

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195544	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Rayne		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Crowley Rayne Highway Rayne, LA 70578	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>47354</p> <p>Based on record reviews and interview, the facility failed to ensure a Minimum Data Set (MDS) assessments were completed using the Resident Assessment Instrument (RAI) process within regulatory timeframes for 17 (#3, #10, #14, #15, #18, #20, #27, #28, #36, #37, #46, #61, #66, #67, #82, #89, #307) out of 24 (#3, #9, #10, #14, #15, #18, #20, #27, #28, #36, #37, #46, #52, #61, #66, #67, #68, #74, #82, #83, #89, #90, #95, #307) total residents reviewed for assessments.</p> <p>Findings:</p> <p>Review of Centers for Medicare and Medicaid Services (CMS) RAI Version 3.0 Manual- RAI Omnibus Budget Reconciliation Act (OBRA)-required Assessment Summary revealed that Assessment Reference Date (ARD) for Resident Assessments should be completed no later than the 14th calendar day of the resident's ARD.</p> <p>The following Resident records were reviewed on 04/07/2025 .</p> <p>Review of Resident #3's Electronic Health Record (EHR) revealed a quarterly MDS assessment with an ARD of 02/14/2025 and a required completion date of 02/28/2025. Continued review of Resident #3's EHR revealed a discharge MDS assessment with an ARD of 03/05/2025 and a required completion date of 03/19/2025.</p> <p>Further review of Resident #3's quarterly and discharge assessments revealed they remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #10's EHR revealed a quarterly MDS assessment with an ARD of 02/22/2025 and a required completion date of 03/08/2025.</p> <p>Further review of Resident #10's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #14's EHR revealed a quarterly MDS assessment with an ARD of 02/07/2025 and a required completion date of 02/21/2025.</p> <p>Further review of Resident #14's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #15's EHR revealed an annual MDS assessment with an ARD of 03/05/2025 and a required completion date of 03/19/2025.</p> <p>Further review of Resident #15's annual assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #18's EHR revealed a quarterly MDS assessment with an ARD of 03/01/2025 and a required completion date of 03/15/2025.</p> <p>Further review of Resident #18's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #20's EHR revealed a quarterly MDS assessment with an ARD of 03/20/2025 and a required completion date of 04/03/2025.</p> <p>Further review of Resident #20's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #27's EHR revealed a quarterly MDS assessment with an ARD of 02/20/2025 and a required completion date of 03/06/2025.</p> <p>Further review of Resident #27's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #28's EHR revealed a quarterly MDS assessment with an ARD of 03/14/2025 and a required completion date of 03/28/2025.</p> <p>Further review of Resident #28's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #36's EHR revealed a quarterly MDS assessment with an ARD of 02/13/2025 and a required completion date of 02/27/2025.</p> <p>Further review of Resident #36's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #37's EHR revealed a quarterly MDS assessment with an ARD of 02/25/2025 and a required completion date of 03/11/2025.</p> <p>Further review of Resident #37's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #46's EHR revealed an annual MDS assessment with an ARD of 02/21/2025 and a required completion date of 03/07/2025.</p> <p>Further review of Resident #46's annual assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #61's EHR revealed an annual MDS assessment with an ARD of 02/25/2025 and a required completion date of 03/11/2025.</p> <p>Further review of Resident #61's annual assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #66's EHR revealed a quarterly MDS assessment with an ARD of 02/22/2025 and a required completion date of 03/08/2025.</p> <p>Further review of Resident #66's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #67's EHR revealed a quarterly MDS assessment with an ARD of 03/02/2025 and a required completion date of 03/16/2025.</p> <p>Further review of Resident #67's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #82's EHR revealed an annual MDS assessment with an ARD of 02/25/2025 and a required completion date of 03/11/2025. Continued review revealed a death MDS assessment with an ARD of 03/19/2025 and a required completion date of 03/26/2025.</p> <p>Further review of Resident #82's annual and death assessment revealed they remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #89's EHR revealed a quarterly MDS assessment with an ARD of 02/13/2025 and a required completion date of 02/27/2025.</p> <p>Further review of Resident #89's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>Review of Resident #307's EHR revealed an admission MDS assessment with an ARD of 03/04/2025 and a required completion date of 03/04/2025.</p> <p>Further review of Resident #307's quarterly assessment revealed it remained in progress and had not been completed within the 14 day timeframe.</p> <p>On 04/09/2025 at 1:47 p.m., an interview and records review was conducted with S5MDS who reviewed each of the Resident's records and confirmed each one was incomplete and remained open and in progress. S5MDS confirmed that each assessment should have been completed no later than the 14th calendar day of the resident's ARD and was not.</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>47354</p> <p>Based on interview and record review, the provider failed to transmit a completed Discharge MDS (Minimum Data Set) Assessments within 14 days after completion for 7 (#9, #52, #68, #74, #83, #90, #95) out of 24 (#3, #9, #10, #14, #15, #18, #20, #27, #28, #36, #37, #46, #52, #61, #66, #67, #68, #74, #82, #83, #89, #90, #95, #307) resident's investigated for resident assessments.</p> <p>Findings:</p> <p>Review of Resident #9's electronic clinical record revealed a quarterly MDS assessment, with an ARD (Assessment Reference Date) of 01/28/2025, was completed on 01/31/2025.</p> <p>Review of the facility's CMS (Center for Medicare Services) transmittal validation report indicated Resident #9's quarterly MDS assessment with the ARD of 01/28/2025 was transmitted on 04/07/2025 and was more than 14 days late.</p> <p>Review of Resident #52's electronic clinical record revealed a quarterly MDS assessment, with an ARD of 01/25/2025, was completed on 01/28/2025.</p> <p>Review of the facility's CMS transmittal validation report indicated Resident #52's quarterly MDS assessment with the ARD of 01/25/2025 was transmitted on 04/07/2025 and was more than 14 days late.</p> <p>Review of Resident #68's electronic clinical record revealed a quarterly MDS assessment, with an ARD of 02/05/2025, was completed on 02/19/2025.</p> <p>Review of the facility's CMS transmittal validation report indicated Resident #68's quarterly MDS assessment with the ARD of 2/05/2025 was transmitted on 04/09/2025 and was more than 14 days late.</p> <p>Review of Resident #74's electronic clinical record revealed a quarterly MDS assessment, with an ARD of 02/14/2025, was completed on 02/14/2025.</p> <p>Review of the facility's CMS transmittal validation report indicated Resident #74's quarterly MDS assessment with the ARD of 02/14/2025 was transmitted on 04/04/2025 and was more than 14 days late.</p> <p>Review of Resident #83's electronic clinical record revealed a quarterly MDS assessment, with an ARD of 01/10/2025, was completed on 01/24/2025.</p> <p>Review of the facility's CMS transmittal validation report indicated Resident #83's quarterly MDS assessment with the ARD of 01/10/2025 was transmitted on 04/07/2025 and was more than 14 days late.</p> <p>Review of Resident #90's electronic clinical record revealed a significant change MDS assessment, with an ARD of 01/29/2025, was completed on 02/03/2025.</p> <p>Review of the facility's CMS transmittal validation report indicated Resident #90's quarterly MDS assessment with the ARD of 01/29/2025 was transmitted on 04/07/2025 and was more than 14 days late.</p> <p>(continued on next page)</p>

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #95's electronic clinical record revealed a quarterly MDS assessment, with an ARD of 02/06/2025, was completed on 02/20/2025.</p> <p>Review of the facility's CMS transmittal validation report indicated Resident #95's quarterly MDS assessment with the ARD of 02/06/2025 was transmitted on 04/09/2025 and was more than 14 days late.</p> <p>On 04/09/2025 at 1:47 p.m., a concurrent interview and records review was conducted with S5MDS (Minimum Data Set Nurse). S5MDS reviewed each of the Resident's records and compared them to the facility's transmittal validation report that was received from CMS. S5MDS confirmed each assessment had been submitted greater than 14 days after completion and should not have been.</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>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49176</p> <p>Based on record review and interview, the facility failed to accurately code the resident's Minimum Data Set (MDS) assessment for restraint use for 1 (#28) of 33 sampled residents whose records were reviewed.</p> <p>Findings:</p> <p>Review of Resident #28's electronic health record revealed he was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, diabetes mellitus, acquired absence of right leg below knee and acquired absence of other left toes.</p> <p>A review of Resident #28's December 2024 Physician's Orders revealed no order for a restraint.</p> <p>Further review of resident #28's medical record revealed an Annual MDS assessment with an ARD (Assessment Reference Date) of 12/12/2024, which read in part . Section P. Restraints and Alarms .Used in Chair or Out of Bed .Trunk restraints .were indicated.</p> <p>On 04/09/2025 at 4:29 p.m., an interview and record review was conducted with S5MDS who confirmed Resident #28 did not have an order for a restraint. She reviewed the referenced MDS, and confirmed the use of a restraint was indicated on the assessment and should not have been.</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** 47251</p> <p>Based on record review and interview, the facility failed to develop a comprehensive centered care plan for a Level II PASRR (Preadmission Screening and Resident Review) for 1 (Resident #47) out of 33 sampled residents. This deficient practice had the potential to affect a census of 96.</p> <p>Findings:</p> <p>Review of Resident #47's medical record revealed she was admitted on [DATE] with a diagnosis that included, but not limited to, Schizoaffective Disorder, Depressive Type.</p> <p>Review of Resident #47's Notice of Medical Certification dated 08/28/2024 read in part, Section II. H. Approved for admission by Level II Authority for a temporary period effective 09/07/2024 through 09/06/2025.</p> <p>Review of OBH-PASRR (Office of Behavioral Health-Preadmission Screening and Resident Review) Evaluation Summary and Determination Notice Evaluation and Placement Recommendations read in part, the individual has a serious mental illness and is recommended nursing home admission.</p> <p>Review of Resident #47's comprehensive person-centered care plan revealed she was not care planned for a Level II PASRR.</p> <p>On 04/09/2025 at 3:04 p.m., an interview and record review was conducted with S5MDS (Minimum Data Set). She confirmed that Resident #47 was a Level II PASRR and this should have been included in her comprehensive care plan and it was not.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49784</p> <p>Based on interviews and record review, the facility failed to ensure that a resident was invited to the resident's care planning meetings for 1 (Resident #54) out of a sample of 33 residents. This deficient practice had the potential to affect a census of 96.</p> <p>Findings:</p> <p>A review of the facility's policy titled Care Plan Process with a review date of 01/29/2025, read in part: Baseline Care Plan and Summary: The facility must provide the resident and the resident representative, if applicable, with a written summary of the baseline care plan by completion of the comprehensive care plan. Step 3: Obtain and consider input from resident and/or family/resident's representative regarding the care area. The IDT (Interdisciplinary Team) will minimally include in part the resident and the resident's representative. If the participation of the resident and their representative is determined to be not practicable for the development of the resident's care plan, and explanation shall be included in the resident's medical record.</p> <p>Review of Resident #54's electronic medical record revealed an admitted [DATE] with diagnosis diagnoses that included in part, chronic kidney disease, heart failure, and major depressive disorder.</p> <p>A review of Resident #54's quarterly MDS (Minimum Data Set) assessment with an ARD (Assessment Reference Date) of 02/25/2025 revealed she had a BIMS (Brief Interview for Mental Status) score of 15, suggesting the resident's cognition was intact.</p> <p>A review of Resident #54's electronic medical record revealed that she had a Significant Change MDS assessment on 02/25/2025 and 01/25/2025, and a Quarterly MDS assessment on 12/17/2024.</p> <p>On 04/07/2025 at 12:07 p.m., an interview was conducted with Resident #54. Resident #54 stated that she had never been to a care plan meeting and had never heard of a care plan meeting since she had lived in the facility.</p> <p>On 04/09/2025 at 10:18 a.m., an interview and record review was conducted with S5MDS (Minimum Data Set Nurse) and S7MDS. S5MDS explained one of the MDS staff provided SSD (Social Service Director) a calendar indicating who the specific residents or residents' representatives were for the SSD to invite to the care plan meetings. Both S5MDS and S7MDS stated that resident or representatives were not invited to care plan meetings when a Significant Change MDS assessment was completed. Both stated that residents and representatives were only invited to care plan meetings associated with quarterly and annual MDS assessments. S7MDS confirmed that there was no documentation that a care plan meeting was conducted for Resident #54 for the MDS assessment dated [DATE], nor that the resident or the residents' representative was present or had declined to attend. Both confirmed that they did not have knowledge of the resident attending this care plan meeting.</p> <p>On 04/09/2025 at 10:52 a.m., an interview was conducted with S9SSD. S9SSD stated that she had never been instructed to invite the residents to their care plan meetings and had not invited Resident #54 to past care plan meetings.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>46149</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received food in the amount required to meet nutritional needs of residents by failing to use the appropriate serving sizes as indicated by the diet spreadsheet.</p> <p>This deficient practice had the potential to affect the 21 residents residing on the secured unit.</p> <p>Findings:</p> <p>Review of the diet spreadsheet for 04/07/2025 revealed dietary staff was required to serve the following: 7 oz (ounces) of ham and beans and 1/2 cup of greens for residents who received regular and mechanical soft diets, and 2 #8 scoops of pureed ham and beans for residents who received pureed diets.</p> <p>On 04/07/2025 at 11:00 A.M., an observation was made of the kitchen staff while they served lunch. Observations were then made of dietary staff as they prepared meal trays for the secure unit. S3Dietary placed greens onto the residents' plates using a 1/3 cup sized scoop. S8Dietary proceeded to prepare meal trays using a 6 oz scoop for the regular ham and beans. S2DM confirmed the staff were using the incorrect scoop sizes for the regular ham and beans and greens. Further observation was made of the dietary staff while they prepared pureed meal trays. The staff prepared two meal trays using a 6 oz scoop for pureed ham and beans. S2DM confirmed the staff should have been using 2 #8 scoops as the spreadsheet stated. The dietary staff did not re-make residents' plates using the correct serving sizes prior to distributing them to the secured unit.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41419</p> <p>Based on record review, observations, and interviews, the facility failed to maintain an effective infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections as evidenced by failing to ensure:</p> <ol style="list-style-type: none"> 1. S6TXN (Treatment Nurse) wore proper PPE (Personal Protective Equipment) while providing wound care to Resident #11, and S10CNA (Certified Nursing Assistant) wore proper PPE while providing care to Resident #83 who was on Enhanced Barrier Precautions; 2. S6TXN appropriately removed and discarded soiled PPE; after completing wound care. <p>This deficient practice had the potential to affect a census of 96 residents.</p> <p>Findings:</p> <p>Review of facility policy and procedure titled Enhanced Barrier Precautions (EBP) with a review date of 01/29/25, read in part .enhanced barrier precautions require the use of gown and gloves only for high-contact resident care activities. The following high-contact resident care activities include but limited to: Providing hygiene, and wound care (chronic wounds include, but not limited to, diabetic foot ulcers, and venous stasis ulcers)</p> <p>Resident #11:</p> <p>Review of Resident #11 Electronic Medical Record (EMR) revealed he was admitted on [DATE] with diagnoses which included peripheral vascular disease, and diabetes mellitus. The resident also had bilateral lower extremity arterial ulcers which required wound care.</p> <p>On 04/08/2025 at 9:00 a.m., a wound care observation and immediate interview was conducted with S6TXN. Further observation revealed an EBP sign posted on the wall above the residents bed. S6TXN was observed cleaning the stasis ulcer on the resident's lower legs, and left heel. Further observation did not reveal that S6TXN had donned the appropriate PPE. S6TXN was asked if she should be wearing a gown while providing wound care, and she then stated that she should have donned a protective covering, which was a gown.</p> <p>On 04/08/2025 at 9:15 a.m., after completing wound care S6TXN was observed exiting Resident #11's room, with her soiled PPE rolled up and, placed onto a silver tray, and going into the hallway, she placed it into a clear plastic bag. S6TXN was asked if she should have removed the soiled PPE inside of the room, and she confirmed that the PPE should have remained inside the resident's room and placed into a bag.</p> <p>49784</p> <p>Resident #83:</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 - Some</p>	<p>Review of Resident #83's electronic medical record revealed an admitted [DATE] with diagnosis that included in part, gastrostomy status and Alzheimer's disease.</p> <p>On 04/08/25 3:03 p.m., an assessment of Resident #83's mouth and an interview was conducted with S10CNA. A sign indicating EBP (Enhanced Barrier Precautions) was present on the outside of Resident #83's door. S10CNA was observed without a gown while placing her gloved hands in the resident's mouth to assist with an oral assessment. S10CNA stated that she is not required to wear a gown when providing any care for Resident #83. She stated that the EBP sign on Resident #83's door only indicated what PPE (Personal Protective Equipment) to wear if the resident was on special precautions, and that Resident #83 was not.</p> <p>04/09/25 3:12 p.m., an interview was conducted with S11IP (Infection Preventionist). He stated that Resident #83 is on EBP, and that a gown should be worn for direct care of his mouth.</p>		