STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195611	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hammond Nursing Home	501 Old Covington Highway 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure the MDS assessment accurately reflected the resident's status for 1 (#78) resident out of a total of 32 sampled residents. The facility failed to ensure Resident #78 was coded accurately for functional abilities. Findings: Review of Resident #78's Clinical Record revealed she was admitted to the facility on [DATE] with diagnoses, which included a CVA and Hemiplegia/Hemiparesis Left Side. A review of Resident #78 Comprehensive MDS with an ARD of 11/06/2025 revealed Resident #78 had a BIMS of 07, which indicated she was moderately cognitively intact. Further review revealed she was coded for no impairment to left upper extremities. A review of the Resident #78's current care plan revealed the resident was care planned for having a contracture to her left arm. On 01/05/2026 at 10:10 a.m., an observation was made of Resident #78 lying in bed. An observation was made of her left arm and left leg visibly contracted. On 01/07/2026 at 10:09 a.m., an interview was conducted with Resident #78's. She stated her left arm and left leg were contracted, and she was unable to move them. On 01/07/2026 at 10:25 a.m., an interview was conducted with S8CNA. She stated Resident #78's left arm and left leg were contracted, and she was unable to move them.On 01/07/2026 at 11: 00 a.m., an interview was conducted with S2DON. She stated she was responsible for completing Resident #78's MDS assessment. She confirmed Resident #78's left arm and left leg were both contracted. She reviewed Resident #78's Comprehension MDS with an ARD of 11/06/2025 and confirmed Resident #78 was not coded accurately for limited range of motion to upper extremity and should have been.

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
	195611	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hammond Nursing Home	501 Old Covington Highway 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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to ensure a resident with an identified mental health diagnosis was referred for a PASRR Level II evaluation as required for 2 (#9 and #20) of 4 sampled residents records reviewed for PASRR. Findings: Resident #9 Review of Resident #9's Clinical Record revealed she was admitted to the facility on [DATE]. Further review revealed diagnoses of Atypical Psychosis and Depression dated 03/11/2025, with no evidence of a Level II PASRR evaluation. Review of Resident #9's Level 1 PASRR dated 01/07/2024 revealed the following, in part: Section III: Mental Illness. 1. Do you suspect the applicant has, or has the applicant ever been diagnosed as having a mental illness? No On 01/06/2026 at 9:15 a.m., an interview was conducted with S2DON. She stated Resident #9 was originally admitted from home and did not have any mental health diagnoses. She stated Resident #9 had been admitted to an outpatient behavioral health facility March 2025 and returned with the new diagnoses of Depression and Psychosis. She confirmed a resident review had not been submitted with the new diagnoses of Depression and Psychosis and should have been. Resident #20 Review of Resident #20's Clinical Record revealed he was admitted to the facility on [DATE] with a diagnosis, which included Bipolar Disorder. Further review revealed additional medical diagnoses of Mood Disorder with Psychotic Features dated 09/03/2025, with no evidence of a Level II PASRR evaluation. Review of Resident #20's Level 1 PASRR dated 08/15/2022 revealed the following, in part: Section III: Mental Illness. 1. Do you suspect the applicant has, or has the applicant ever been diagnosed as having a mental illness? No On 01/07/2026 at 2:00 p.m., an interview was conducted with S2DON and S3ADON. S2DON reviewed Resident #20's admission diagnosis of Bipolar Disorder and Level 1 PASRR. She verified Resident #20's Level 1 PASRR dated 08/15/2022 indicated Resident #20 did not have a mental health diagnosis and was not resubmitted to include Bipolar Disorder. S2DON and S3ADON reviewed Resident #20's diagnosis of Mood Disorder with Psychotic Features dated 09/03/2025 and confirmed a Resident Review form was not resubmitted to OBH after Resident #20's new mental health diagnosis and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195611	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hammond Nursing Home	501 Old Covington Highway 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to develop and implement a comprehensive person-centered care plan which met the needs of 1 (#37) of 32 residents reviewed in the final sample. The facility failed to ensure Resident #37 was care planned for PTSD and Dementia. Findings: Review of Resident #37's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Non-Alzheimer's Dementia and PTSD. Review of Resident #37's quarterly MDS, with an ARD of 10/29/2025, revealed a BIMS of 15, which indicated she was cognitively intact. Review of Resident #37's current Care Plan revealed no interventions developed which met the needs related to PTSD or Dementia. Review of Resident #37's current physician orders revealed the following:Start date:12/18/2025- Sertraline HCL 50 mg, take 3 tablets by mouth every day Start date:12/18/2025- Buspirone HCL 15 mg take 1 tablet by mouth two times a day Start date:09/25/2025- Clonazepam 0.5 mg take 1 tablet by mouth two times a day Start date:10/18/2025- Aricept HCL 5 mg 1 tablet by mouth at bedtime On 01/05/2026 at 11:00 a.m., an interview was conducted with Resident #37. She stated she had a history of PTSD. She stated she had poor memory. On 01/06/2025 at 10:00 a.m., an interview was conducted with S3ADON. She stated she was responsible for completing Care Plans. She reviewed Resident #37's diagnoses on the clinical chart and confirmed Resident #37 had a diagnosis of PTSD and Dementia. She reviewed the Care Plan dated 10/18/2025 and confirmed Dementia and PTSD had not been included and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195611	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hammond Nursing Home	501 Old Covington Highway 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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure 1 (#78) of 1 resident reviewed for range of motion received services and assistance to maintain or improve mobility. Resident #78 was admitted to the facility on [DATE] with diagnosis which included, CVA, Hemiplegia and Hemiparesis Affecting Left Non-Dominant Side. Review of the Comprehensive MDS with an ARD of 11/06/2025 revealed Resident #78 had a BIMS of 7, which indicated the resident was severely cognitively impaired. Further review revealed, in part, the resident had limited range of motion in the lower extremity on left side. Review of Resident #78's active physician's orders revealed no orders related to range of motion. Review of Resident #78's current Care Plan revealed the resident was unable to perform ADL's related to a CVA and left arm and left leg hemiplegia with contracture.There was no notation of an intervention related to range of motion for the left hand and left leg to prevent further decline in ROM. On 01/07/2026 at 10:09 a.m., an observation and interview was conducted with Resident #78. Resident #78's left arm was bent at the elbow and her hand was closed in a fist position. Resident #78's left leg was slightly bent at the hip and bent at the knee with her lower leg pointed toward her upper thigh/buttocks. She stated she was unable to move her left arm and leg. She stated she had not received any therapy since she was admitted to the facility until recently after returning from the hospital. She stated staff had not performed PROM. On 01/07/2025 at 10:25 a.m., an interview as conducted with S8CNA. She stated Resident #78 could not move her left arm and left leg. She stated she did not perform PROM during ADL care.On 01/07/2025 at 10:35 a.m., an interview was conducted with S9CNA. She stated Resident #78 was admitted with a contracture to her left hand and left leg. She stated she had not seen Resident #78 receive any type of therapy or PROM. She stated she did not perform PROM during ADL care. On 01/07/2025 at 10:47 a.m., an interview was conducted with S10TD. She stated therapy screened residents on admission and every three months. She stated Resident #78 was admitted on Hospice with a contracture to her left upper extremity and left lower extremity. She stated when Resident #78 was discharged from Hospice in March 2025, she was re-screened. She stated she had no documentation Resident #78 had been re-screened since 03/2025. She stated Resident #78 had recently returned from the hospital and was re-screened on 01/06/2025. She confirmed therapy had not provided any services for Resident #78.On 01/07/2025 at 11:05 a.m., an interview was conducted with the S3ADON. She stated Resident #78 had a history of a CVA with Hemiparesis to her left side. She confirmed Resident #78 had contractures to her left arm and left leg. She stated she expected CNA's to perform PROM with Resident #78 while providing ADL care to prevent further decline in ROM. She reviewed the care plan and physician orders and confirmed Resident #78 had no interventions to prevent further decline of ROM and should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195611	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hammond Nursing Home	501 Old Covington Highway 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide necessary care and services for the provision of respiratory care in accordance with professional standards of practice. The facility failed to ensure a resident's oxygen was administered at the physician ordered rate for 1 of 1 (#83) resident reviewed for respiratory care.Review of Resident #83's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Chronic Obstructive Pulmonary Disease.Review of Resident #83's current Physician Orders revealed the following, in part:Start date 05/30/2023 - Oxygen at 2L per nasal cannula as needed.An observation was made on 01/05/2026 at 9:00 a.m. of Resident #83 in his room wearing oxygen per nasal cannula at 3L.An observation was made on 01/06/2026 at 8:35 a.m. of Resident #83 in his room wearing oxygen per nasal cannula at 3L.An interview was conducted on 01/06/2026 at 8:40 a.m. with S7RN. S7RN confirmed Resident #83 had an order for oxygen per nasal cannula as needed at 2L. S7RN confirmed Resident #83's oxygen was set at 3L.An interview was conducted on 01/06/2026 at 8:55 a.m. with S2DON. She confirmed all residents' oxygen should be administered at the ordered rate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195611	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hammond Nursing Home	501 Old Covington Highway 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 observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infection for 2 of 2 (#10 and #76) residents observed for incontinence care. The facility failed to ensure staff performed hand hygiene and proper glove use for Residents #10 and #76 during incontinence care.Resident #76 Review of Resident #76's Clinical Record revealed he was admitted to the facility on [DATE]. On 01/06/2026 at 9:32 a.m., an observation was made of S5CNA performing incontinence care for Resident #76. Resident #76 was observed to have had a bowel movement. S5CNA wiped the bowel movement from Resident #76's buttocks, then without changing gloves or performing hand hygiene, she applied a clean incontinence pad and brief to Resident #76. Then, with the same gloves, S5CNA grabbed a bottle of barrier cream, opened it, and applied it to Resident #76's buttocks. After applying the barrier cream, S5CNA changed gloves. On 01/06/2026 at 9:48 a.m., an interview was conducted with S5CNA. She confirmed she did not change gloves or perform hand hygiene after she wiped the bowel movement from Resident #76's buttocks. She stated she was unaware she was supposed to change gloves after removing the bowel movement from Resident #76's buttocks and before touching the clean incontinence pad, brief, and barrier cream. On 01/06/2026 at 3:50 p.m., an interview was conducted with S1ADM and S2DON. S1ADM and S2DON confirmed CNAs should change gloves and perform hand hygiene after cleaning bowel movements and before touching clean items. Review of the facility's undated policy titled Infection Control-Hand Hygiene, revealed the following, in part: Intent: It is the policy of the facility to perform hand hygiene in accordance with national standards from the Centers for Disease Control and Prevention and the World Health Organization. Procedure: 2. According to the World Health Organization, hand hygiene is to be performed: c. When moving from a contaminated body site to a clean body site such as when changing a brief. Resident #10Review of Resident #10's Clinical Record revealed he was admitted to the facility on [DATE].On 01/06/2026 at 10:40 a.m., an observation was made of S6CNA performing incontinence care for Resident #10. Resident #10 was observed to have had a bowel movement. S6CNA wiped the bowel movement from Resident #10's buttocks, then without changing gloves or performing hand hygiene, she applied a new brief to Resident #10. Then, with the same gloves, S6CNA dressed Resident #10. After dressing Resident #10, S6CNA changed gloves and performed hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195611	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hammond Nursing Home	501 Old Covington Highway 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	On 01/06/2026 at 10:45 a.m., an interview was conducted with S6CNA. She confirmed she did not change gloves after she wiped the bowel movement from Resident #10's buttocks. She stated she should have changed her gloves after cleaning the bowel movement and prior to touching the clean items.