

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark Nursing & Rehabilitation Ctr of West Mon		STREET ADDRESS, CITY, STATE, ZIP CODE 1611 Wellerman Road West Monroe, LA 71291	

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)
<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>Based on interview and record reviews, the facility failed to ensure it assessed residents using the quarterly review instrument approved by Centers for Medicare & Medicaid Service (CMS) not less frequently than once every 3 months by failing to complete the Minimum Data Set (MDS) assessment at least every 3 months for 4 (#8, #15, #55, #63) of 4 sampled residents reviewed for timeliness of MDS assessments.</p> <p>Findings:</p> <p>Review of the MDS for resident #8 revealed the last completed MDS assessment was dated 09/10/2024.</p> <p>Review of the MDS for resident #15 revealed the last completed MDS assessment was dated 08/02/2024.</p> <p>Review of the MDS for resident #55 revealed the last completed MDS assessment was dated 08/30/2024.</p> <p>Review of the MDS for resident #63 revealed the last completed MDS assessment was dated 09/11/2024.</p> <p>On 01/25/2025 at 10:30 a.m., interview with #S3Clinical Care Coordinator confirmed the MDS assessments were not completed at least every 3 months for residents #8, #15, #55 and #63.</p>

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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to implement a comprehensive person centered care plan for 1 (#24) of 1 resident reviewed for constipation and 2 (#26, #60) of 2 residents reviewed for smoking.</p> <p>Findings:</p> <p>Resident #24</p> <p>On 01/13/2025 at 9:06 a.m., interview with resident #24 revealed she had recurrent problems with constipation.</p> <p>Review of the medical record for resident #24 revealed she had a diagnosis of constipation.</p> <p>Review of the care plan revealed it addressed the constipation with an intervention to assess bowel patterns.</p> <p>Review of the January 2025 documentation for the resident's bowel status revealed it was not recorded for 13 of 13 day shifts, for 4 of 13 evening shifts, and for 7 of 13 night shifts.</p> <p>On 01/15/2025 at 8:30 a.m., an interview with S2Director of Nursing (DON) confirmed the facility had not been consistently assessing the resident's bowel movements.</p> <p>Resident #26</p> <p>Review of the medical record for resident #26 revealed he was admitted to the facility on [DATE] with diagnoses of epilepsy, insomnia, acute bronchitis, and chronic obstructive pulmonary disease.</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE] revealed resident #26 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated the resident was moderately cognitively impaired and he needed limited assistance with activities of daily living.</p> <p>An interview with resident #26 on 01/13/2025 at 10:37 a.m. revealed he was a smoker and stated he kept his cigarettes and lighter in his room. Also, the resident had oxygen at 2 liters per nasal cannula.</p> <p>Review of the medical record revealed the last Safe Smoking assessment dated [DATE] revealed he was a safe smoker.</p> <p>Review of the current care plan revealed an intervention to assess the resident quarterly for safe smoking.</p> <p>On 01/15/2025 at 5:00 p.m., S1Administrator was informed there was no current quarterly Safe Smoking Assessment for resident #26.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/15/2025 at 2:00 p.m., a phone interview with S2Director of Nursing (DON) confirmed they had not conducted a quarterly Safe Smoking Assessment for resident #26 since 08/24/2024.</p> <p>Resident #60</p> <p>Review of the medical record for resident #60 revealed the resident was admitted to the facility on [DATE] with diagnosis of personal history of nicotine dependence, hyperlipidemia, chronic pain, and muscle wasting and atrophy.</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE] revealed resident #60 had a BIMS score of 12 which indicated the resident was moderately cognitively impaired and needed limited assistance with activities of daily living.</p> <p>An interview with resident #60 on 01/13/2025 at 10:37 a.m. revealed he was a smoker and stated he kept his cigarettes and lighter in his room.</p> <p>Review of resident 60's medical record revealed the last safe smoking assessment dated [DATE] revealed he was a safe smoker.</p> <p>Review of the current care plan revealed an intervention to assess the resident quarterly for safe smoking.</p> <p>On 01/15/2025 at 5:00 p.m., S1Administrator was informed there was no current quarterly Safe Smoking Assessment for resident #60.</p> <p>On 01/15/2025 at 2:00 p.m., a phone interview with S2DON confirmed they had not conducted a quarterly Safe Smoking Assessment for resident #60 since 08/22/2024.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure each resident's drug regimen was free from unnecessary drugs by failing to ensure labs were collected as ordered for 1 (#84) of 5 (#9, #18, #42, #84, #94) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of the medical record for resident #84 revealed she was admitted on [DATE] with a diagnosis of hyperlipidemia.</p> <p>Review of the January 2024 physician orders revealed the physician ordered Rosuvastatin 20 milligrams (mg) at bedtime for the treatment of hyperlipidemia.</p> <p>On 03/01/2024, the physician ordered Lipid levels to be obtained every 6 months.</p> <p>Review of the medical record for resident #84 revealed there were no lipid levels done.</p> <p>On 01/14/2025 at 2:00 p.m., interview with S2Director of Nursing (DON) confirmed the facility had not obtained lipid levels for resident #84.</p>