STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195636	A. BUILDING _____ B. WING _____	**07/01/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GARDENS AND GUARDIAN (THE)	**1401 COUNTRY CLUB ROAD LAKE CHARLES, LA 70605**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the provider failed to follow accepted infection control practices and transmission-based precautions to help to prevent the transmission of an infectious communicable disease (Coronavirus 2019) as evidenced by: 1. Failure to restrict access to the facility and monitor visitor entry into the facility and; 2. The facility's staff failed to follow their policy and procedure for the isolation procedure for Resident #1, #2, #3, and #4, who were having signs and symptoms of Coronavirus. On 6/30/2020, the resident's rooms were observed and there was no isolation sign on the door of the resident's room and no Personal Protective Equipment (PPE) at the entry of the resident's rooms for 4 (#1, #2, #3 and #4) residents out of 26 residents living in the facility. Findings: 1. On 6/30/2020 at 1200, an observation was made of the entry of the facility referred to as the therapy entry with a sign over the doorbell that read - ring bell for service or entry. The surveyors walked up to the doorway and a contract provider was exiting the facility. The facility's staff held the door open allowing the surveyors entry into the building. On 6/30/2020 at 12:30 pm, during an interview with S2DON, she stated she was unaware as to how we entered the facility without any staff there to screen or monitor us. S2DON revealed they use an honor system for employees to enter, answer their screening questions on a check list, perform their personal temperature check, record that reading, sign the entry form and use hand sanitizer prior to entering into the facility. During the interview S2DON agreed that the surveyors should not have been allowed entry to the building without staff there to monitor and screen the surveyors prior to entering the facility. On 7/01/2020, a review of the provider's Infection Control Policy for Covid-19 revealed all visitors to be restricted entry except for essential personnel. 2. On 6/30/2020 at 12:50 pm, an observation of the residents on HAll A and HAll B was made. The doors of Resident #1, #2, #3 and #4 was observed. There was no isolation sign posted on the doors or PPE bins at the resident's doorways. a. A review of Resident #1's medical record revealed the resident was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. The resident's physician orders [REDACTED]. Departmental Notes dated 7/1/2020 at 5:35 am revealed the following documentation - D/T cough CXR (chest xray) done on 6/30/2020 - Gross cardiomegaly with multifocal patchy interstitial infiltrates Showing atypical [MEDICAL CONDITION] pneumonia such as COVID 19. Dr. ordered resident be moved to COVID unit. Droplet precautions in place b. A review of Resident #2's medical record revealed the resident was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. The resident's physician's orders [REDACTED]. Departmental Notes dated 6/27/2020 at 12:07 am - [MEDICATION NAME] A-D 2 mg caplet give 1 cap via .prn administration - diarrhea. Departmental Notes dated 6/27/2020 at 9:52 am - Temp 101.8 temporal Departmental Notes dated 6/27/2020 at 5:56 pm - [MEDICATION NAME] 325 mg tablet give two .temp 102.9 axillary. Departmental Notes dated 6/28/2020 at 12:24 am - Upon receiving report from LPN, Resident noted to have temp of 102.9 ax and Tylenol was admin . c. A review of Resident #3's medical record revealed the resident was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. The resident's physician's orders [REDACTED]. Departmental Notes dated 6/30/2020 at 10:11 pm - [MEDICATION NAME] 650 mg supp. - presence of target behavior. Res with fever of 103.0 ax (axillary). Departmental Notes dated 7/1/2020 at 5:12 am - [MEDICATION NAME] 650 mg Supp. - presence of target behavior. Res(resident) with temp of 102.8 ax. d. A review of Resident #4's medical record revealed the resident was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. A review of the resident's physician's orders [REDACTED]. Departmental Notes dated 6/28/2020 at 11:57 pm - Res resting in bed with eyes closed. Res. noted to have temp @ 2020 of 100.5 ax. Tylenol admin via PEG per standing orders. Recheck temp @ 2230 is 98.9 ax Departmental Notes dated 6/30/2020 at 3:51 pm - While changing res PEG feeding, this nurse noticed that res looked clammy and was sweating. Easy to arouse with verbal stimuli. Res running fever of 101.0 ax. Administered APAP as ordered Departmental Notes dated 7/1/2020 at 5:13 am - Tylenol 325 mg caplet give 2 tablets PRN (as needed)administered. - Presence of target behavior. Res with temp of 102.7 ax. Departmental Notes dated 7/1/2020 at 11:07 am - Spoke with MD who stated to order chest xray R/T SOB and fever . On 6/30/2020 at 12:50 pm an interview was conducted with S2DON and she stated Resident #4 was in the room and in isolation due to having increase cough, being lethargic and increase temperature. S2DON verified there was no isolation sign on the resident's door or a PPE bin at the door for the employees. S2DON stated that she had worked this past Sunday night, had been off on Monday and no one had placed a sign on the resident's door or PPE in a bin at the door for the staff. S2DON also stated Resident #1, #2 and #3 were in isolation for signs/symptoms of COVID -19 and there was no isolation signs on their doors or PPE in a bin at the door of the resident's rooms for the staff. On 6/30/2020 at 1:06 pm an interview was conducted with SDON and she stated Resident #3 had a low grade fever and she was observed putting a sign on his door. S2DON stated she was not in the facility on yesterday due to being short staffed and having to work Sunday night. She stated the ADON was currently out positive with COVID-19. S2DON stated the other RN was not in the facility due to having worked the COVID unit on Sunday. She verified that there should have been signs on the doors of the residents that was in isolation and that there should have been a PPE bin set up by the resident's door for each room with residents having new signs and symptoms of COVID- 19. The facility's policy and procedure was reviewed and revealed the following documentation Transmission - Based Precautions will be initiated when there is a reason to believe that a resident has a communicable infectious disease. Transmission - Based Precautions may include Contact Precautions, Droplet Precautions, or Airborne Precautions . . Policy Interpretation and Implementation -1. If a resident is suspected of, or identified as, having a communicable infectious disease, the Charge Nurse of Nursing Supervisor shall notify the Infection Preventionist and the resident's Attending Physician for appropriate transmission - Based Precautions . . .5. When Transmission - Based Precautions are implemented, the Infection Preventionist (or designee) shall: a. Ensure that protective equipment (i.e., gloves, gowns, masks, etc.) is maintained near the resident's room so that everyone entering the room can access what they need; b. post the appropriate notice on the room entrance door and on the front of the resident's chart so that all personnel will be aware of precautions, or be aware that they must first see a nurse to obtain additional information about the situation before entering the room. The facility's process for notification is _____ . Isolation - Notices of Transmission - Based Precautions Policy Statement Appropriate isolation notices will be used to alert staff of implementation of Transmission - Based Precautions while protecting the privacy of the resident. Policy Interpretation and Implementation - 1. When transmission- Based Precautions are implemented, an appropriate sign (example: color coded) will be placed at the entrance/doorway of the resident's room. Signs will be used to alert staff of the implementation of Transmission - Based Precautions and to alert visitors to report to the nurse's station before entering the room, while respecting the resident's privacy . . . . .

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