STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195637	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency House of Alexandria	5131 Masonic Drive Alexandria, LA 71301

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 - 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 food items served for 1 (Resident #1), and failed to provide a nutritional supplement as ordered for 1 (Resident #2) of 3 Sampled Residents.Findings: Observation on 06/01/2026 at 9:39 a.m. of the facility's posted lunch menu near the dining area revealed the following: Lunch: Smothered chicken, mashed potatoes, carrots, roll, and dessert.Observation on 06/02/2026 at 11:50 a.m. of the facility's posted lunch menu near the dining area revealed the following: Lunch: Chili with beans, rice, California blended vegetables, cornbread and dessert. Resident #1Record Review revealed Resident #1 was admitted to the facility on [DATE]. Resident #1 had diagnoses that included in part. Alzheimer's disease, Dysphagia, Anxiety, Pain, and Dementia.Review of Resident #1's Quarterly MDS with an ARD of 02/25/2026 revealed a BIMS of 00. Resident #1 had severely impaired cognition. Resident #1 required substantial/maximal assistance from staff for eating.Review of Resident #1's current physician orders read in part.Regular diet, pureed texture, thin liquid consistency. 03/04/2026Telephone interview on 06/01/2026 at 10:14 a.m. with Resident #1's RP (Responsible Party) revealed she had concerns of Resident #1 not being served all food items when he received his meal from the kitchen. Resident #1's RP stated resident was on a pureed diet and had weight loss.Observation on 06/02/2026 at 12:20 p.m. of Resident #1's lunch tray revealed he was served 1 serving of pureed chili and 1 serving of pureed vegetables. Observation of the tray revealed there was no pureed dessert or pureed cornbread served as per the menu. Interview with private sitter at the time of observation revealed this was how the kitchen sent Resident #1's tray and what staff had presented to him.Interview on 06/02/2026 at 12:32 p.m. with S2LPN revealed she observed Resident #1's lunch tray and confirmed the resident was not served and did not receive all meal items, but should have. Resident #2Record Review revealed Resident #2 was admitted to the facility on [DATE]. Resident #2 had diagnoses that included in part. Alzheimer's disease, Dementia, and Dysphagia.Review of Resident #2's Quarterly MDS with an ARD of 04/12/2026 revealed a BIMS of 99. Resident #2 had severely impaired cognition. Resident #2 required partial/moderate assistance from staff for eating.Review of Resident #2's current physician orders read in part.Frozen Nutrition Supplement every 24 hours for weight loss with lunch. 04/17/2026Regular diet, pureed texture, thin liquid consistency. 01/16/2025Observation on 06/01/2026 at 11:48 a.m. revealed Resident #2 was in the facility dining room with private sitter assisting resident with lunch meal service. Observation revealed Resident #2 was not served a frozen nutrition supplement with lunch.Observation on 06/02/2026 at 11:50 a.m. revealed Resident #2 was in the facility dining room with private sitter assisting resident with lunch meal service. Observation revealed Resident #2 was not served a frozen nutrition supplement with lunch. Interview with private sitter revealed she had never seen Resident #2 receive a frozen nutritional supplement with lunch.Interview on 06/02/2026 at 12:36 p.m. with S3DietaryCook revealed a review of Resident #2's dietary card that was served with lunch meal. S3DietaryCook confirmed Resident #2 did not receive a frozen nutritional supplement with lunch. (continued on next page)

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/02/2026 at 12:40 p.m. with S1DON confirmed Resident #1 should have been served all menu items for lunch and Resident #2 should have been served a frozen nutritional supplement with lunch as ordered, but had not.