STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195617	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lodge at Lane	6170 Carpenter Road Zachary, LA 70791

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 interviews and record reviews, the facility failed to ensure the resident assessments accurately reflected the resident's status. The facility failed to ensure staff accurately: 1. Coded the discharge status for 1(#39) of 2 (#27 and #39) residents reviewed for hospitalizations. 2. Coded a resident reviewed for PASRR for 1 (#13) of 2 (#13 and #18) residents reviewed for PASRR. Findings: 1. Review of Resident #39's clinical record revealed that she was admitted to the facility on [DATE] and discharged from the facility on 12/11/2024. Review of Resident #39's MDS Discharge Assessment, dated 12/11/2024, revealed the resident was discharged to an acute hospital. Review of Resident #39's Nurses Notes revealed the following: in part: 12/11/2024 Resident #39 scheduled for discharge today with home health services. On 02/04/2025 at 4:17 p.m., an interview was conducted with S2MDS. She reviewed Resident #39's MDS Discharge Assessment, dated 12/11/2024, and confirmed it indicated Resident #39 discharged to an acute hospital. She further reviewed Resident #39's medical record and confirmed the resident was discharged home. She confirmed Resident #39's MDS Discharge Assessment was not coded correctly and should have been coded discharge to home. On 02/04/2025 at 4:22 p.m., an interview was conducted with S1DON. She was made aware of the findings and confirmed the MDS Discharge Assessment should be accurate. 2. Review of Resident #13's clinical record revealed that she was admitted to the facility on [DATE] with a 142 Form Notification of Medical Certification with approval of admission by the state Level II authority dated 10/16/2023 through 10/14/2024. (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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #13's annual MDS assessment dated [DATE] revealed section A1500 PASRR: Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, was coded as 0. No. Section A1510 level II PASRR conditions was blank. Review of Resident #13's current care plan revealed the following: Focus: Level II PASRR On 02/05/2025 at 9:58 a.m., an interview was conducted with S2MDS. She reviewed Resident #13's Annual MDS Assessment, dated 09/24/2024, and confirmed section A1500 should have been coded as 1-Yes, and was not. On 02/05/2025 at 10:00 a.m., an interview was conducted with S1DON. She reviewed Resident #13's Annual MDS assessment dated [DATE]. S1DON further reviewed Resident #13's Form 142 which indicated Resident #13 was approved for nursing home admission and approved by level II authority effective 10/16/2023 through 10/14/2024. S1DON confirmed section A1500 should have been coded as 1-Yes, and was not.