

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  03/10/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observations, and interview, the facility failed to develop a comprehensive person-centered care plan for 1 (#99) of 2 sampled resident reviewed for ADLs. The provider failed to develop an ADLs care plan for Resident #99. Findings: Record review revealed Resident #99 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus without complication, stage 2 pressure ulcer sacral region, chronic obstructive pulmonary disease, need for assistance with personal care, lack of coordination, muscle wasting and atrophy not elsewhere specified right shoulder, major depressive disorder, generalized anxiety disorder, peripheral vascular disease, hypertensive heart disease with heart failure, personal history of venous thrombosis and embolism, obstructive sleep apnea, and obesity. Review of the current March 2026 Physician orders revealed an order dated 12/24/2025: requires x1 person assist with ADLs. Review of the comprehensive care plan revealed no evidence to support Resident #99's need for assistance with ADLs was addressed. Observations of Resident #99 on 03/08/2026 at 8:20 a.m. and 03/09/2026 at 9:35 a.m. revealed, the fingernails were long with a dark brown colored grimy substance under the fingernails on both hands. On 03/09/2026 at 10:00 a.m., observation of Resident #99 with S2DON revealed Resident #99's fingernails were long with a dark brown grimy substance under the fingernails on both hands. S2DON confirmed Resident #99's fingernails needed to be cleaned and trimmed. On 03/09/2026 at 12:15 p.m., interview with S2DON confirmed a care plan had not been developed related to ADLs for Resident #99. S2DON further confirmed there was no care plan that specified who would trim and clean Resident #99's finger nails or how often nail care would be done.</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
---	-------	-----------

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  03/10/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews, the facility failed to ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good personal hygiene. The facility failed to ensure residents' fingernails were clean and trimmed in a timely manner for 1 (#99) of 2 residents reviewed for activities of daily living. Findings:Record review revealed Resident #99 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus without complication, stage 2 pressure ulcer sacral region, chronic obstructive pulmonary disease, need for assistance with personal care, lack of coordination, muscle wasting and atrophy not elsewhere specified right shoulder, major depressive disorder, generalized anxiety disorder, peripheral vascular disease, hypertensive heart disease with heart failure, personal history of venous thrombosis and embolism, obstructive sleep apnea, and obesity. Review of the current March 2026 Physician orders revealed an order dated 12/24/2025: requires x1 person assist with ADLs. Observations of Resident #99 on 03/08/2026 at 8:20 a.m. and 03/09/2026 at 9:35 a.m. revealed, the fingernails were long with a dark brown colored grimy substance under the fingernails on both hands. On 03/09/2026 at 10:00 a.m., observation of Resident #99 with S2DON revealed Resident #99's fingernails were long with a dark brown grimy substance under the fingernails on both hands. S2DON confirmed Resident #99's fingernails needed to be cleaned and trimmed.</p>		