Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 958	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK NURSING AND REHAB CENTER	100 LAUREN DRIVE , BOONEVILLE, Mississippi, 38829

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0000	Initial Comments A survey was conducted at the facility from 9/2/25 – 9/4/25 by the State Agency. The survey included a review of resident care and services provided in the Alzheimer's/Dementia Special Care Unit and found that the facility was in compliance with the Minimum Standards of Operation for Alzheimer's Disease/Dementia Care Unit, state licensure requirements. The census was 16 with 20 licensed beds.	M0000		
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 9/2/25 through 9/4/25. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M1570 for Infection Control. The census at the time of the survey was 65 with a license for 80 beds.	M0000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include	M1570		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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M1570	Continued from page 1 implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II pattern 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 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	M1570		

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M1570	Continued from page 2 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 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.	M1570		