

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Landmark Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Lauren Drive Booneville, MS 38829	
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 - Some	Provide and implement an infection prevention and control program. Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure staff used appropriate personal protective equipment (PPE) during care for a resident on Enhanced Barrier Precautions (EBP) for one (1) of four (4) residents direct care observations. Resident #50. This represents a pattern of deficiency due to F880 being cited during the last annual recertification survey. Findings include: Record review of the facility policy titled, Enhanced Barrier Precautions dated 3/27/24, revealed, It is the policy of this facility to implement enhanced barrier precautions to prevent transmission of multidrug-resistant organisms. Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown, and gloves use during high contact resident care activities. An order for enhanced barrier precautions will be obtained for residents with any of the following: .indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with an MDRO (multidrug-resistant organism). Record review of Enhanced Barrier Precautions Protocol, dated 2024 revealed, Who does it apply to: . Indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes). When PPE (Personal Protective Equipment) is required: High-contact resident care activities include: . Catheter care, irrigation, and changing of the catheter and bag. Resident #50 During an observation of urinary catheter care on 9/3/25 at 1:30 PM, Certified Nursing Assistant (CNA) #1 and CNA #2 began Resident #50's urinary catheter care without the appropriate PPE required for EBP. Upon their realization, CNA #1 stated, We forgot to put on our gowns! We always use gowns! CNA #2 stated, We use gowns to protect the residents. They both acknowledged they had been in-serviced on EBP but were nervous and failed to put gowns on. An interview with the Director of Nursing (DON) on 9/3/25 at 2:25 PM revealed that each resident with a urinary catheter, feeding tube, wound, or central line is to receive EBP to protect that resident from infection. She acknowledged it was her expectation that all staff follow these guidelines for the residents' protection. She confirmed the facility failed to decrease the likelihood of the spread of infection by not using EBP during care of an indwelling urinary catheter. During an interview on 9/4/25 at 12:30 PM, the Infection Preventionist acknowledged that all of the staff had been in-serviced on EBP, and her expectation was for the staff to use EBP as required for the protection of the residents. Record review of Resident #50's Order Summary Report revealed an order dated 11/15/23 for (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	catheter care with soap and water every shift. Review also revealed an order dated 4/17/24 for EBP for foley catheter. Record review of admission Record revealed the facility originally admitted Resident #50 on 9/28/18 with the most recent admission date of 1/30/2020. Her diagnoses included Neuromuscular Dysfunction of Bladder and Stage 3 Chronic Kidney Disease. Record review of Resident #50's Minimum Data Set (MDS) Section C - Cognitive Patterns revealed the resident had a Brief Interview for Mental Status (BIMS) score of nine (9) which indicated the resident had a moderate cognitive impairment.		