STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195577	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Manor Nursing Home	1050 Edwin Elliott Drive Pine Prairie, LA 70576

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, interview, and record review the facility failed to meet the nutritional needs of residents in accordance with established national guidelines. The facility failed to follow the menu in regard to portion size to ensure nutritional adequacy of the meal for 79 residents that received meal prepared by the facility kitchen. Findings: Review of the facility's undated policy titled: Food Nutrition Service read in part.Scoop sizes are to be followed as stated on the menus provided. Review of the facility's approved lunch menu revealed on 12/15/2025 the lunch menu consisted of, in part.Red beans and Sausage 6oz, steamed rice 1/2 cup, mashed potatoes (alternate) 1/2 cup, and cornbread 1 square. An observation on 12/15/2025 at 10:40 a.m. of S4 [NAME] and S5 Dietary Aide preparing trays on the serving line revealed S4 [NAME] used a 4 oz. scoop for red beans and sausage, 2 2/3 scoop for the rice and mashed potatoes. No bread was served. An interview on 12/15/2025 at 10:50 a.m., S4 [NAME] stated that the 2 2/3 oz. scoop is what is typically used for serving rice and potatoes. S4 [NAME] confirmed that she did not look at the recipes prior to serving trays, but should have. An interview on 12/15/2025 at 10:55 a.m., S5 Dietary Aide stated that she will at times select the scoop for serving meals. S5 Dietary Aide stated that she does not look for the correct sizes on the recipes and just goes by what she is used to using. An interview on 12/15/2025 at 11:00 a.m. S2 DM confirmed that the staff served the red beans/sausage, rice, potatoes and used the incorrect serving size and failed to serve bread with lunch, but should not have.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure drugs and biologicals were stored and labeled in accordance with current accepted professional principles. The facility failed to: 1. Ensure expired medications were not available for use in the medication room. 2. Ensure medications were properly labeled. Findings:1.On 12/17/2025 at 8:45 a.m., an observation of the medication room revealed expired medications available for use, including: Three (3) Bisacodyl suppositories with an expiration date of 02/2025Two (2) Bisacodyl suppositories with an expiration date of 06/2025Two (2) Bottles of Glucerna 1.5 cal tube feeding with an expiration date of 11/2025 On 12/17/2025 at 9:00 a.m., an interview with S1ADON confirmed the above findings and acknowledged that the expired medications should have been discarded, but were not. 2. On 12/17/2025 at 8:45 a.m., an observation revealed one (1) open tube of Mupirocin ointment that was not labeled with resident identifier information or an open date. On 12/17/2025 at 9:00 a.m. An interview with S1ADON confirmed that the Mupirocin ointment should have included both a resident identifier and an open date, but did not.