

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 11/14/2024
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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093</p> <p>Based on record review and interviews, the facility failed to follow its policy regarding advance directives by failing to ensure all medical records consistently reflected the resident's current wishes for code status for 1 (#27) of 32 residents reviewed for advanced directives.</p> <p>This deficient practice resulted in an Immediate Jeopardy situation on [DATE], when Resident #27's Advance Directive consent form was signed to indicate the resident wished to have a code status of DNR and the facility inaccurately entered a status of Cardiopulmonary Resuscitation (CPR) into the resident's clinical records. On [DATE], Resident #27 verbalized she wished to have a code status of DNR. On [DATE], S3LPN stated Resident #27 was a full code and would have received CPR in the event of an emergency.</p> <p>S1ADM was notified of the Immediate Jeopardy situation on [DATE] at 5:06 p.m.</p> <p>The Immediate Jeopardy was removed on [DATE] at 7:58 p.m., as confirmed by onsite verification through interviews and record reviews. The facility implemented an acceptable Plan of Removal (POR) prior to the survey exit.</p> <p>This deficient practice continued with a potential for more than minimal harm for any resident in the facility with an advance directive.</p> <p>Findings:</p> <p>Review of the facility's Advance Directive Consent revealed the following:</p> <p>CPR</p> <p>CPR is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs are also used to stimulate the heart.</p> <p>DNR</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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A DNR order is a physician's written order instructing healthcare providers not to attempt CPR in case of cardiac arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his/her family, it must be signed by a physician to be valid.</p> <p>Review of the facility's policy titled, Advance Directives, revised on ,d+[DATE], revealed the following:</p> <p>Procedure:</p> <p>Valid Advance Directives, such as DNR orders will be followed to the extent permitted and required by law.</p> <p>Procedure:</p> <p>An original or exact copy of an original Advance Directive, and/or DNR order shall be obtained prior to or at the time of admission when applicable.</p> <p>The admitting staff will document in the medical record and will notify the attending physician verbally and obtain a physician's order if the resident has executed an Advance Directive.</p> <p>All staff providing care for the resident will:</p> <p>Review the Advance Directive and clarify any discrepancies between the Directive and current treatment plan.</p> <p>Review of the clinical record revealed Resident #27 was admitted to the facility on [DATE].</p> <p>Review of Resident #27's written Physician's Order dated [DATE] revealed a code status of Full Code.</p> <p>Review of Resident #27's signed Advance Directive Consent form dated [DATE] revealed Resident #27 indicated wishes to have a status of DNR.</p> <p>Review of Resident #27's current Care Plan revealed the following, in part:</p> <p>Focus: DNR</p> <p>Date Initiated: [DATE]</p> <p>Interventions: Honor resident/family's code status request, maintain appropriate code status identification.</p> <p>Review of Resident #27's electronic Physicians' order dated [DATE] revealed a code status of DNR.</p> <p>On [DATE] at 1:28 p.m. an observation of Resident #27's physical chart revealed a red plastic divider in the front of the chart with a sticker, which indicated the resident had a code status of Full Code.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the Minimum Data Set with an Assessment Reference Date of [DATE] revealed Resident #27 had a BIMS of 14, which indicated intact cognition.</p> <p>On [DATE] at 1:50 p.m., an interview was conducted with Resident #27. Resident #27 stated her choice of code status was DNR. She stated she had this directive in place with the facility.</p> <p>On [DATE] at 2:17 p.m., an interview was conducted with S12LPN. She stated upon admission to the facility, the resident or resident representative would sign the Advanced Directive Consent form indicating their wishes. She stated after the consent was signed, it was brought to medical records and uploaded into the electronic health record by S13LPN.</p> <p>On [DATE] at 2:30 p.m., an interview was conducted with S13LPN. She stated upon admission to the facility, S12LPN would provide the Advanced Directive Consent to be filled out by the resident or resident representative. She stated once the paperwork was completed, S12LPN would then bring her the hand written consents. She stated based on the consents, she would place the code status tab into the physical chart and get a signed order from the physician. She stated after she received the signed order, she would update the electronic health record to reflect the order. She reviewed Resident #27's clinical record and confirmed the resident had a written physician's order dated [DATE] which indicated a full code status and a signed advanced directive dated [DATE] indicating a DNR status. She confirmed the physicians order should have reflected the advanced directive consent form and stated the resident was a DNR. She confirmed she added the red tab indicating the resident was a full code to the physical chart based on the physicians order. She stated she was unsure who entered the electronic physicians order reflecting the resident as a DNR status.</p> <p>On [DATE] at 2:02 p.m., an interview was conducted with S3LPN. S3LPN stated if she needed to determine Resident #27's code status, she would refer to the code status tab in Resident #27's physical chart. She reviewed Resident #27's physical chart and verified Resident #27's code status was full code. She stated in the event of an emergency for Resident #27, she would provide CPR.</p> <p>On [DATE] at 2:05 p.m., an interview was conducted with S2DON. S2DON stated the procedure to determine a resident's code status during an emergency was for the nurse to review the physician's order in the physical chart and the physician's order in the electronic medical record. S2DON reviewed Resident #27's electronic and physical chart and confirmed Resident #27's written physician's order dated [DATE] indicated Resident #27 was a full code, the signed Advance Directive Consent dated [DATE] indicated Resident #27 was a DNR, the electronic physician's order dated [DATE] indicated Resident #27 was a DNR, and the red tab in the physical chart indicated the resident should receive CPR. S2DON confirmed the information was conflicting and this could cause Resident #27 to receive CPR in an emergency situation.</p> <p>Plan of Removal</p> <p>The surveyor confirmed the following had been initiated and/or implemented prior to exit:</p> <p>Immediate Action Taken:</p> <p>1. Resident #27's physician order was updated to reflect the resident's wishes and consent for Do Not Resuscitate on [DATE] at 4:30 p.m.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. All residents in the facility have the potential to be affected by this alleged deficient practice.</p> <p>3. All resident electronic charts and hard copy charts were audited, by the Admissions Nurse, Medical records Nurse and ADONs to ensure that the electronic code status order matched the code status physician order on the hard chart as well as confirmed with the advanced directive consent on [DATE] at 5:30 p.m.</p> <p>4. An immediate in-service was initiated by the Director of Nurses on [DATE] at 6:00 p.m. with staff responsible for updating code status', Admissions Nurse, Medical Records and MDS Nurses, in the electronic chart, paper chart and code status consents. The in-service was also initiated with all present nursing staff regarding advanced directives/code status orders in the electronic chart, hard chart and code consent match. The staff were in-serviced on the Cardiac Resuscitation Orders Policy. The in-servicing of the Medical Records, Admissions Nurse and Nursing staff was completed with present staff on [DATE] and will be completed with all non-present staff prior to the first shift by the Director of Nursing or designee. A master list of all Nurses and Medical Records staff was generated by the Human Resources Director. The DON and ADON used this list to update every nurse on the Cardiac Resuscitation Orders Policy.</p> <p>5. To ensure compliance with the facility policy of Cardiac Resuscitation orders, the Medical Records Nurse, DON or designee will review all orders, including new admit orders daily. Any new code status orders or changes will be verified to ensure correlation between the electronic chart, paper chart and the resident's code status consent form. Audits are to be performed daily for four weeks and routinely thereafter. Results of audits are to be captured on a special care form and discussed in the daily stand-up meeting with the interdisciplinary team. The Quality Assurance Committee is to meet weekly for no less than 4 weeks to promote compliance and gauge progress.</p> <p>6. An Emergency QA was held on [DATE] with the facility Medical Director and QA Committee regarding the Cardiac Resuscitation Orders policy.</p> <p>7. Completion date - The likelihood for serious harm will no longer exist on [DATE].</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39121</p> <p>Based on interviews and record review, the facility failed to develop a comprehensive person-centered care plan for 1 (#113) of 5 (#14, #20, #91, #113, and #119) residents reviewed for unnecessary medications by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident #113 care plan addressed her use of antidepressant and psychotropic medications; and 2. Resident #113's care plan addressed her suicidal ideations. <p>Findings:</p> <p>Review of Resident #113's clinical record revealed an admitted [DATE]. Further review revealed Resident #113 had diagnoses, which included Alzheimer's Disease and Anxiety Disorder.</p> <p>Review of Resident #113's Medication Administration Records from 10/11/2024 to 11/14/2024 revealed the following, in part:</p> <p>Seroquel 25 mg Give 0.5 mg by mouth at bedtime was administered from 10/11/2024 to 10/31/2024;</p> <p>Seroquel 25 mg Give 1 tablet by mouth at bedtime was administered from 11/01/2024 to 11/11/2024;</p> <p>Seroquel 50 mg Give 1 tablet by mouth at bedtime was administered from 11/12/2024 to 11/13/2024; and</p> <p>Lexapro 20 mg Give 1 tablet by mouth in the morning was administered from 10/12/2024 to 11/14/2024.</p> <p>Review of Resident #113's Progress Notes revealed the following, in part:</p> <p>10/23/2024 at 4:06 p.m., therapy came to Social Services and spoke about Resident #113 constantly saying she is going to kill herself.</p> <p>11/04/2024 at 11:03 a.m., Therapy came to talk to Social Services and explained that Resident #113 stated that If I could get a gun and kill myself I would.</p> <p>Review of Resident #113's current Care Plan revealed it did not reflect Resident #113's use of antidepressant and psychotropic medications nor her suicidal ideations.</p> <p>On 11/14/2024 at 12:24 p.m., an interview was conducted with S9LPN. S9LPN reviewed Resident #113's orders and confirmed the resident received Lexapro and Seroquel. S9LPN confirmed the resident received antipsychotic and antidepressant medications.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/14/2024 at 12:34 p.m., an interview was conducted with S8MDS. S8MDS reviewed Resident #113's care plan and confirmed Resident #113 was not care planned for psychotropic and antidepressant medications nor suicidal ideations. S8MDS confirmed Resident #113's suicidal ideation on 10/23/2024 should have been care planned.</p> <p>On 11/14/2024 at 12:49 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #113's care plan and confirmed the resident was not care planned for suicidal ideations, antidepressants nor psychotropic medications. S2DON confirmed Resident #113 should have been care planned for psychotropic and antidepressant medication use. S2DON confirmed Resident #113's suicidal ideation from 10/23/2024 should have been care planned by 11/06/2024.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44615</p> <p>Based on observations and interview, the facility failed to store, prepare, and distribute foods under sanitary conditions. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Food was dated after opening; 2. Ice machine was properly cleaned and sanitized; and 3. Ice machine rolling table was properly cleaned and sanitized. <p>This deficient practice had the potential to affect 137 out of 142 facility residents who were provided meals and beverages from the facility's kitchen.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Storage Of Refrigerated Food revealed the following, in part;</p> <p>Policy:</p> <p>The facility ensures the quality and safety of refrigerated foods through accepted storage practices.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 4. Food taken out of original containers is put in a clean sanitized container with tight fitting lid. 5. All non-hazardous, opened food are labeled with name of food, date stored. 6. All hazardous foods are labeled with name of food and date stored. <p>During the initial tour of the facility's kitchen on 11/07/2024 at 8:40 a.m. with S4DM, the following observations were made:</p> <p>Walk in Refrigerator:</p> <p>1-opened gallon of milk with no open date.</p> <p>1-opened thickener mix with no open date.</p> <p>1-opened package of turkey meat with no open date.</p> <p>2-opened cheese blocks with no open date.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2-opened salad dressing bottles with no open dates.</p> <p>Ice Machine:</p> <p>A pink sticky substance was noted on the ice machine rolling table cart. The ice machine's ice dispenser tray was completely covered with round fuzzy greenish/black particles. The fuzzy greenish/black particles were also noted to be floating in standing water in the ice machine.</p> <p>On 11/07/2024 at 8:40 a.m., an interview was conducted with S4DM. S4DM confirmed the above aforementioned findings. S4DM confirmed all opened items should be labeled with an open date. On 11/12/2024 at 9:46 a.m., S4DM confirmed the ice machine and table should be clean and sanitary and were not.</p> <p>On 11/12/2024 at 11:18 a.m., an interview was conducted with S5MS who stated he was responsible for cleaning all ice machines.</p> <p>On 11/13/2024 at 4:45 p.m., an interview was conducted with S1ADM. He stated S5MS was responsible for scheduled cleanings of all ice machines. He confirmed the ice machine and table should be clean and sanitary and was not. S1ADM confirmed on 11/07/2024 at 4:50 p.m. all opened items should be labeled with an open date.</p> <p>50093</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50093</p> <p>Based on observation, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment to help prevent the development and transmission of infection for 1 (#80) of 6 (#4, #24, #33, #68, #80, and #84) residents reviewed for infection control. The facility failed to ensure staff wore proper Personal Protective Equipment (PPE) while providing catheter care to a resident who was on Enhanced Barrier Precautions (EBP).</p> <p>Findings:</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions, revised on 03/2024, revealed the following, in part:</p> <p>Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g. indwelling medical devices).</p> <p>For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:</p> <p>Device care or use: urinary catheter</p> <p>Review of Resident #80's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included personal history of urinary tract infections.</p> <p>Review of Resident #80's current physician's orders revealed the following, in part:</p> <p>Start Date 08/30/2024: Enhanced Barrier Precautions - gown and gloves to be worn during high contact resident care activities (urinary catheter).</p> <p>Start Date: 11/09/2024: Catheter, indwelling, 16FR Foley Catheter</p> <p>On 11/12/2024 at 12:55 p.m., an observation was made of the Enhanced Barrier Precautions sign posted on Resident #80's door. The sign revealed the following, in part:</p> <p>Providers and staff must also:</p> <p>Wear gloves and a gown for the following high-contact activities.</p> <p>Device care or use: urinary catheter</p> <p>On 11/12/2024 at 12:45 p.m., an observation was made of S10CNA performing catheter care for Resident #80 without wearing a gown.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/12/2024 at 1:00 p.m., an interview was conducted with S10CNA. S10CNA confirmed Resident #80 was on EBP and she did not wear a gown while performing catheter care and should have. She stated she did not wear a gown because she was busy performing other tasks.</p> <p>On 11/13/2024 at 11:50 a.m., an interview was conducted with S11LPN. S11LPN confirmed Resident #80 was on EBP. S11LPN confirmed S10CNA should have worn a gown while performing catheter care for Resident #80.</p> <p>On 11/13/2024 at 12:16 p.m., an interview was conducted with S2DON. S2DON confirmed staff should wear a gown while performing catheter care for a resident who is on EBP.</p>		