

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195618	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER CONSOLATA HOME		STREET ADDRESS, CITY, STATE, ZIP 2319 EAST MAIN STREET NEW IBERIA, LA 70560	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility staff failed to include personally identifiable information of family notifications and the time in which the notifications were made. Facility staff also failed to follow facility policy to inform residents of suspected or confirmed COVID-19 (coronavirus) cases in the facility along with mitigating actions in a timely manner for 5 (#1 - #5) of 5 residents. Findings On 7/13/2020 at 10:10 am, an interview was conducted with SIDON who stated she was not sure when residents were last informed of the facility's COVID-19 status. She stated that she had made an overhead announcement once but that was a while ago. SIDON stated there was no written record of the announcement she made to the residents. Resident #1 A review of Section C - Cognitive Status of Resident 1's Quarterly MDS (Minimum Data Set) dated 5/14/2020 revealed the resident has a BIMS (Brief Interview for Mental Status) score of 15 indicating the resident is cognitively intact. On 7/13/2020 at 12:27 pm, an interview was conducted with Resident #1 who stated the facility does not keep residents up to date on the facility's COVID-19 status. She stated that the facility has not informed her of her COVID-19 test results nor of the number of residents and staff that have tested positive. Resident #1 stated she asked the nurse's aides and nurses about what's going on, and they told her they did not know. She stated her and Residents #2 and Resident #3 shared information about what's going on in the facility as they would overhear it from staff speaking in the hallway. Resident #1 denied hearing an overhead announcement to inform residents of the facility's COVID-19 status. Resident #2 A review of Section C - Cognitive Status of Resident #2's Quarterly MDS (Minimum Data Set) dated 4/23/2020 revealed the resident has a BIMS (Brief Interview for Mental Status) score of 15 indicating the resident is cognitively intact. On 7/13/2020 at 12:33 pm, an interview was conducted with Resident #2 who stated the facility does not keep her informed about what is going on in the facility related to COVID-19. Resident #2 denied hearing an overhead announcement to inform residents of how many residents and staff were positive. She stated that she also had not been informed of what the facility was doing to prevent the spread of COVID-19. Resident #2 stated, they don't tell us who has [MEDICAL CONDITION]. She stated that when she asked the nurses or the aides, they would tell her that they did not know and that they were agency staff. Resident #1 stated that when someone is taken out of their room, she knows someone must have tested positive. Resident #3 A review of Section C - Cognitive Status of Resident #3's Quarterly MDS (Minimum Data Set) dated 4/29/2020 revealed the resident has a BIMS (Brief Interview for Mental Status) score of 15 indicating the resident is cognitively intact. On 7/13/2020 at 12:40 pm, an interview was conducted with Resident #3 who stated she does not get any information from administration about the facility's COVID-19 status. Resident #3 stated that she was never informed of how many residents or staff that have tested positive and that she is not sure what's going on. She stated she sees residents being taken out their rooms and figures they are moving because they tested positive. She stated the information she does know, she gets through the grapevine. She stated she would talk with Residents #1 and #2 to piece together any information they may have obtained from staff to figure out what's going on. She stated she had been tested three times for COVID-19 and was never informed of any of her results. Resident #3 stated she would like the facility to inform the residents of what they are doing to prevent the spread and how many staff and residents have tested positive. She denied hearing an overhead announcement to inform residents of the COVID-19 status and their actions to prevent the spread of [MEDICAL CONDITION]. Resident #4 A review of Section C - Cognitive Status of Resident #4's Quarterly MDS (Minimum Data Set) dated 5/8/2020 revealed the resident has a BIMS (Brief Interview for Mental Status) score of 9 indicating moderate cognitive impairment. A review of Section B - Hearing, Speech, and Vision revealed coding score of 0 =understood, indicating the resident has the ability to express ideas and wants verbal and nonverbal and has the ability to understand verbal content. On 7/14/2020 at 9:30 am, an interview was conducted with Resident #4 who stated she had been tested for COVID-19 four times and the facility has not told her the results of any of her COVID-19 tests. She stated that all the staff had told them to do was to stay in their rooms and wear a mask, but do not tell them anything else. Resident #4 stated she wants to know what's going on, how many people have tested positive, signs and symptoms of COVID-19, and what else they are doing to keep them safe. Resident #5 A review of Section C - Cognitive Status of Resident #5's Quarterly MDS (Minimum Data Set) dated 7/7/2020 revealed the resident has a BIMS (Brief Interview for Mental Status) score of 15 indicating the resident is cognitively intact. On 7/14/2020 at 9:51 am, an interview was conducted with Resident #5 who stated she had been tested for COVID-19 three times and that the facility has not informed her of her test results since they began facility wide testing. She stated she was not informed of how many staff or residents have tested positive. She stated she is not sure what's going on and would like to be informed. Resident #5 stated there was no overhead announcements made to inform the residents of the facility's COVID-19 status. A review of facility policy titled Communication and Notification Re: COVID-19 revealed F. Resident Communication: residents will be updated by assigned staff regarding the Facility Status and Care protocols relative to COVID-19, as well as Facility Data as released to the Public. A review of the facility's family notification log revealed a typed paragraph message with hand written dates. There was no evidence of resident specific information indicating who the messages were sent to nor the time the notifications were sent. On 7/14/2020 at 12:46 pm, an interview was conducted with S2SSD who stated she is responsible for notifying family and the SIDON is responsible for notifying the residents of the facility's COVID-19 status. S2SSD stated she notifies families via text with her personal phone, email, and fax. She stated she does not keep a log of resident notifications. She stated she documents the date and the script of information sent to the family and confirmed the logs lacked personally identifiable information to identify which resident family was contacted and the time the contact was made. On 7/14/2020 at 1:53 pm, a follow-up interview was conducted with SIDON who stated residents who tested negative for COVID-19 were not informed of their results. SIDON stated she and S2SSD share the responsibility of notifying residents and their families of the facility's COVID-19 status. SIDON confirmed that the family notification log did not include resident identifiable information and the time notifications were made. SIDON stated the facility's first COVID-19 positive case was one staff member on March 28, 2020. Facility wide testing was done on June 23, June 30th (resulting in 2 positive residents and 1 positive staff) and July 7 (resulting in 7 positive residents and 7 positive staff). SIDON confirmed residents were not notified of the facility's COVID-19 status and of actions taken by the facility to prevent the spread of COVID-19 as per the facility's Communication and Notification policy.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.