

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER MAISON ORLEANS HEALTHCARE OF NEW ORLEANS		STREET ADDRESS, CITY, STATE, ZIP 1420 GENERAL TAYLOR NEW ORLEANS, LA 70115	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to maintain the Center for Disease Control Guidance for Healthcare Professionals about the Coronavirus (COVID-19) by: 1.Failing to ensure residents and staff adhered to their infection control practices of ensuring residents and/or staff wore a face mask (Resident R4, Resident R5, Resident R6, Resident R7, Resident R8, Resident R10, Resident R11, Resident R12, Resident R13 Resident R14, Resident R15, Resident R16, Resident R17, S5Certified Nursing Assistant (CNA), S6Dietary Staff, S7CNA, S8Housekeeping, S9Licensed Practical Nurse (LPN), S11Ward Clerk); and 2.Failing to ensure residents and/or staff maintained social distancing (Resident R1, Resident R2, Resident R3, Resident R4, Resident R5, Resident R7, Resident R8, Resident R15, S10LPN, and S11Ward Clerk.) This deficient practice was identified for 16 randomly observed residents (Resident R1 Resident R2, Resident R3, Resident R4, Resident R5, Resident R6, Resident R7, Resident R8, Resident R10, Resident R11, Resident R12, Resident R13, Resident R14, Resident R15, Resident R16, Resident R17) and 7 staff members observed (S5 CNA, S6Dietary Staff, S7CNA, S8Housekeeping, S9LPN, S10LPN, S11Ward Clerk) but had the potential to affect any of the 170 residents as documented on the facility's Census list. Findings: Review of the Facility's policy with the title of Universal Source Control revealed in part, every person entering the facility must wear a face mask while in the facility. Follow the guidelines below for assigning and distributing masks. Further review revealed Direct Care staff (Nurses, CNA's, and Therapy)-N95 or KN95 mask and Non-Direct Care staff surgical masks. Review of the CDC website for Infection Control Guidance for Healthcare Professionals (HCP) about Coronavirus (COVID-19) as of July 15, 2020 revealed in part, the CDC recommended using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. These practices include to use facemasks to cover a person's mouth and nose. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Further review revealed patients may remove their cloth face covering when in their rooms but should put it back on when around others or leaving their room. HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. Observation on 08/12/2020 at 12:45pm revealed 6 unmasked residents (Resident R4, Resident R5, Resident R7, Resident R8, Resident R12, and Resident R15) seated at one table on the b floor. Observation on 08/12/2020 at 1:00pm near b floor nursing station revealed S7CNA with her face mask below her mouth, and she pulled up her face mask when she saw the surveyor. S7CNA accompanied surveyor to the table and further observations along the way from the nursing station revealed Resident R17 without a face mask seated in wheelchair, Resident R12 was ambulating without a face mask. Further observation revealed Resident R4, Resident R5, Resident R7, Resident R8, Resident R15 were seated adjacent to each other at a table all without face masks. Further observation of the table size revealed it was five and one-half feet by three and one-half feet. Further observation revealed Resident R10, Resident R11, Resident R13, and Resident R14 were seated on b floor enclosed balcony without face masks. Still further observations revealed Resident R6 and Resident R16 seated in wheelchairs next to each other without face masks. Observation on 08/12/2020 at 2:05pm revealed S6Dietary staff walking down the hallway with her face mask below her nose. In an interview on 08/12/2020 at 2:35pm, when the surveyor asked the S2Assistant Administrator about S6Dietary staff observed to have her face mask below her nose, he stated they know better. Observation on 08/13/2020 at 10:00am on a floor revealed S8Housekeeper without a face mask on her face and she pulled her mask on her face when she saw the surveyor. S8Housekeeper stated she should have kept her face mask on at all times. Observation on 08/13/2020 at 10:05am revealed Resident R1, Resident R2, and Resident R3 on the a floor enclosed balcony talking. Further observation revealed they were not socially distanced 6 feet apart and in close proximity of each other. No staff made any attempt to encourage, prompt, or assist any of these residents with social distancing. In an interview on 08/13/2020 at 10:07am, S4LPN acknowledged Resident R1, Resident R2, and Resident R3 should be 6 feet apart from one another. Observation on 08/13/2020 at 10:10am revealed S5CNA walking past the a floor nursing station then walking past the surveyor with her face mask below her nose. In an interview on 08/13/2020 at 10:10am, when the surveyor questioned S5CNA about her mask being below her nose, she then placed the face mask over her nose. Observation on 08/13/2020 at 10:15am on a floor revealed S9LPN without a face mask on and she pulled her mask on when she saw the surveyor. S9LPN stated she should have kept her face mask on at all times. Observation on 08/13/2020 at 10:19am on b floor revealed S10LPN with her face mask hung from her ear, and S11Ward Clerk with her face mask below her nose. S10LPN and S11Ward Clerk were seated within 3 feet of each other. Observation on 08/13/2020 at 10:25am on b floor revealed Resident R4, Resident R5, Resident R6, Resident R7, and Resident R8 without face masks and seated next to each other at a table. Further observation revealed Resident R12 without a face mask while Resident R12 ambulated past the nursing station. No staff made any attempt to encourage, prompt, or assist any of these residents with mask placement. Observation with S2Assistant Administrator on 08/13/2020 at 10:35am on b floor revealed Resident R4, Resident R5, Resident R6, Resident R7, and Resident R8 without face masks and seated next to each other at a table. In an interview on 08/13/2020 at 10:36am, S2Assistant Administrator acknowledged the residents were not wearing masks and were not socially distanced.</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.