

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Baton Rouge		STREET ADDRESS, CITY, STATE, ZIP CODE 9105 Oxford Place Drive Baton Rouge, LA 70809	

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** 47732</p> <p>Based on interviews and record reviews, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 3 (#5, #60 and #122) residents out of a total of 27 sampled residents. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident #5 was coded correctly for PASRR (Pre-admission Screening and Resident Review); 2. Resident #60 was coded correctly for pressure ulcers; and 3. Resident #122 was coded correctly for discharge. <p>Findings:</p> <ol style="list-style-type: none"> 1. <p>Resident #5</p> <p>Review of Resident #5's Clinical Record revealed she was admitted to the facility on [DATE].</p> <p>Review of Resident #5's OBH-Level II Evaluation Summary & Determination Notice dated 07/17/2024 revealed under recommendations: The individual has a serious mental illness and nursing home admission was recommended.</p> <p>Review of Resident #5's most recent Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/17/2024 revealed Section A1500 PASRR: Is the resident currently considered by the state Level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, was coded as 0. No.</p> <p>On 02/25/2025 at 2:50 p.m. an interview was conducted with S3MDS. S3MDS stated she was responsible for completing resident's MDS assessments. She reviewed Resident #5's PASRR Level II dated 07/17/2024 indicating she had a serious mental illness. S3MDS reviewed Resident #5's Annual MDS with an ARD of 10/17/2024. S3MDS confirmed Resident #5 was not coded accurately for having a serious mental illness and should have been.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/26/2025 at 1:40 p.m., an interview was conducted with S2DON and S11CRP. They reviewed Resident #5's information listed above. She confirmed Resident #5 was not coded accurately for having a serious mental illness and should have been.</p> <p>2.</p> <p>Resident #60</p> <p>Review of Resident #60's Clinical Record revealed he was readmitted to the facility on [DATE] with diagnoses, which included the following, in part: pressure ulcer of sacral region unstageable.</p> <p>Review of Resident #60's most recent Quarterly MDS with an ARD of 02/07/2025 revealed Section M0210 Unhealed Pressure Ulcers/Injuries, and Section M0300 Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage A-G were blank.</p> <p>Review of Resident #60's Physician Orders revealed the following in part: Reopened stage 4 pressure ulcer to sacrum; clean with wound cleanser, pat dry, apply santyl then calcium alginate and cover with a bandage daily until resolved, every day shift. Start date: 12/26/2024.</p> <p>On 02/25/2025 at 10:25 a.m., an interview was conducted with S8WCN. She confirmed Resident #60 had an unhealed stage 4 pressure ulcer to his sacrum.</p> <p>On 02/26/2025 at 8:55 a.m., an interview was conducted with S5MDS. S5MDS reviewed Resident #60's physician orders and confirmed Resident #60 had a stage 4 pressure ulcer to his sacrum that he had been receiving care for since 12/26/2024. S5MDS reviewed Resident #60's Quarterly MDS with an ARD of 02/07/2025 and confirmed Section M was blank, and not accurately coded for pressure ulcers and should have been.</p> <p>On 02/26/2025 at 12:45 p.m., an interview was conducted with S2DON. S2DON reviewed Resident #60's physician orders and confirmed he had a stage 4 pressure ulcer that was being treated since 12/26/2024. S2DON reviewed Resident #60's Quarterly MDS dated [DATE], and confirmed the resident was not accurately coded under section M for pressure ulcers and should have been.</p> <p>3.</p> <p>Resident #122</p> <p>Review of Resident #122's Clinical Record revealed she was admitted to the facility on [DATE] and left the facility without signing AMA on 12/14/2024.</p> <p>Review of Resident #122's Discharge MDS with an ARD of 12/14/2024 revealed Section A2105 Discharge Status: Short Term Acute Hospital.</p> <p>Review of Resident #122's 148 Discharge Form revealed the following, in part: Resident was discharged on [DATE] to her own home.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/26/2025 at 11:45 a.m., an interview was conducted with S4MDS. She reviewed the above documentation and confirmed Resident #122 should have been coded as having a discharge location for Home and not Short Term General Hospital.</p> <p>On 02/26/2025 at 1:40 p.m., an interview was conducted with S2DON and S11CRP. They reviewed Resident #122's information listed above. She confirmed Resident #122 was not coded accurately for discharge home, and should have been.</p> <p>52121</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47191</p> <p>Based on record review and interviews, the facility failed to ensure a resident with mental disorders had an accurate Pre-admission Screening for 1 (#118) of 5 (#5, #6, #10, #63, and #118) residents reviewed for Pre Admission Screening and Resident Review (PASRR).</p> <p>Findings:</p> <p>Review of Resident #118's Clinical Record revealed he was admitted to the facility on [DATE] with diagnosis, which included Bipolar Disorder.</p> <p>Review of Resident #118's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/13/2025, revealed the following: Review of Section A1500 - Identification Information revealed Resident #118 was not considered for a Level II PASRR for having a serious mental illness. Review of Section I - Active Diagnoses revealed Resident #118 had a triggered diagnosis of Bipolar Disorder listed.</p> <p>Review of Resident #118's Level I Pre-admission Screening and Resident Review completed by a social worker at a local hospital dated 01/31/2025, indicated Resident #118 did not presently have or at any point a mental disorder, which could have led to chronic disability.</p> <p>Review of Resident #118's preadmission records revealed a diagnosis of Bipolar Disorder.</p> <p>Review of Resident #118's Care Plan revealed the following:</p> <p>Focus: The Resident has Bipolar Disorder</p> <p>On 02/26/2025 at 11:36 a.m., an interview was conducted with Office of Behavioral Health spokesperson. She stated in the event of a Level I PASRR being inaccurately submitted the facility would be required to resubmit a resident review form to accurately reflect the residents' current diagnoses. She stated on 02/21/2025, a fax was sent to the facility requesting for additional documentation for Resident #118 with no response to date.</p> <p>On 02/26/2025 at 11:50 a.m., an interview was conducted with S12SSD. She stated she was responsible for submitting resident review forms for Level II evaluation. She reviewed the Level I PASRR and confirmed it was inaccurately coded to reflect Resident #118 diagnosis of Bipolar Disorder. She confirmed a resident review form had not been submitted to the Office of Behavioral Health and should have been.</p> <p>On 02/26/2025 at 1:37 p.m., an interview was conducted with S1ADM. He reviewed Resident #118 Level I PASRR and confirmed it was inaccurately coded to reflect diagnosis of Bipolar Disorder. He confirmed a resident review form should have been resubmitted for Level II evaluation and was not.</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** 47732</p> <p>Based on observations, interviews, and record reviews, the facility failed to implement and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 (#55 and #60) of 2 (#55 and #60) residents observed with catheters. The facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Staff used proper hand hygiene and infection control techniques when providing catheter care for Resident #55; and 2. Resident #60's catheter bag remained off of the floor. <p>Findings:</p> <p>Resident #55</p> <p>Review of Resident #55's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included the following, in part: Urinary Tract Infection.</p> <p>On 02/26/2025 at 9:00 a.m., an observation was made of S9CNA performing catheter care for Resident #55. S9CNA applied gloves and then used one disposable cleansing wipe to wipe from the tip of the penis outward. S9CNA then turned the resident to his left side, and used a second wipe to remove stool from the resident's buttocks. S9CNA then emptied the resident's urine collection bag into a urinal, opened the bathroom door by touching the handle, and emptied the urinal into the toilet. S9CNA did not change gloves at any time between the above steps.</p> <p>On 02/26/2025 at 9:15 a.m., an interview was conducted with S9CNA. S9CNA stated she should have changed her gloves after wiping stool from Resident #55's buttocks, before emptying the catheter bag, and before touching the door handle to the bathroom and did not.</p> <p>On 02/26/2025 at 9:30 a.m., an interview was conducted with S2DON. She confirmed staff should have changed her gloves after wiping stool from Resident #55's buttocks, before emptying the catheter bag, and before touching the door handle to the bathroom and did not.</p> <ol style="list-style-type: none"> 2. <p>Resident #60</p> <p>Review of Resident #60's Clinical Record revealed he was readmitted to the facility on [DATE] with diagnoses, which included the following, in part: Need for Assistance with Personal Care, Urinary Tract Infection, and Other Specified Disorders of Bladder.</p> <p>On 02/24/2025 at 10:30 a.m., an observation was made of Resident #60's suprapubic catheter bag on the floor.</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 02/25/2025 at 10:31 a.m., an observation was made of Resident #60's suprapubic catheter bag on the floor.</p> <p>On 02/25/2025 at 10:38 a.m., an observation and interview was conducted with S8WCN. She confirmed Resident #60's catheter bag was lying on the floor and should not have been.</p> <p>On 02/26/2025 at 9:09 a.m., an observation was made of Resident #60's suprapubic catheter bag on the floor.</p> <p>On 02/26/2025 at 9:46 a.m., an observation and interview was conducted with S10CNA. She confirmed Resident #60's catheter bag was lying on the floor and should not have been.</p> <p>On 02/26/2025 at 12:45 p.m., an interview was conducted with S2DON. S2DON confirmed indwelling catheter bags should be kept off of the floor.</p> <p>52121</p>