

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784</p> <p>Based on record reviews, observations, and interviews, the facility failed to call light device was in reach for 2 (#49 and #86) out of 35 sampled residents.</p> <p>Findings:</p> <p>Resident #49</p> <p>Review of Resident #49's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, difficulty in walking; other abnormalities of gait and mobility; other lack of coordination; pain, unspecified; and history of falling.</p> <p>Review of Resident #49's Quarterly MDS assessment with an ARD (Assessment Reference Date) of 01/02/2025 revealed a BIMS (Brief Interview of Mental Status) score of 7, indicating that the resident was severely cognitively impaired.</p> <p>Review of Resident #49's comprehensive care plan, revealed in part, Focus-The resident is at risk for falls r/t (related to) muscle weakness and lack of coordination. Interventions- Place call light within reach.</p> <p>On 01/13/2025 at 1:51 PM, an observation and interview was conducted with Resident #49. The resident was lying in bed with her call light device not visible. Resident #49 was not able to locate the device when asked to.</p> <p>On 01/13/2025 at 2:09 PM, an observation and interview was conducted with S7LPN. S7LPN (Licensed Practical Nurse) confirmed that Resident #49's call light device was not visible while she was lying in bed. S7LPN lifted up the resident's bed sheets and the call light device fell off the lower left side of the bed onto the floor. S7LPN confirmed that the resident's call light device was not in reach and it should have been. S7LPN stated that the Resident #49 does use her call light device for assistance.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/14/2025 at 2:27 PM, an observation of Resident #49 and interview was conducted with S7CNA (Certified Nursing Assistant). The resident's call light device was observed to be running vertical under the resident's pillow, hanging off of the left upper portion of the bed, not within reach. Resident #49 was not able to locate her call light when asked to. S7CNA confirmed that Resident #49's call light device was not in reach of the resident, and it should have been. S7CNA stated that the resident does use her call light device for assistance.</p> <p>Resident #86</p> <p>Review of Resident #86's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, muscle weakness, other abnormalities of gait and mobility, chronic pain, and history of falling.</p> <p>Review of Resident #86's Quarterly MDS assessment with an ARD (Assessment Reference Date) of 11/15/2024 revealed a BIMS (Brief Interview of Mental Status) score of 6, indicating that the resident was severely cognitively impaired.</p> <p>Review of Resident #86's comprehensive care plan, revealed in part, Focus-The resident is at risk for falls d/t (due to) debility and lack of coordination. Interventions- Call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>On 01/13/25 at 9:35 AM an observation of Resident #86 and interview was conducted with S6CNA. Resident #86 was sitting up in a geri chair next to her bed. Her call light device was lying on her bed behind her, not within her reach. S6CNA confirmed that Resident #86's call light device was not within her reach and should have been. She confirmed that Resident #86 does use her call light device for assistance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540</p> <p>Based on interview and record review, the facility failed to ensure a resident's assessment accurately reflected the resident's status by failing to ensure a resident's discharge status was accurately coded for 1 (#117) resident of 35 sampled residents.</p> <p>Findings:</p> <p>Resident #117 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, fracture of right femur, pain in right knee, and seizures.</p> <p>A review of Section A2105 of Resident #117's Discharge MDS (Minimum Data Set) assessment dated [DATE] revealed that the resident was discharged to a short-term general hospital.</p> <p>A review of Resident #117's Physician's Orders revealed an order written on 12/23/2024 that read, DC (discharge) to home, home health skilled nurse, PT (physical therapy), OT (occupational therapy), ST (speech therapy) to eval (evaluate).</p> <p>A review of Resident #117's Progress Notes dated 12/23/2024 by S5LPN (Licensed Practical Nurse) read in part, . RP (responsible party) arrived to take resident home .</p> <p>On 01/15/2025 at 11:22 a.m., an interview and record review was conducted with S3RNCM (Registered Nurse Case Manager). S3RNCM confirmed that Resident #117 was discharged home. A review of Section A2105 of Resident #117's Discharge MDS was reviewed with S3RNCM. S3RNCM confirmed that Resident #117's discharge status read short-term general hospital. S3RNCM also confirmed that that the resident's MDS was coded incorrectly, and her discharge status should have been coded as discharge to home.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47540</p> <p>Based on record reviews and interviews, the facility failed to develop a comprehensive person-centered care plan for 1 (#67) of 35 sampled residents. The facility failed to develop a focus area with interventions related to hospice services for Resident #67.</p> <p>On 01/15/2025, a review of the facility's policy titled, Care Plan Process with a last revision date of 12/2024, read in part, The overall care plan should be oriented towards: 1. Preventing avoidable declines in functioning or functional levels or otherwise clarifying why another goal takes precedence (e.g., palliative approaches in end of life situations. 10. Assess and planning for care to meet the resident's medical, nursing, mental and psychosocial needs.</p> <p>A review of Resident #67's record revealed she was admitted to the facility on [DATE] with diagnoses that included in part, type 2 diabetes mellitus with hyperglycemia, hypokalemia, and non-rheumatic aortic valve stenosis.</p> <p>A review of Resident #67's Significant Change Minimum Data Set (MDS) assessment dated [DATE], read in part, Section O: Special Treatments, Procedures, and Programs hospice care was selected.</p> <p>A review of Resident #67's Physician's Orders revealed an order written on 12/06/2024 that read in part, Admit to Healthcare and Hospice .</p> <p>A review of Resident #67's comprehensive care plan failed to reveal a focus area or interventions related to Resident #67's receiving hospice services.</p> <p>On 01/14/2025 at 12:27 p.m., an interview and record review was conducted with S4LPNMDS (Licensed Practical Nurse Minimum Data Set) who confirmed Resident #67 was receiving hospice services. She confirmed receiving hospice services should have been developed in the resident's comprehensive care plan with interventions, but it was not.</p> <p>On 01/14/2025 at 3:30 p.m., an interview was conducted with S2DON (Director of Nursing). She confirmed that if a resident is receiving hospice services this should have been developed in the resident's comprehensive care plan with interventions.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47965</p> <p>Based on observation, interviews, and record review, the facility failed to ensure a resident who was visually impaired received necessary services to maintain good nutrition for 1 (#9) of 2 (#8 and #9) residents investigated for Comm-sensory (communication and sensory) out of a total of 35 sampled residents.</p> <p>Findings:</p> <p>Record review revealed Resident #9 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to Legal Blindness and Unspecified Dementia.</p> <p>Review of Resident #9's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 10/24/2024, revealed in section B that his vision was severely impaired.</p> <p>Review of Resident #9's care plan revealed a focus dated 08/27/2024 that the resident was able to feed self with set up and supervision, and another on 08/28/2024 that the resident had impaired visual function related to blindness.</p> <p>On 01/13/2025 at 8:55 a.m., an observation was conducted of Resident #9 in his room. The resident was alone with his breakfast tray set up in front of him. The resident's milk box was in his grits, an entire metal spoon was immersed in the grits, and his shirt was covered with multiple food crumbs. The resident also had a full container of orange juice. Resident #9 was asked if he could see surveyor or his food and he responded no.</p> <p>On 01/13/2025 at 9:00 a.m., S5LPN (Licensed Practical Nurse) walked into Resident #9's room and confirmed the findings above.</p> <p>On 01/13/2025 at 11:34 a.m., an interview was conducted with Resident #9's RP (Responsible party). She stated that she was at the facility once a week on Sunday afternoons. When asked if Resident #9 needed someone to assist him with eating and setting up meals, the RP stated definitely. She further stated that the resident was blind and there is no way he can eat on his own. She stated if she handed him something to eat he can hold and eat it but he needed someone there to help him.</p> <p>During a follow up interview with S5LPN on 01/13/2025 at 11:49 a.m., S5LPN stated that if the resident refused to be fed the CNA would report it. S5LPN further stated I'm not going to lie nobody reported that the resident refused to be fed his breakfast.</p> <p>01/15/2025 at 8:09 a.m., an observation and interview was conducted with S6CNA (Certified Nursing Assistant) in the assistance dining room while she was observed feeding Resident #9. S6CNA was observed taking the food up to the resident's mouth then asking him to open his mouth. The resident did not react to food when it was brought to his lips until S6CNA asked him to open his mouth. She was asked if the resident can feed himself and she stated he always needed someone with him to supervise his meals.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49176</p> <p>Based on observations and interview, the facility failed to store food in accordance with professional standards for food service, and ensure sanitary conditions were maintained in the kitchen as evidenced by:</p> <ol style="list-style-type: none"> 1. opened food items in the walk-in freezer, dry storage room, and reach-in cooler not labeled with the date and time; 2. expired food in the dry storage area; and 3. a thick layer of debris on the deep fryer cooking oil collection area. <p>This deficient practice had the potential to affect the 117 residents who consumed food from the kitchen.</p> <p>Findings:</p> <p>On [DATE], a review of the facility's policy titled, Food Storage Labeling, with a last revision date of , d+[DATE], last reviewed date of [DATE], revealed in part .Policy: The facility will ensure the safety and quality of food by following good storage and labeling procedures. Procedure: 1. Labeling- a. All temperature controlled foods and ready to eat foods that are prepared in the facility and held for longer than twenty-four hours will be labeled. Information included on the label: Name of the food, Date of Storage . 3. Rotation . b. Food stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufacturer use-by date or expiration date. Suggested time frames: Dry Storage-Weekly .</p> <p>On [DATE] at 8:32 a.m., a tour of the facility's kitchen was conducted with S1DM (Dietary Manager), who stated that she was responsible for the day to day management of the kitchen.</p> <p>On [DATE] at 8:40 a.m., an observation of the walk-in freezer was conducted with S1DM and revealed the following items were opened and not labeled with the date and time they were opened: a large bag of mixed vegetables and a large bag of broccoli.</p> <p>At that time, S1DM confirmed the food items listed above were opened, and not labeled with the date and time they were opened, and should have been.</p> <p>On [DATE] at 8:49 a.m., an observation of the dry storage room was conducted with S1DM and revealed the following: a can of tomato condensed soup with an expiration date of [DATE]. Further review of the dry storage room revealed the following items were opened but were not labeled with the date and time that they were opened: a plastic gallon bag with an opened bag of coconut flakes and a plastic gallon bag with an opened bag of bread crumbs. At this time, S1DM confirmed the soup was expired and should have been discarded. She also confirmed the food items listed above were opened, and not labeled with the date and time they were opened, and should have been.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 8:54 a.m., an observation of the reach-in cooler was conducted with S1DM and revealed the following items were opened but were not labeled with the date and time they were opened: (2) opened gallons of milk. S1DM confirmed the food items were opened, and not labeled with the date and time they were opened, and should have been.</p> <p>On [DATE] at 9:10 a.m., an observation of the deep fryer was conducted with S1DM and revealed the cooking oil collection area had a thick layer of debris. S1DM stated the deep fryer was last used on [DATE] and confirmed that it was not cleaned after it was used and should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Acadiana		STREET ADDRESS, CITY, STATE, ZIP CODE 1710 Smede Hwy Saint Martinville, LA 70582	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784</p> <p>Based on record reviews, observations, and interviews, the facility failed to accurately document on the Nurse Data Collection and Screening Form for bed rails for Resident #39 and Resident #49 out of a finalized sample of 35 residents.</p> <p>Findings:</p> <p>Resident #39</p> <p>Review of Resident #39's medical record revealed an admitted [DATE] with diagnoses including, which were not limited to, cerebrovascular disease affecting right dominant side, aphasia, muscle weakness, weakness, unspecified lack of coordination, and history of falling.</p> <p>Review of Resident #39's comprehensive care plan, revealed in part, Focus- Resident's Current Safety Devices and Special Equipment with an intervention- Assist Rail.</p> <p>Review of Resident #39's medical record revealed a Nurse Data and Collection Screening assessment dated [DATE] completed by S8LPN (Licensed Practical Nurse). Review of the assessment revealed in part: Section titled Restraint Necessity/Positioning Device C. Restraints: A. Bed rail was documented as 0. Not used.</p> <p>Resident #49</p> <p>Review of Resident #49's clinical record revealed she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, difficulty in walking; other abnormalities of gait and mobility; other lack of coordination; pain, and history of falling.</p> <p>Review of Resident #49's comprehensive care plan, revealed in part, Focus- Resident's Current Safety Devices and Special Equipment with an intervention- Assist Rail.</p> <p>On 01/14/2025 at 4:24 PM., an observation was made of Resident #49 in bed with both upper quarter side rails in the upward position.</p> <p>Review of Resident #49's medical record revealed a Nurse Data and Collection Screening assessment dated for 01/02/2025 completed by S10LPN. Review of the assessment revealed in part: Section titled Restraint Necessity/Positioning Device C. Restraints A. Bed rail was documented as 0. Not used.</p> <p>On 01/15/2025 09:40 AM, an interview was conducted with S9ADON (Assistant Director of Nursing). S9ADON confirmed that both Resident #39 and Resident #49 used upper quarter side rails while in bed.</p> <p>On 01/15/2025 02:04 PM, an interview was conducted with S3RNCM (Registered Nurse Case Manager). S3RNCM confirmed that Resident #39 and Resident #49 both should have been coded for Bed rail on this form and were not.</p>