

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Regency House of Alexandria		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure direct care staff consulted with the Physician or Nurse Practitioner for 1 (#3) of 4 (#1, #2, #3, #4) sampled residents reviewed. The facility failed to notify the Physician or Nurse Practitioner when Resident #3 refused to go to dialysis on 06/15/2026 and 06/19/2026. Findings: Review of the undated facility's policy titled Hemodialysis revealed in part.10. The facility will communicate with the attending physician, dialysis facility and/or nephrologist of any canceled or postponed dialysis treatments and document any responses to the changes in treatment in the medical record. The facility will coordinate with the dialysis facility for rescheduling the resident's dialysis treatment if canceled. On 07/07/2026 at 11:53 a.m., Review of the Clinical Record for Resident #3 revealed he was admitted to the facility on [DATE] with diagnoses, which included Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Hypertensive Chronic Kidney Disease with Stage 5 Chronic Kidney ESRD (End Stage Renal Disease), Dependence on Renal Dialysis, and Anemia in Chronic Kidney Disease. On 07/07/2026 at 12:43 p.m., review of the Quarterly MDS with an Assessment Reference Date of 05/21/2026 for Resident #3 revealed he had a BIMS (Brief Interview for Mental Status) of 15, which indicated the resident was cognitively intact. Review also revealed Resident #3 had a diagnosis of Renal Insufficiency, Renal Failure, and ESRD. On 07/07/2026 at 12:45 p.m., review of the Care Plan with an initiated date of 05/27/2026 revealed in part. Interventions: I frequently refuse dialysis. On 07/07/2026 at 12:48 p.m., review of the Progress' Notes for Resident #3 revealed there was no documentation of the Physician or Nurse Practitioner being notified of Resident #3 refusing dialysis on 06/15/2026 and 06/19/2026. In an interview on 07/07/2026 at 3:25 p.m. with S4 NP revealed she was not made aware of Resident #3 refusing dialysis on 06/15/2026 and 06/19/2026 but should have been. In an interview on 07/07/2026 at 3:45 p.m. with S2 DON confirmed the nurses did not notify the Physician or Nurse Practitioner of Resident #3 refusing dialysis on 06/15/2026 and 06/19/2026 but should 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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop and maintain a comprehensive, person-centered care plan with measurable goals and individualized interventions for 3 (Resident #1, Resident #2, and Resident #3) of 4 sampled residents. Findings: Review of the undated facility's policy titled Comprehensive Care Plans, revealed in part. Policy Explanation and Compliance Guidelines: 2. The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS (Minimum Data Set) assessment. Resident #2 Review of Resident #2's medical record revealed an admission date of 05/29/2026 with diagnoses, which included Alcohol Abuse with Intoxication, Cognitive Communication Deficit, History of Falling, and Wedge Compression Fracture of T5-T6 Vertebra. Review of Resident #2's Quarterly MDS with an Assessment Reference Date of 06/01/2026. On 07/07/2026, a review of Resident #2's comprehensive care plan, initiated on 06/01/2026 with a next review date of 09/03/2026 revealed the care plan was incomplete. In an interview on 07/07/2026 at 5:10 p.m., S5 LPN revealed she completes care plans and MDS for the facility. S5 LPN stated Resident #2's person centered comprehensive care plan was incomplete. S5 LPN stated she is behind on completing care plans for the facility and is currently in the process of updating and completing them. Resident #3 Review of Resident #3's medical record revealed he was admitted to the facility on [DATE] with diagnoses, which included Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Hypertensive Chronic Kidney Disease with Stage 5 Chronic Kidney ESRD (End Stage Renal Disease), Dependence on Renal Dialysis, and Anemia in Chronic Kidney Disease. Review of Resident #3's Quarterly MDS with an Assessment Reference Date of 05/21/2026. On 07/07/2026, a review of Resident #3's comprehensive care plan, initiated on 05/27/2026 with a target completion date of 08/02/2026 revealed the care plan was incomplete. In an interview on 07/07/2026 at 2:09 p.m. S2DON revealed Resident #2 and Resident #3's person centered comprehensive care plans were incomplete and not completed within 7 days after the completion of the comprehensive MDS assessment. (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #1 Review of Resident #1's medical record revealed an admission date of 06/11/2026 and a re-entry date of 07/08/2026. Diagnoses included, in part, Cognitive Communication Deficit, Fracture of an unspecified part of the neck of the left femur, Chronic Kidney Disease stage 5, dependence on renal dialysis, and malformation of coronary vessels. Review of Resident #1's comprehensive care plan, initiated on 06/12/2026 with a next review date of 09/28/2026, revealed the care plan was incomplete. Specifically, the care plan was not comprehensive, lacked person-centered measurable goals, and did not include individualized interventions to address the resident's identified needs. During an interview on 07/08/2026 at 2:00 p.m., S2 DON reviewed Resident #1's care plan and confirmed it was incomplete.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on interview and record review, the facility failed to follow professional standards for food service safety by failing to document food temperatures for each meal prior to tray assembly. This deficient practice had the potential to affect all 42 residents who received meals prepared in the kitchen. Review of the facility's undated policy titled Record of Food Temperatures revealed, in part, that it is the facility's policy to record food temperatures daily to ensure foods are served at proper temperatures before trays are assembled. The policy further directed staff to measure and record the temperature of each food item and milk at every meal on a temperature log. On 07/09/2026 at 11:30 a.m., observation of the dining room during lunch service revealed two residents who reported their meals were not warm. On 07/09/2026 at 12:08 p.m., food temperature logs for the previous 30 days were requested. S3DietaryManager stated the facility transitioned to a new dietary documentation platform approximately two weeks earlier and implemented a new food temperature logging system. S3DietaryManager stated all food temperature logs from the previous system had been discarded and only documentation from the new system was available. On 07/09/2026 at 12:16 p.m., review of the documentation provided by S3DietaryManger revealed food temperature logs for Menu Cycle Days 15, 16, and 17 (breakfast, lunch, and dinner) and Day 18 breakfast only. The logs contained menu cycle days but did not include calendar dates. S3DietaryManger stated 07/09/2026 corresponded to Menu Cycle Day 26 and confirmed dietary staff had been in-serviced on the new documentation process on 07/08/2026. During an interview on 07/09/2026 at 12:30 p.m., S3DietaryManager stated she checked food temperatures prior to serving lunch that day but failed to document them, but should have. S3DietaryManager confirmed the logs provided for Menu Cycle Days 15 through 18 were the only food temperature records available. S3DietaryManger further confirmed there was no documentation for meals served prior to Menu Cycle Day 15 or for Menu Cycle Days 18 through 26, although food temperatures should have been documented for every meal. During an interview on 07/09/2026 at 1:22 p.m., S1Administrator confirmed dietary staff were expected to document food temperatures for every meal and maintain those records in the kitchen. S1Administrator stated he could not verify whether documentation had been completed until speaking with the Dietary Manager. On 07/09/2026 at 1:35 p.m., S1Administrator confirmed the facility transitioned to a new dietary documentation platform approximately two weeks earlier and that dietary staff were not trained on the new documentation process until 07/08/2026. S1Administrator further confirmed there were no food temperature logs available for any meals prior to Menu Cycle Day 15 or for Menu Cycle Days 18 through 26, although those records should have been maintained.		