

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Landmark Nursing Center Hammond		STREET ADDRESS, CITY, STATE, ZIP CODE 42250 North Oaks Dr Hammond, LA 70403	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record reviews and interviews, the facility failed to 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 1 (#3) of 1 resident observed for incontinence care. The facility failed to ensure staff performed hand hygiene and proper glove use for Resident #3 during incontinence care. Review of the facility's policy dated 01/2024 and titled Perineal Care, revealed the following, in part: Preparing for care:6. Perform hand hygiene and apply gloves. Male resident without catheter: 16. Remove gloves and perform hand hygiene. Review of the facility's policy dated 01/2024 and titled Hand Hygiene, revealed the following, in part:Indications for hand washing: 2. Hand hygiene should be performed between all contact between residents or when entering and exiting a resident's room. 3. Before and after a procedure. 4. Before and after applying gloves. 5. When hands are visibly soiled. 9. Wearing gloves does not replace the need for hand hygiene. Review of Resident #3's Clinical Record revealed he was admitted to the facility on [DATE] with diagnosis of chronic kidney disease, stage 4; muscle weakness (generalized); primary generalized osteoarthritis; unsteadiness on feet; and dependence on renal dialysis. Review of Resident #3's Quarterly MDS with an ARD of 07/10/2026 revealed a BIMS score of 8, which indicated moderately impaired cognition. Further review revealed Resident #3 experienced bowel and bladder incontinence. Review of Resident #3's current Care Plan revealed the following, in part: Focus: The resident was always incontinent of bowel and bladder.Interventions: Clean peri-area with each incontinence episode. Review of Resident #3's current Physician Orders revealed the following, in part: Order Date: 10/22/2025; Enhanced Barrier Precautions- gown and gloves to be worn during high contact resident care activities (hygiene, changing briefs). On 07/27/2026 at 9:20 a.m., an observation was made of S3CNA providing pericare to Resident #3. An EBP sign was noted on the outside of Resident #3's door stating, in part the following: Everyone must clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and gown for high contact resident activities. S3CNA was observed entering Resident #3's room wearing a gown with one pair of gloves in her hands. Without performing hand hygiene, S3CNA was observed donning gloves. S3CNA removed Resident #3's brief and her gloves were observed to be soiled with feces. She removed the soiled gloves and disposed of them in the trash. She walked to the door and requested another pair of gloves from nearby staff. Without performing hand hygiene, S3CNA was observed donning the gloves. S3CNA proceeded to clean Resident #3's peri area. After S3CNA removed and disposed of all soiled items, including her soiled gloves, wipes and Resident #3's soiled brief, she disposed of them in the trash. Without performing hand hygiene, S3CNA donned new gloves and placed a fresh brief under Resident #3 and applied barrier cream. Without removing her soiled gloves, S3CNA applied barrier cream and proceeded to touch Resident #3's clothing, deodorant and (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 195484	If continuation sheet Page 1 of 2

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bed remote. S3CNA removed her gloves and washed her hands in the bathroom after direct care was completed. S3CNA removed the trash bag without gloves and did not sanitize or perform hand hygiene after handling the trash. On 07/27/2026 at 9:38 a.m., an interview was conducted with S3CNA. She stated she should have sanitized her hands when entering Resident #3's room. She stated she should have brought hand sanitizer with her to the bedside and she should have sanitized her hands each time she changed gloves. On 07/28/2026 at 8:38 a.m. an interview was conducted with S4CNAM She stated she expected her care staff to sanitize or perform hand hygiene when changing gloves and transitioning from a dirty body surface to a clean one. On 07/28/2026 at 9:30 a.m. an interview was conducted with S1Admin. He stated it is the facilities expectation that all employees follow the facilities hand hygiene policy and procedures. He stated employees are expected to sanitize their hands when entering and exiting a resident's room as well as when going from dirty to clean procedures.		