

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Lake Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 2335 Oak Park Blvd Lake Charles, LA 70601	

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>Based on interview and record review, the facility failed to ensure that the Minimum Data Set (MDS) assessment accurately reflected the resident's status for 1(#1) of 6 (#1, #2, #3, #R1, #R2, #R3) sampled residents.</p> <p>Findings:</p> <p>A review of Resident #1's medical records revealed an admission date of 08/14/2024 with diagnoses which included but were not limited to current episode depressed, severe, with psychotic features; major depressive disorder recurrent, severe with psychotic symptoms; persistent mood [affective] disorder, unspecified; borderline personality disorder; anxiety and bipolar disorder.</p> <p>A review of Resident #1's Pre admission Screening and Assessment Resident Review (PASARR), dated 08/12/2024, revealed a Level II determination that read, Individual meets state law criteria for intellectual/developmental disability .</p> <p>A review of Resident #1's MDS with an ARD (Assessment Reference date) date of 09/10/2024, section A1500 revealed the following: Is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition? The answer was coded 0 for no.</p> <p>A review of Resident #1's MDS with an ARD (Assessment Reference date) date of 11/07/2024, section A1500 revealed the following: Is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition? The answer was coded 0 for no.</p> <p>A review of Resident #1's MDS with an ARD (Assessment Reference date) date of 12/13/2024, section A1500 revealed the following: Is the resident currently considered by the state level II PASARR process to have serious mental illness and/or intellectual disability or a related condition? The answer was coded 0 for no.</p> <p>On 07/01/2025 at 12:27 p.m., an interview and review of Resident #1's MDS for the above referenced ARD's was conducted with S5LPN (Licensed Practical Nurse). She confirmed that the PASARR was incorrectly coded and did not reflect that the resident was considered by the state level II PASARR process to have serious mental illness, and should have been.</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: 195630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Lake Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 2335 Oak Park Blvd Lake Charles, LA 70601	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to refer a resident with a diagnosed mental disorder to the appropriate state-designated authority for Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination for 2 (#2, #3) of 6 (#1, #2, #3, #R1, #R2, #R3) residents investigated for PASARR in a final sample of 6 residents.</p> <p>Findings:</p> <p>Review of Resident #2's electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses that included in part, major depressive disorder with severe psychotic symptoms, mood disorder, and generalized anxiety disorder.</p> <p>Review of Resident #2's Level I PASARR dated 04/15/2024 revealed section III, Question #1 Do you suspect the applicant has, or has the applicant ever been diagnosed as having a mental illness? Include mental disorders that may lead to chronic disability. If yes, please check the diagnosis below. No was indicated.</p> <p>Further review of Resident #2's records revealed no evidence that Level II PASARR had been submitted to the appropriate state-designated authority with those psychiatric diagnoses identified.</p> <p>Review of Resident #3's EHR revealed she was admitted to the facility on [DATE] and later received diagnoses on 06/30/2023 that included in part, Generalized Anxiety Disorder, Psychotic Disorder with Delusions, and Delirium.</p> <p>Review of Resident #3's Level I PASARR dated 01/24/2020 revealed section III Question #1 Do you suspect the applicant has, or has the applicant ever been diagnosed as having a mental illness? Include mental disorders that may lead to chronic disability. If yes, please check the diagnosis below. No was indicated.</p> <p>On 07/01/2025 at 10:45 a.m., a group interview was conducted with S1ADM (Administrator) and S4LPN (Licensed Practical Nurse, Admissions Nurse). S4LPN stated she was responsible for the PASARR's for residents at the facility. S4LPN reviewed both Resident #2 and Resident #3's EMR diagnosis list and confirmed the resident did have qualifying diagnoses that should have been indicated on the PASARR evaluation form. S4LPN then viewed the issue dates of both Residents' PASARR's and confirmed both resident's received these qualifying diagnoses after the PASARR issue date. S4LPN further confirmed that the Level I should have been resubmitted for review to indicate the newly qualifying diagnoses for a Level II determination and had not been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Landmark of Lake Charles		STREET ADDRESS, CITY, STATE, ZIP CODE 2335 Oak Park Blvd Lake Charles, LA 70601	

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 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interviews and record reviews, the facility failed to ensure it employed a qualified social worker (SW) on a full-time basis. The facility had 130 licensed beds.</p> <p>Findings:</p> <p>On 06/30/2025 at 10:00 a.m., during an interview with S1ADM (Administrator), a request was made for the facility SW's credentials.</p> <p>On 06/30/2025 at 12:30 p.m., an interview was conducted with S3SS (Social Services). She confirmed she was SW for the facility. She stated she had a bachelor's degree in social work. At that time, a request for her credentials was made. She stated she would have to look for her diploma. S3SS stated she could provide her unofficial transcript.</p> <p>On 07/01/2025 at 8:50 a.m., during an interview with S3SS, she confirmed she did not have a copy of her diploma. A request for her transcript was made.</p> <p>On 07/01/2025 at 9:15 a.m., S3SS provided a copy of a receipt for a request for her diploma. A second request for her transcript was made.</p> <p>On 07/01/2025 at 11:25 a.m., an interview with S3SS was conducted. S3SS confirmed she did not have a copy of her transcript nor had received a copy of her diploma.</p> <p>On 07/01/2025 at 11:30 a.m., during an interview with S2AADM (Administrative Assistant), a request for S3SS's credentials was made.</p> <p>On 07/01/2025 at 11:45 a.m., an interview was conducted with S1ADM. He stated he was not able to locate S3SS's credentials. He confirmed the facility could not provide S3SS's qualifying credentials.</p>