

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2026
NAME OF PROVIDER OR SUPPLIER  Heritage Healthcare of Hammond		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 Derek Drive 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure a resident received adequate supervision to prevent elopement for 1 (#3) of 3 residents sampled. The facility failed to ensure S4LPN conducted census checks every two hours as ordered for Resident #3. Review of Resident #3's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses, which included Stroke, Vascular Dementia with Behavioral Disturbance, Cognitive Communication Deficit, and Wernickes's Encephalopathy. Review of Resident #3's annual MDS with an ARD of 01/07/2026, revealed Resident #3 had a BIMS of 8, which indicated he was moderately cognitively impaired. Further review revealed Resident #3 required a wander/elopement alarm. Review of Resident #3's Elopement Risk Evaluation, dated 01/07/2026, revealed Resident #3 was an elopement risk because he had expressed the desire to go home, packed belongings to go home, or stayed near an exit door. Further review revealed Resident #3 would continue to use a wanderguard as ordered. Review of Resident #3's physician orders revealed the following: Order/start date: 06/23/2025: Wanderguard census checks - every 2 hours. Review of Resident #3's current care plan revealed the following, in part: Problem: The resident was an elopement risk/wanderer. The resident made statements about leaving facility. The resident wears a wanderguard. Goal: The resident's safety will be maintained through the review date: 03/01/2026. Interventions: The resident wears a wanderguard as ordered. Problem: The resident had a diagnosis of dementia and had impaired cognitive status. Goal: The resident will maintain current level of cognitive function through review date: 03/01/2026. Interventions: Cue, reorient and supervise as needed. The resident required assistance with decision making. Review of Resident #3's MARs dated December 2025 through February 2026 revealed the following: Wanderguard census checks - every two hours. Further review revealed the census checks were not completed as ordered on 02/11/2026 for the 7:00 a.m. through 7:00 p.m. shift revealed the census checks were not completed as ordered. S4LPN conducted one census check on 02/11/2026 at 10:48 a.m. On 02/11/2026 at 2:07 p.m., observations and an interview were conducted with Resident #3. Resident #3 was observed lying in his bed fully dressed, wearing shoes, and a wanderguard was not in place. Resident #3 stated he had removed his wanderguard approximately one month ago. and he verbalized a need to get home to [NAME] the grass and grate his driveway. Further observation revealed Resident #3's wanderguard was in the top drawer of his bedside table. On 02/11/2026 at 2:16 p.m., an interview was conducted with S3NP. S3NP confirmed Resident #3 had an order for a wanderguard due to being an elopement risk and stated Resident #3 was often confused. S3NP observed and interviewed Resident #3, and confirmed he did not have a wanderguard in place, and should have. S3NP further confirmed Resident #3's wanderguard was located in his bedside table. On 02/11/2026 at 2:47 p.m., an interview was conducted with S4LPN. S4LPN confirmed she was assigned to care for Resident #3 and he had an order for a wanderguard. S4LPN stated she was unaware Resident #3's wanderguard was not in place. S4LPN stated she performed a census check for Resident #3 once during her</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  195526	Facility ID:  195526  If continuation sheet Page 1 of 2

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>shift on 02/11/2026. After reviewing Resident #3's MAR, S4LPN confirmed Resident #3 had an order for census checks every two hours. S4LPN stated she checked Resident #3's wanderguard at 10:48 a.m. on 02/11/2026 and it was in place. S4LPN confirmed she did not conduct census checks every two hours on 02/11/2026 for Resident #3 as ordered and should have. On 02/11/2026 at 3:00 p.m., an interview was conducted with S2DON. S2DON stated she observed and interviewed Resident #3. S2DON confirmed Resident #3 did not have a wanderguard in place, and should have. S2DON further confirmed S4LPN should have conducted census checks for Resident #3 every two hours as ordered and did not.</p>		