2) failure to doff PPE prior to exiting resident room, and 3) failure to clean and disinfect a whirlpool bath.Findings: #1. Review of the facility's Infection Control Guidelines for All Nursing Procedures policy dated 01/15/2026 revealed: General Guidelines 1. Standard precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Standard Precautions apply to blood, body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and/or mucous membranes. 4. In most situations, the preferred method of hand hygiene is with alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: d. Before preparing or handling medications; g. After contact with a resident's intact skin; On 02/26/2026 7:47 a.m. during medication administration observation S5LPN failed to perform hand hygiene: 1) prior to medication administration, 2) between tasks during medication administration, 3) after medication administration. It was noted, medication fell from Resident #30's mouth onto her shirt. S5LPN picked up the medication with an ungloved hand and administered to Resident # 30. This action occurred three times. #2. Review of the facility's Enhanced Barrier Precautions policy effective 04/01/2024 revealed: Disposal of PPE PPE used during resident care, including care of residents placed in Enhanced Barrier Precautions are not regulated medical waste requiring disposal in a biohazard bag, and should be discarded as routine non-infectious waste. Facilities should remember to have an appropriate disposal container available in the resident room to allow for removal of PPE inside the room. On 02/23/2026 at 2:34 p.m., S9CNA assisted with turning and repositioning during wound care observation for Resident #11. S9CNA exited Resident #11's room without doffing PPE. Following completion of wound care, interview with S3ADON confirmed that Resident #11 had EBP precautions in place due to wounds. S9CNA re-entered room in PPE. On 02/23/2026 at 2:45 p.m., interview with S9CNA confirmed PPE was not removed and replaced before room re-entered. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/23/2026 at 2:50 p.m., interview with S3ADON confirmed S9CNA did not doff PPE before exiting Resident # 11's room. #3. Review of the facility's undated policy for whirlpool disinfection revealed the following: The facility will maintain whirlpool equipment in a clean sanitary condition. Whirlpools will be cleaned and disinfected after each resident use and thoroughly cleaned daily in accordance with manufacturer instructions. Disinfection will be circulated through jets for the required contact time. Tub will be drained, rinsed thoroughly, and allowed to air dry. Staff will wear appropriate personal protective equipment (PPE) during cleaning. Observation on 02/23/2026 at 4:27 p.m. with S4CNA Team Lead revealed the whirlpool tub 400 hall was had a brown colored substance and hair inside of the pool. During an interview on 02/23/2026 at 4:27 p.m., S4CNA confirmed the whirlpool tub on 400 hall was unclean and reported it should have been cleaned after each use.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to provide necessary care and services, in accordance to the professional standards of practice, for 2 (#31, #78) of 2 residents reviewed for respiratory care. The facility failed to 1) properly store the nebulizer mask when not in use and change nebulizer tubing for Resident #31, and 2) change the oxygen tubing weekly for Resident #78. Findings: Review of facility's Oxygen administration policy dated 01/15/2026 revealed in part: Oxygen shall only be administered by physician order, except in an emergency. Prefilled humidifier bottles and nasal cannulas/masks will be changed every week and prn. All tubing and bottles are to be labeled each week when changed. When the tubing is not being used, it should be stored properly in a zip lock bag. Resident #31 Review of the medical record for Resident #31 revealed an admission date of 08/08/2025. Resident #31 had diagnoses including pneumonia, reflux, anxiety, and dementia. Review of the quarterly MDS assessment dated [DATE] revealed Resident #31 had a BIMS score of 10 which indicated moderate cognitive impairment for daily decision making and require assistance with ADLs. Review of Resident #31's current care plan revealed ineffective airway clearance related to pneumonia, shortness of breath, allergic rhinitis, cough and dyspnea. Further review of the care plan revealed approaches to change oxygen tubing as ordered and administer medications such as inhaled bronchodilators as ordered. Review of the February 2026 physician orders revealed an order dated 01/29/2026 for Ipratropium - Albuterol inhalation solution .5-2.5 (3) mg/3ml – inhale 3 milliliter orally every 6 hours as needed for cough and dyspnea. Further review revealed an order dated 02/06/2026 to change nebulizer tubing every week on Friday. On 02/24/2026 at 4:59 p.m., and 02/25/2026 at 7:30 a.m. observations of Resident #31's room revealed a nebulizer mask lying on the window sill uncovered and not stored in a bag and the tubing was dated 01/30/2026. An observation on 02/25/2026 at 9:00 a.m. of Resident #31's nebulizer mask and tubing with S5LPN present revealed the resident's nebulizer mask was not stored in a bag and the tubing was dated 01/30/2026. S5LPN confirmed the mask should be stored in a bag and the tubing should be changed weekly. Resident #78 (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #78's medial record revealed an admit date of 01/18/2023 with diagnoses that included in part respiratory failure. Review of resident #78's physician orders revealed an order dated 01/18/2026 for oxygen at 2 liters per minute via nasal cannula every shift. Further review revealed an order dated 02/12/2026 to change oxygen tubing every week on Thursdays. Observation on 02/23/2026 at 8:30 a.m. revealed Resident #78 with oxygen in use via nasal cannula, and oxygen tubing dated 02/13/2026. Observation on 02/23/2026 at 3:00 p.m. revealed Resident #78 with oxygen in use via nasal cannula, and oxygen tubing dated 02/13/2026. Observation on 02/24/2026 at 8:30 a.m. revealed Resident #78 with oxygen in use via nasal cannula, and oxygen tubing dated 02/13/2026. Observation on 02/24/2026 at 8:35 a.m. with S8LPN, revealed Resident #78 with oxygen in use via nasal cannula, and oxygen tubing dated 02/13/2026. During an interview on 02/24/2026 at 8:35 a.m. S8LPN confirmed the oxygen tubing had not been changed weekly and should have been.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the pharmacist identified irregularities related to adequate monitoring of prescribed medications for 1 (#11) of 5 residents reviewed for unnecessary medications. Findings:Review of the medical record for Resident #11 revealed an admission date of 10/21/2025. Resident #11 had diagnoses that included atrial fibrillation, hypothyroidism, hyperlipidemia, schizophrenia, dementia and depressive disorder.Review of the quarterly MDS assessment dated [DATE] revealed Resident #11 had a BIMS score of 8 which indicated moderate cognitive impairment for daily decision making.Review of the current care plan revealed Resident #11 was at risk for bruising and bleeding related to anticoagulant therapy. Further review of the care plan revealed approaches included observe resident for signs and symptoms of bleeding.Review of the February 2026 physician orders revealed an order dated 12/02/2025 for Eliquis (anticoagulant) 2.5 mg, give 1 tablet by mouth two times a day related to unspecified atrial fibrillation. Review of Resident #11's January 2026 and February 2026 MAR revealed Eliquis was administered as ordered. Further review revealed no documentation to support monitoring for signs and symptoms of bleeding was completed for Resident # 11. Review of the monthly MRR dated 01/31/2026 revealed no documentation to support the pharmacist addressed the facility's failure to monitor Resident's #11 for signs and symptoms of bleeding while receiving Eliquis.On 02/25/2026 at 4:15 p.m. interview with S2DON confirmed the pharmacist did not address the facility's failure to monitor Resident #11 for signs and symptoms of bleeding while receiving Eliquis.