STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(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	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
F0000	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 requirements of participation in Medicare and Medicaid and cited F880 for Infection Control. The census at the time of the survey was 65 with a license for 80 beds.	F0000		
F0880 SS = E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F0880		

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 reverse for further 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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F0880 SS = E	Continued from page 1 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: 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	F0880		

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F0880 SS = E	Continued from page 2 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'	F0880		

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F0880 SS = E	Continued from page 3 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.	F0880		