STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195644	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calcasieu Community Care Center	4190 Gerstner Memorial Drive Lake Charles, LA 70607

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure the resident's Minimum Data Set (MDS) assessments were accurately coded to reflect the resident's status for 2 (#26, #88) out of 37 sampled residents. Findings:Resident #26On 12/10/2025, a review of Resident #26's Quarterly MDS with an Assessment Reference Date (ARD) of 10/29/2025, revealed in part: Section N- Medications. High Risk Drug Classes.1. Is taking. Check if the resident is taking medication during the last 7 days.H. Opioid checked, which indicated yes. On 12/10/2025, a review of Resident #26's electronic medication administration record (MAR) for 10/23/2025 to 10/29/2025 revealed Resident #26 was not administered any doses of opioid medication. On 12/10/2025 at 12:50 p.m., an interview and record review was conducted with S5CC (Licensed Practical Nurse, Clinical Coordinator). She verified that Resident #26's Quarterly MDS for 10/29/2025 was coded for receiving opioid medications. She then reviewed Resident #26's MAR and confirmed Resident #26 did not receive any doses of opioid medication. She stated the MDS was coded incorrectly. Resident #88 On 12/10/2025, a review of Resident #88's admission MDS with an ARD of 11/12/2025, revealed in part: Section K. Swallowing/Nutritional Status. K0300. Weight Loss. Loss of 5% (percent) or more in the last month, or loss of 10% or more in last 6 months. Coded 2. Yes, not on prescribed weight-loss regimen.On 12/10/2025, a review of Resident #88's electronic medical record failed to reveal documentation that Resident #88 had lost weight from his admission on [DATE], to his admission MDS assessment on 11/12/2025.On 12/10/2025 at 9:40 a.m., an interview and record review was conducted with S4CC. She verified that Resident #88's admission MDS was coded for weight loss. S4CC then reviewed Resident #88's weights, acknowledged that he did not have a weight loss, and stated to speak with S5CC since she had completed the MDS.On 12/10/2025 at 9:45 a.m., an interview was conducted with S5CC. She stated that Resident #88 did not experience a weight loss. S5CC confirmed his admission MDS was coded incorrectly and needed to be modified.

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
	195644	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calcasieu Community Care Center	4190 Gerstner Memorial Drive Lake Charles, LA 70607

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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 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. Number of residents sampled: 29 house d, 30 house c Number of residents cited: Failure to store distribute and serve food in accordance with professional standards for food service safety .steam table temps, cleanliness of bowls, improper wearing hair nets, temps not taken prior serving. Findings:Review of the facility's policy titled Food Service Operational Standards for Purchasing, Cooking and Storage with a review date of 11/05/2025 read in part, 7. a. Holding equipment should keep hot foods at 135 degrees Fahrenheit or above and cold foods at 40 Degrees Fahrenheit or below. Review of the facility's policy titled Food Preparation and Service with a review date of 07/22/2025 read in part, Food Service/Distribution 7. Food and nutrition services staff wear hair restraints (hair nets, hat, beard restraint, etc.) so that hair does not contact food.Review of the facility's policy titled Sanitization with a review date of 09/11/2025 read in part, The food service area shall be maintained in a clean and sanitary manner. 3. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions. On 12/08/2025 at 11:45 a.m., an observation was conducted of S2HM (Homemaker) as she measured temperatures of foods on the steam table at House D prior to serving. The temperature for the following foods were as follows: 77 degrees Fahrenheit for the pureed seasoned greens, 59 degrees Fahrenheit for the gelatin fruited pear and 75 degrees Fahrenheit for the pureed gelatin fruited pear. When asked about the temperature of the seasoned greens and gelatin fruited pear, S2HM stated that she would send the food back to the kitchen to be replaced when the temperature was not the in the appropriate range. S2HM was observed serving the pureed seasoned greens, gelatin fruited pear and pureed gelatin fruited pear to the residents without any corrective measures to the foods. It was also observed that S2HM attempted to serve gelatin fruited pear in a dessert bowl with dried particles noted inside. When asked about the cleanliness of the bowl, she stated that the bowl was not clean and she should not have attempted to place food in the bowl. She removed 6 of 13 bowls that had dried particles noted inside. On 12/08/2025 at 12:31 p.m., an observation was made of S3HM (Homemaker) on House C serving food to residents. She was observed with a hair net on and two braids of hair hanging outside of the hair net on her face. On 12/08/2025 at 12:35 p.m., an interview and observation was made with S1DM (Dietary Manager) of S3HM serving residents on House C. She confirmed that S3HM had two braids of hair hanging outside of her hair net and that her hair should be completely covered without exposed hair.On 12/08/2025 at 1:30 p.m., a review of the House D Kitchen Daily Temperature Log was conducted from December 1, 2025, to present which revealed three pureed meals without documented temperature checks on 12/03/2025 and on 12/05/2025. On 12/03/2025 there were no documented temperatures for pureed lunch and dinner meals (entree, starch, vegetable and dessert). On 12/05/2025, there were no documented temperatures for the pureed dinner meal (entree, starch, vegetable and dessert). On 12/08/2025 at 2:07 p.m., an interview and review of the Kitchen Daily Temperature Log for House D was conducted with S1DM. She confirmed that on 12/08/2025 at lunch, the temperatures taken for the pureed seasoned greens, pureed gelatin fruited pear and gelatin fruited pear were not held at appropriate temperatures and that the foods should have been sent back to the kitchen by S2HM. She stated that hot foods should be maintained at a temperature of 135 degrees Fahrenheit or higher and cold foods at a temperature of 40 degrees Fahrenheit or below. S1DM also confirmed that there were no documented temperatures for pureed lunch and dinner meals served on 12/03/2025 and no documentation of temperatures for pureed dinner meal served on 12/05/2025. S1DM stated that temperatures should be documented prior to serving on each household for every meal and corrective actions should be taken if needed. S1DM confirmed that soiled dishes should not be utilized to serve residents.