STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195484	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark Nursing Center Hammond	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on record review, observations, and interviews, the facility failed to store food under sanitary conditions by failing to ensure food was properly labelled and stored in the unit refrigerators. This deficient practice had the potential to affect 131 residents who were capable of storing and consuming food in the facility's unit refrigerators.Findings: Review of the facility's policy titled, Rules for Food Brought in by Visitors with a revision date of 08/2025 revealed the following:The community shall permit residents the pleasure of consuming food made for them by family.while establishing safeguards to prevent foodborne illnesses.Food brought in to the community must be in a leak proof sealed container that is labeled with the resident's name, contents, and date.The food shall.discarded after 3 days from preparation. On 01/21/2026 at 8:40 a.m., an observation was made of Refrigerator A with a sign posted on the outside stating, resident use, please put name, room number and date. Further observation revealed the following food items:Freezer:1 pint of ice cream- no name or date; and4 frozen meals- no name or date. Refrigerator- 1 opened package of sliced cheddar cheese- no name or date;1 Styrofoam container with fried chicken, rice and a role- no name or date;1 lunchbox- no name or date;1 strawberry yogurt- no name or date;1 opened smoked sausage link- no name or date;1 whipped topping plastic container- no name or date;2 plastic maroon containers with plastic lid- no name or date;1 grocery bag with a plastic container with sausage- no name or date;1 plastic container with red food- no name or date;1 30-fluid ounce mayo container with no name or open date;1 8-ounce opened chocolate shake- no name or date;1 32 -ounce ketchup- no name or date;1 8-ounce BBQ sauce- no name or date;1 opened package pre sliced roasted turkey with a packed on date of 07/08/2025- no name;1 plastic container with cake- no name or date; and2 8-ounce containers of berry yogurt with expiration date of 03/19/2025- no name. On 01/21/2026 at 9:02 a.m., an observation and interview was conducted with S2DON. S2DON observed the above-named food items in Refrigerator A and confirmed they were not labeled with a date or name and should have been. On 01/21/2026 at 1:39 p.m., an interview was conducted with S1ADM. He stated housekeeping was responsible for monitoring and cleaning Refrigerator A. He confirmed the above items should have been labeled with a name and date and were not.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195484	A. Building B. Wing	01/22/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interviews, the facility failed to ensure a resident who was fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding by failing to ensure tube feeding formula and free water flushes were administered per physician's orders for 1 (#67) of 2 residents reviewed for tube feedings.Review of the facility's policy titled Tube Feedings with revision date of 12/2015, revealed in part, the following:1. All tube feedings will be administered in accordance with physician's orders.Review of Resident #67's clinical record revealed he was admitted to the facility on [DATE] with diagnoses which included Gastrostomy Status, Dysphagia Following Cerebral Infarction, and Unspecified Diastolic Congestive Heart Failure.Review of Resident #67's current physician orders revealed in part, the following:Enteral feed, every shift, tube feeding formula at 70 mL/hr continuously. Start date 06/27/2025.Enteral feed, every shift, flush tube with 45 mL/hr of water continuously. Start date 06/27/2025.An observation was made on 01/20/2026 at 9:50 a.m. of Resident #67's tube feeding pump. Observed pump to be in use with feeding formula bag tubing loaded through water flush side of pump with the rate set at 0 mL/hr. Observed water flush bag tubing loaded through feeding formula side of the pump and set at 70 mL/hr. An interview was conducted on 01/20/2026 at 9:55 a.m. with S3LPN. She observed the aforementioned findings and confirmed the tubing was placed in the wrong sides of the pump. She confirmed the tube feeding formula was not infusing while water flushes were infusing at 70 mL/hr. She confirmed tube feeding formula and water flushes should be administered at the ordered rate.An interview was conducted on 01/22/2026 at 9:30 a.m. with S2DON. She confirmed the nurse starting the tube feeding pump should ensure tubing was appropriately inserted and administered at the ordered rate.