

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Leslie Lakes Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1355 Sixth Street Arcadia, LA 71001	

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 - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39897</p> <p>Based on record review and interviews, the facility failed to conduct a MDS (Minimum Data Set) admission assessment timely for 1 (#238) of 6 (#37, #62, #66, #69, #77, #238) residents reviewed for accidents out of a total sample of 26 residents.</p> <p>Findings:</p> <p>Review of Resident #238's medical record revealed an admitted [DATE]. Review of Resident #238's admission MDS dated [DATE] revealed a status of still in progress.</p> <p>During an interview on 12/11/2024 at 1: 45 p.m. S3 MDS Coordinator reviewed the MDS assessment for Resident #238 and confirmed the admission assessment due by 12/06/2024, had not been completed and submitted to CMS (Centers for Medicare and Medicaid Services) in a timely manner after the resident's admission to the facility.</p> <p>During an interview on 12/11/2024 at 5:45 p.m. S1 DON (Director of Nursing) reviewed and reported the admission MDS assessment was due to be completed and transmitted by 12/06/2024 and was not.</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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