

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Landmark South Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 18180 Jefferson Hwy Baton Rouge, LA 70817	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>47500</p> <p>Based on observation and interview, the facility failed to post the required nurse staffing information on a daily basis.</p> <p>Findings:</p> <p>On 07/18/2024 at 8:15 a.m., an observation was made of posted staffing dated 07/17/2024.</p> <p>On 07/18/2024 at 10:00 a.m., an observation was made of posted staffing dated 07/17/2024.</p> <p>On 07/18/2024 at 12:30 p.m., an observation was made of posted staffing dated 07/17/2024.</p> <p>On 07/18/2024 at 12:55 p.m., an interview was conducted with S3WC. S3WC stated she was responsible for posting the daily staffing information. She stated she did not post the daily staffing information for the day, and should have.</p> <p>On 07/18/2024 at 1:03 p.m., an interview was conducted with S1ADM. He stated S3WC was responsible for posting the daily staffing information. He confirmed the daily staffing currently posted was dated 07/17/2024 and was not current.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47500</p> <p>Based on interview and record review, the facility failed to ensure adequate monitoring for effectiveness and side effects of psychotropic medication was completed for 1 (#1) of 3 (#1, #2, and #3) residents reviewed for unnecessary medications.</p> <p>Findings:</p> <p>Review of the facility's policy titled Psychotropic Medications dated 10/2022 revealed the following:</p> <p>The use of PRN psychotropic medications require a screen pre and post administration.</p> <p>Documentation should include behavior the drug is intended to reduce, physiological, environmental and pharmacological interventions. As well as post administration behavior and side effects. A pre and post administration screen should be completed for each use of PRN Psychotropic medications.</p> <p>Residents that use psychotropic medications shall have side effect monitoring.</p> <p>Review of the facility's policy titled Drug Administration and Documentation dated 12/2023 revealed the following:</p> <p>PRN medications will be documented on the MAR and the reason for giving as well as the result/response for each dose given will be noted in the clinical record.</p> <p>Review of Resident #1 clinical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of Other Non-traumatic Intracerebral Hemorrhage, Chronic pain syndrome, Other Specified Anxiety Disorders, Other Specified Depressive Episodes, Pulmonary Fibrosis, and Raynaud's Syndrome.</p> <p>Review of Resident #1's physician orders dated May 2024 revealed, in part, an ordered dated 05/27/2024 for Xanax 0.25 mg 1 tablet by mouth twice daily as needed for feeling agitated or Panic disorder for 14 days.</p> <p>Review of Resident #1's MAR dated May 2024 and June 2024 revealed, in part, Resident #1 received the above medication on the following dates:</p> <p>05/27/2024 at 9:17 p.m.;</p> <p>05/28/2024 at 8:00 p.m.;</p> <p>05/30/2024 at 4:00 a.m.;</p> <p>05/31/2024 at 8:00 a.m.;</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>05/31/2024 at 8:00 p.m.;</p> <p>06/01/2024 at 5:05 p.m.;</p> <p>06/02/2024 at 4:00 a.m.;</p> <p>06/03/2024 at 3:45 a.m.; and</p> <p>06/03/2024 at 9:20 a.m.</p> <p>There was no documentation of a screen performed pre administration or reason for administering the above medication on the following dates:</p> <p>05/28/2024 at 8:00 p.m.;</p> <p>05/30/2024 at 4:00 a.m.;</p> <p>05/31/2024 at 8:00 a.m.;</p> <p>05/31/2024 at 8:00 p.m.; and</p> <p>06/03/2024 at 3:45 a.m.</p> <p>There was no documentation of a screen performed post administration or response to the above medication on the following dates:</p> <p>05/28/2024 at 8:00 p.m.;</p> <p>05/31/2024 at 8:00 p.m.; and</p> <p>06/03/2024 at 3:45 a.m.</p> <p>On 07/18/2024 at 11:35 a.m., an interview was conducted with S2DON. She reviewed the policy titled Psychotropic Medications. She stated a pre and post administration screen should be completed for each use of as needed psychotropic medication. She reviewed Resident #1's MAR for administration of the above medication and reviewed Resident #1's nurse's notes for the dates and times of administration. She confirmed there was no documentation a pre-administration or post-administration screen had been performed on Resident #1 for the aforementioned dates.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47500</p> <p>Based on observation and interview the facility failed to ensure medication Carts were locked when unattended for 1 (Cart F) of 6 (Cart A, Cart B, Cart C, Cart D, Cart E, and Cart F) medication carts observed.</p> <p>Findings:</p> <p>Review of the facility's policy titled Drug Administration and Documentation dated 12/2023 revealed the following:</p> <p>The medication cart is not to be taken into the resident's room, and therefore, is to be locked whenever unattended.</p> <p>On 07/17/2024 at 8:01 a.m., an observation was made of Cart F unlocked and unattended near room [ROOM NUMBER].</p> <p>On 07/17/2024 at 10:15 a.m., an interview was conducted with S4LPN. She stated the medication cart should be locked at all times and confirmed Cart F was not locked when it was left unattended near room [ROOM NUMBER].</p> <p>On 07/18/2024 at 11:35 a.m., an interview was conducted with S2DON. She stated medication carts should be locked when left unattended, and confirmed the surveyor should not have observed Cart F unlocked if it was left unattended.</p>