

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  06/05/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19121</p> <p>Based on observation, record review, and interview the facility failed to provide personal privacy during incontinent care for 1 (#1) of 3 (#1,#2,#3) residents reviewed for incontinent care.</p> <p>Findings:</p> <p>Review of resident #1's electronic health record revealed an admitted [DATE] with diagnoses that included encephalopathy, aphasia following cerebral infarction, abnormal weight loss, lack of coordination, muscle wasting, and Alzheimer's disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident has a BIMS (Brief Mental Status Interview) score of 3 which indicated the resident is cognitively impaired and unable to make daily decisions. Further review revealed the resident needs assistance with all activities of daily living including incontinence care.</p> <p>Review of the facility's investigation documentation revealed the following:</p> <p>On 05/20/2024 it was reported to the facility that S3CNA was physically rough and spoke rudely to resident #1 during incontinence care. Resident #1's responsible party brought a video of the incontinence care performed by S3CNA on 05/19/2024 at 6:10 p.m. to the facility on [DATE]. After watching the video which was time and date stamped for 05/19/2024 at 06:10 p.m., the Administration contacted S3CNA and notified her of being suspended pending completion of the investigation.</p> <p>On 06/04/2024 at 1:45 p.m. an observation of the video with audio, date and time stamped as 05/19/2024 at 06:07 p.m., revealed a one minute and 59 seconds footage of resident #1 undressed lying in a fetal position on her right side in the bed. The video also showed the window blind to be open, the privacy curtain was against the wall and not pulled to obstruct the view of the roommate, and the door to the hall was open during the care being provided.</p> <p>An interview on 06/04/2024 at 10:10 a.m. with S1Administrator confirmed that during the video of incontinence care for resident #1 it showed S7CNA was also in the room with S3CNA and several other CNAs were standing in the doorway. During this video S3CNA was seen in the room, with the door open to the hallway, the privacy curtain opened with the resident in full view of the roommate, and the window blinds opened. S1Administrator stated that privacy should have been provided during the incontinent care by the staff, but wasn't.</p> <p>(continued on next page)</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview on 06/04/2024 at 11:10 a.m. with S2DON (Director of Nurses) stated S3CNA, S4CNA, S5CNA, S6CNA, S7CNA and S8LPN (Licensed Practical Nurse) were all suspended on 05/20/2024 while the allegation of abuse was being investigated and they were all terminated on 05/23/2024. S2DON stated after viewing the video provided by resident #1's family that the staff left the blinds open on the window, privacy curtain was not pulled and the resident's door was left open to the hallway when they were providing care to the resident; and privacy was not maintained for resident #1.</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19121</p> <p>Based on observation, record review and interview, the facility failed to protect the resident's right to be free from physical and verbal abuse and psychosocial harm by staff for 1 (#1) of 3 (#1,#2, #3) sampled residents.</p> <p>The deficient practice resulted in actual harm for resident #1 (who was cognitively impaired with communication deficits) on 05/19/2024 at 6:10 p.m. when S3CNA (Certified Nursing Assistant) physically and verbally abused resident #1 by forcefully grabbing resident #1's lower extremities, hands and arms in an attempt to reposition resident #1 and the resident sustained two red bruises that were identified on the left upper arm, and a reddened bruise was noted to the left hand, between thumb and index finger, red bruise was noted on top of right hand and a red bruise noted to the upper right arm. S3CNA cursed resident #1 and expressed anger at resident #1. Even though there was no significant decline in mental or physical functioning, it can be determined that the reasonable person would have experienced severe psychosocial harm as a result of the physical and verbal abuse, since a reasonable person would not expect to be treated in this manner in her own home or a health care facility.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of the facility's Abuse Policy dated October 2023 revealed the following: The facility will not condone any form of resident abuse or neglect. Each resident residing in this facility has the right to be free from verbal, sexual, mental and physical abuse including corporal punishment. Residents must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, facility members or legal guardians, friends or other individuals. Physical abuse includes hitting, slapping, pinching, and kicking. Additionally, it included acts of corporal punishment to control behavior. Verbal abuse is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability to comprehend or disability. Additionally threats of corporal punishment to control behavior are considered verbal abuse.</p> <p>Review of resident #1's electronic health record revealed an admitted [DATE] with diagnosis that included encephalopathy, aphasia following cerebral infarction, abnormal weight loss, lack of coordination, muscle wasting, and Alzheimer's disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident has a BIMS (Brief Mental Status Interview) score of 3, which indicated the resident is cognitively impaired and unable to make daily decisions. Further review revealed the resident needs assistance with all activities of daily living including incontinence care.</p> <p>Review of the facility's investigation documentation revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/20/2024 it was reported to the facility that S3CNA was physically rough and spoke rudely to resident #1 during incontinence care on 05/19/2024. Resident #1's responsible party brought a video of the incontinence care performed by S3CNA on 05/19/2024 at 6:10 p.m. After watching the video that was time and date stamped for 05/19/2024 at 06:10 p.m., the Administration contacted S3CNA and notified her of being suspended pending completion of the investigation. Law enforcement was notified and a report was made to the state in reference to the allegation of abuse. Review of the protective actions taken at this time was resident #1 was immediately examined by medical staff for injuries and supervision increased. Results of the exam revealed two red bruises were identified on the left upper arm, and a reddened bruise was noted to the left hand, between thumb and index finger, red bruise was noted on top of right hand and a red bruise noted to the upper right arm.</p> <p>Interview on 06/04/2024 at 10:10 a.m. with S1Administrator confirmed that during the video of incontinence care for resident #1 it showed S7CNA was also in the room with S3CNA and several other CNA's were standing in the doorway. During this video recording S3CNA was seen in the room, with the door open to the hallway, curtain opened in view of the roommate, and window blinds opened. S1Administrator stated all staff involved were suspended and later terminated due to staff not reporting the incident of abuse.</p> <p>During an interview on 06/04/2024 at 11:10 a.m. S2DON (Director of Nurses) stated S3CNA, S4CNA, S5CNA, S6CNA, S7CNA and S8LPN (Licensed Practical Nurse) were all suspended on 05/20/2024 while the allegation of abuse was being investigated and they were all terminated on 05/23/2024. S2DON stated S7CNA was on one side of resident #1's bed on her phone, while S3CNA was pulling and trying to move the resident in bed very roughly, S7CNA assisted S3CNA pulling the resident up in the bed and then left the resident's room. S2DON confirmed S4CNA, S5CNA, and S6CNA were standing in resident 1's doorway when the care was provided. S2DON stated the physical exam of resident #1 on 05/20/2024 revealed two red bruises on the left upper arm, a reddened bruise to the left hand, between the thumb and index finger, a red bruise was noted on top of the right hand and a red bruise noted to the upper right arm.</p> <p>On 06/04/2024 at 1:45 p.m. observation of the video with audio, date and time stamped as 05/19/2024 at 06:07 p.m., revealed a one minute and 59 seconds footage of resident #1 undressed lying in a fetal position on her right side in the bed. S3CNA was observed handling the resident roughly, grabbing onto her lower extremities which were bent at the knees and rapidly, with force attempting to turn her over to the opposite side of the bed. Resident #1 was observed to nearly fall off the edge of the bed, but was caught by S3CNA. S3CNA could be heard on the video cursing using the word s___ and expressing anger at times during the care. S3CNA was also observed to be grabbing at the resident's hands and arms forcefully in order to turn the resident over.</p> <p>Phone interviews were attempted with S3CNA, S4CNA, S5CNA, S6CNA, S7CNA and S8LPN during the survey with no success on 06/04/2024 at 2:30pm, 6/05/2024 at 9:10 a.m. and 06/05/2024 at 1:10 p.m.</p> <p>On 06/04/2024 at 8:30 a.m. observation of resident #1 revealed she was sitting in her wheelchair in the dining room eating breakfast. Resident #1 was unable to answer questions asked by the surveyor due to cognitive impairment.</p> <p>During the survey, in-service records and QA (Quality Assurance) monitoring records were reviewed, and it was determined that the facility had implemented the following actions to correct the deficient practice.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>1. On 05/20/2024 at 02:50 p.m. responsible party of resident #1 produced video footage of the previous evening (05/19/2024) beginning at approximately 06:07 p.m. through 06:23 p.m. that revealed physical and verbal abuse against resident #1 by S3CNA and S7CNA.</p> <p>2. On 05/20/2024 all CNA's and LPN involved were suspended pending the results of the investigation. Statements were obtained from staff members present during the care on 05/19/2024 were S3CNA, S4CNA, S5CNA, S6CNA, S7CNA and S8LPN.</p> <p>3. On 05/20/2024 body audits were performed on all residents who were cared for by S3CNA and S7CNA. Body audits were then conducted on all resident in the facility and were completed by 05/23/2024.</p> <p>4. On 05/20/2024 through 05/23/2024- the following In-services were done.</p> <ol style="list-style-type: none"> <li>1. Dignity for residents with cameras</li> <li>2. Dignity and maintaining dignity</li> <li>3. Abuse and Neglect</li> <li>4. Definitions and policies for abuse and neglect</li> <li>5. Reporting abuse and neglect</li> </ol> <p>5. On 05/21/2024 interviews were conducted with residents who were cared for by S3CNA and S7CNA.</p> <p>6. On 05/23/2024 all CNA's and LPN involved were terminated.</p> <p>The QA (quality assurance) implemented changes and will be monitored by QAPI Quality Assurance Performance Improvement plan) began on 05/20/2024.</p> <ol style="list-style-type: none"> <li>1. A QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This will be completed by interviewing a random sample of residents by the DON (director of Nurses) three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</li> <li>2. An additional QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This monitor will be conducted by reviewing a random sample of Incident and Accident reports by the DON three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</li> <li>3. An additional QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This monitor will be conducted by reviewing a random sample of nurse's notes by the DON three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>4. An additional QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This monitor will be conducted by reviewing a random sample of skin inspection monitors by the DON three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</p> <p>The effectiveness of the corrective actions will be discussed weekly for four weeks at the Quality Assurance and Performance Improvement meeting with findings added to the minutes. Additional in-services and or corrective actions will be implemented as needed.</p> <p>The facility was determined to be in compliance as of May 23, 2024 after completing their action plan that included termination of the employees involved in the incident, assessment of residents, completion of the in-services to all facility staff, and continued review of the QAPI monitoring that was put into place by the facility.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19121</p> <p>Based on record review and interview the facility failed to ensure an allegation of abuse by staff was reported immediately to the facility administrator no later than 2 hours after the allegation was made for 1 (#1) of 3 (#1, #2, #3) residents reviewed for abuse.</p> <p>The facility implemented corrective actions which were completed prior to the State Agency's investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of the facility's Abuse Policy dated October 2023 revealed the following: Reporting of Accidents and Incidents: Regardless of how minor an injury may be, all accidents or incidents involving a resident, employee or visitor must be reported. Report all accidents or incidents to your immediate supervisor as soon as you can. All accidents/incidents must be reported to the staff/charge nurse as soon as practical, (on that shift). If the accident/incident involves suspected patient abuse/neglect, or injury is of unknown origin, the staff/charge nurse must immediately report it to the Director of Nurses and Administrator so that the facility abuse/neglect reporting and investigation procedures can be implemented.</p> <p>Review of resident #1's electronic health record revealed an admitted [DATE] with diagnoses that included encephalopathy, aphasia following cerebral infarction, abnormal weight loss, lack of coordination, muscle wasting, and Alzheimer's disease.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident has a BIMS (Brief Mental Status Interview) score of 3 which indicated the resident is cognitively impaired and unable to make daily decisions. Further review revealed the resident needs assistance with all activities of daily living including incontinence care.</p> <p>Review of the facility's investigation documentation revealed the following:</p> <p>On 05/20/2024 it was reported to the facility that S3CNA was physically rough and spoke rudely to resident #1 during incontinence care on 05/19/2024. Resident #1's responsible party brought a video of the incontinence care performed by S3CNA on 05/19/2024 at 6:10 p.m. After watching the video time and date stamped 05/19/2024 at 06:10 p.m., the Administration contacted S3CNA and notified her of being suspended pending completion of the investigation. Law enforcement was notified and a report was made to the state in reference to the allegation of abuse.</p> <p>Review of the protective actions taken at this time was resident #1 was immediately examined by medical staff for injuries and supervision increased. Results of the exam revealed two red bruises were identified on the left upper arm, and a reddened bruise was noted to the left hand, between thumb and index finger, red bruise was noted on top of right hand and a red bruise noted to the upper right arm.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/04/2024 at 10:10 a.m. with S1Administrator confirmed that during the video of incontinence care for resident #1 it showed S7CNA was also in the room with S3CNA and several other CNA's standing in the doorway. During this video recording S3CNA was seen in the room, with the door open to the hallway, curtain opened in view of the roommate, and window blinds opened.</p> <p>S1Administrator stated all staff involved were suspended and later terminated.</p> <p>S1Administrator confirmed the staff involved did not report the abuse to anyone and she was not aware of the abuse allegation until after watching the video resident#1's family provided of the care on 05/19/2024.</p> <p>An interview on 06/04/2024 at 11:10 a.m. with S2DON (Director of Nurses) stated S3CNA, S4CNA, S5CNA, S6CNA, S7CNA and S8LPN were all suspended on 05/20/2024 while the allegation of abuse was being investigated and they were all terminated on 05/23/2024. S2DON stated S7CNA was on one side of resident #1's bed on her phone, while S3CNA was pulling and trying to move the resident in bed very roughly, S7CNA assisted S3CNA pulling the resident up in the bed and then left the resident's room. S2DON confirm S4CNA, S5CNA, S6CNA and S7CNA were standing in resident #1's doorway when the care was provided. S2DON stated the physical exam of resident #1 on 05/20/2024 revealed two red bruises on the left upper arm, a reddened bruise to the left hand, between the thumb and index finger, a red bruise was noted on top of the right hand and a red bruise noted to the upper right arm. S2DON confirmed the staff involved did not report the abuse to anyone and she was not aware of the incident till resident #1's family provided the video evidence on the following day, 05/20/2024.</p> <p>On 06/04/2024 at 1:45 p.m. an observation of the video with audio, date and time stamped as 05/19/2024 at 06:07 p.m., revealed a one minute and 59 seconds footage of resident #1 undressed lying in a fetal position on her right side in the bed. S3CNA was observed handling the resident roughly, grabbing onto her lower extremities which were bent at the knees and rapidly, with force attempting to turn her over to the opposite side of the bed. Resident #1 was observed to nearly fall off the edge of the bed, but was caught by S3CNA. S3CNA could be heard on the video cursing using the word sh__ and expressing anger at times during the care. S3CNA was also observed to be grabbing at the resident's hands and arms forcefully in order to turn the resident over.</p> <p>Phone interviews were attempted with S3CNA, S4CNA, S5CNA, S6CNA, S7CNA and S8LPN during the survey with no success on 06/04/2024 at 2:30pm, 6/05/2024 at 9:10 a.m. and 06/05/2024 at 1:10 p.m.</p> <p>On 06/04/2024 at 8:30 a.m. observation of resident #1 revealed she was sitting in her wheelchair in the dining room eating breakfast. Resident #1 was unable to answer questions asked by the surveyor due to cognitive impairment.</p> <p>During the survey, in-service records and QA (Quality Assurance) monitoring records were reviewed, and it was determined that the facility had implemented the following actions to correct the deficient practice of reporting abuse incidents according to the facility's policies.</p> <ol style="list-style-type: none"> <li>On 05/20/2024 all CNA's and LPN involved were suspended pending the results of the investigation. Statements were obtained from staff members present during the care of resident #1 on 05/19/2024 were S3CNA, S4CNA, S5CNA, S6CNA, S7CNA and S8LPN.</li> <li>In-services completed:</li> </ol> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Reporting abuse and neglect-05/21/2024</p> <p>2. Definitions and policies for abuse and neglect-05/22/2024</p> <p>3. On 05/21/2024 interviews were conducted with residents who were cared for by S3CNA and S7CNA.</p> <p>4. On 05/23/2024 all CNA's and LPN involved were terminated.</p> <p>The QA (quality assurance) implemented changes and will be monitored by QAPI (Quality Assurance Performance Improvement plan) began on 05/20/2024.</p> <p>1. QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This will be completed by interviewing a random sample of residents by the DON (director of Nurses) three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</p> <p>2. An additional QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This monitor will be conducted by reviewing a random sample of Incident and Accident reports by the DON three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</p> <p>3. An additional QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This monitor will be conducted by reviewing a random sample of nurse's notes by the DON three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</p> <p>4. An additional QAPI monitor has been developed to ensure staff is reporting any signs of abuse/neglect/dignity. This monitor will be conducted by reviewing a random sample of skin inspection monitors by the DON three times a week for four weeks then monthly until compliance is reached. Any non-compliance will be addressed.</p> <p>The effectiveness of the corrective actions will be discussed weekly for four weeks at the Quality Assurance and Performance Improvement meeting with findings added to the minutes. Additional in-services and or corrective actions will be implemented as needed.</p> <p>The facility was determined to be in compliance as of May 23, 2024 after completing their action plan noted above.</p>