

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: 195329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2026
NAME OF PROVIDER OR SUPPLIER Landmark of Plaquemine		STREET ADDRESS, CITY, STATE, ZIP CODE 59355 River West Drive Plaquemine, LA 70764	
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure PRN (as needed) orders for psychotropic medications were limited to 14 days and indicated the duration for 1 (Resident #2) of 5 residents reviewed for unnecessary meds. Findings: Review of Resident #2's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included unspecified dementia with unspecified psychotic disturbance, unspecified mental disorder due to known physiological condition, disorientation, and delirium. Review of Resident #2's July 2024 physician's orders revealed an order written on 04/30/2026 for Hydroxyzine HCL 50 mg - one tablet as needed for anxiety related to disorientation. Review of Resident #2's Medication Administration Record (MAR) for June 2026 revealed administration of Hydroxyzine 50 mg on 6/16/2026 at 1:48 a.m. and 6/17/2026 at 3:15 a.m. Review of the MAR for July 2026 revealed administration of Hydroxyzine 50 mg on 07/04/2026 at 7:59 p.m. An interview was conducted on 07/14/2026 at 2:55 p.m. with S2DON. S2DON confirmed Hydroxyzine was prescribed as a psychotropic medication. She confirmed Resident #2 had an order on 04/30/2026 for PRN Hydroxyzine with no reorder after 14 days as required.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure hospice services met professional standards and principles by failing to maintain a system to ensure a hospice resident's clinical binder contained up to date documentation of Hospice Nurse Visit notes for 1 (Resident #2) of 2 residents reviewed for hospice care. Findings: Review of Resident #2's clinical record revealed she was admitted to the facility on [DATE]. Further review revealed Resident #2 was a patient of a local hospice agency with a current certification period of 06/04/2026 through 09/01/2026. Review of Resident #2's hospice binder revealed the resident was admitted to the hospice agency on 06/04/2026. Further review revealed no Hospice Nurse Visit notes for nursing visits conducted on 07/02/2026, 07/06/2026, 07/07/2026, and 07/09/2026. In an interview on 07/14/2026 at 1:00 p.m., S3Hospice Liaison confirmed she was the staff member responsible to coordinate with the hospice agency. S3Hospice Liaison indicated she spoke with Resident #2's hospice company, and skilled nursing visits were made on 07/02/2026, 07/06/32026, 07/07/2026, and 07/09/2026. S3Hospice Liaison reviewed Resident #2's hospice binder and confirmed there were no hospice progress notes in the binder for nursing visits conducted on 07/02/2026, 07/06/2026, 07/07/2026, and 07/09/2026. In an interview on 07/14/2026 at 2:20 p.m., Medical Records employee for Resident #2's hospice provider confirmed she had not placed documentation of Resident #2's weekly nursing visit notes in the facility's hospice binder for nursing visits made on 07/02/2026, 07/06/2026, 07/07/2026, and 07/09/2026. In an interview on 07/14/2026 at 2:55 p.m., S2Director of Nursing confirmed as per the facilities agreement hospice progress notes should be updated and kept in the resident's hospice binder, and were not. In an interview 07/15/2026 at 2:46 p.m., S1Administrator confirmed hospice binders should be up to date, and were not.		