STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195489	A. BUILDING _____ B. WING _____	**08/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIVIERE DE SOLEIL COMMUNITY CARE CENTER	**7408 HWY 1 MANSURA, LA 71350**

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, record review and interview, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. The facility failed to implement their policy regarding the designation of a specific COVID unit for residents who tested positive for COVID 19 and designation of specific staff to provide care for these residents. The facility also failed to ensure their policy addressed the cleaning of reusable face shields worn by staff and a system to ensure food delivery carts were not contaminated. The total facility census was 115 residents. Findings: Review of the facility's policy titled Infection Control Interim Policy for Coronavirus revealed it was dated 08/14/2020. The policy stated the facility would identify a dedicated space to care for residents with confirmed COVID-19. This could be a floor, wing or unit that may be used to cohort residents with COVID-19. Once a resident was confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. In the event of an outbreak, facility staff will follow the current policy for outbreak management: place COVID-19 positive residents in a private room on dedicated unit in transmission-based precautions (contact and droplet precaution), implement consistent assignment, only essential staff enter units and resident rooms, and as deemed possible, the identified COVID-19 unit should be identified and separated with hall barriers. Further review of the policy revealed staff will use appropriate PPE when interacting with residents, to the extent PPE is available, and per CDC guidance on conservation of PPE. Reusable eyewear should be cleaned by the following process: should be dedicated to one person, eye wear should be removed and cleaned when visibly soiled or difficult to see through, and no less than daily, while wearing gloves carefully wipe the inside of the eyewear followed by the outside using a cloth saturated with and EPA approved [MEDICAL CONDITION] emerging hospital grade disinfectant or wipe. Interview with S1 Administrator on 08/18/2020 at 8:30 a.m. revealed residents who had tested positive for COVID-19 and were currently on transmission-based precautions were housed on B Hall left side and B Hall right side. Interview with S6 LPN on 08/18/2020 at 8:55 a.m. revealed she worked B Hall right and half of B Middle House. She stated on B Hall right, there was 1 COVID-19 positive resident still in isolation, 9 recovered COVID-19 positive residents, and 2 COVID-19 negative residents. She stated she donned a new N95 mask and face shield each day when she arrived to work. She stated she donned shoe covers, an isolation gown, and gloves prior to entering COVID-19 positive rooms. She stated she did not change or clean her face shield between rooms or halls. Observation on B Hall left side on 08/18/2020 at 9:05 a.m. revealed rooms a, b, c and d had signs on their doors for transmission-based precautions. Isolation carts were noted on the outside of each room, and they contained disposable gowns, gloves and shoe covers. All staff on this hall were observed wearing an N95 mask and a clear face shield. Interview with S4 CNA on 08/18/2020 at 9:15 a.m. revealed she stated she wore the same mask and face shield during her entire shift - 6:00 a.m. - 2:00 p.m. She stated she provided care for COVID-19 positive residents and also negative residents. Interview with S1 Administrator on 08/18/2020 at 9:30 a.m. stated the facility had a total of 5 residents who had tested positive and were currently in isolation for COVID-19. Four of these residents were housed on B Hall left and one was housed on B Hall right. Observation on B Hall left side on 08/18/2020 at 11:35 a.m. revealed residents were being served lunch in their rooms. S5 CNA was preparing trays, and S4 CNA was bringing the trays to the residents in their rooms. Both CNAs were wearing a mask and a face shield. S4 CNA was observed donning a disposable gown, gloves and shoe covers prior to entering room b to deliver lunch. She was observed to wear the same face shield and mask prior to entering the room. Prior to exiting the room, she opened the door and was observed doffing her gown, gloves and shoe covers. She kept on the same face shield and mask. She sanitized her hands, walked to room c and donned new PPE (gown, gloves and shoe covers) to deliver her lunch. She entered the room with the same face shield and mask. Observation on 08/18/2020 at 12:10 p.m. revealed S5 CNA entered room b donned with full PPE. Prior to exiting the room, she disposed of gown, gloves and shoe covers. She kept on the face shield and mask. At that same time, S4 CNA was observed feeding a resident who was not on transmission-based precautions. Interview with S2 DON on 08/18/2020 at 1:05 p.m. revealed staff were instructed to keep a mask and face shield on at all times unless they were in an office. She stated the staff had been instructed to clean their face shields at least once a shift and more if visibly soiled. Interview with S7 CNA on 08/18/2020 at 2:15 p.m. revealed she worked 2:00 p.m. - 10:00 p.m. shift on B Hall right. She stated she received a new N95 mask and a new face shield every day when she arrived for work. She stated she wore the same mask and face shield in every room and was not required to clean it or change it between rooms, regardless of whether the resident was COVID positive or negative. She stated she disposed of the mask and face shield at the end of her shift. Interview with S8 CNA on 08/18/2020 at 2:30 p.m. on B Hall right revealed meal carts were delivered to each neighborhood by dietary and brought into the neighborhood kitchen by Homemakers or Care Partners. She stated the pans of food were removed from the cart and placed on the warmers, then served on plates for residents. She stated COVID-19 positive residents received their meals in Styrofoam containers and drinkware. She stated after the meal, the metal pans of food were loaded back onto the cart, and dietary staff came to each neighborhood to pick up the carts. She stated the carts were not cleaned or sanitized prior to being returned to the kitchen. Interview with S9 LPN on 08/18/2020 at 2:20 p.m. revealed she worked 2:00 p.m. - 10:00 p.m. shift Monday through Friday and was assigned to work B Hall right today. She stated she wore her N95 mask and face shield for one shift and changed both daily. She stated she was not required to clean or change the face shield between residents. Interview on 08/19/2020 at 8:45 a.m. with S1 Administrator, S2 DON and S3 Corporate RN/IP Nurse confirmed on 08/18/2020, the facility did not have all COVID-19 positive residents together on a dedicated unit with designated staff according to their policy. Also, staff had not been instructed previously to clean their face shield after exiting a room positive for COVID-19 and prior to entering a room with a resident who was negative for COVID-19. Interview with S10 Dietary Staff on 08/19/2020 at 9:50 a.m. revealed that dietary staff delivered and retrieved meal carts from each neighborhood. She stated they did not go into the neighborhoods, but knocked on the doors to notify staff that the meal carts had arrived. She stated once mealtime was complete, dietary staff returned to pick up meal carts from each neighborhood and returned them to the entrance of the kitchen where they were cleaned and disinfected with HDQL 10 Express cleaner. She stated this process was repeated for each meal. Interview with S1 Administrator, S2 DON and S3 Corporate RN/IP Nurse on 08/19/2020 at 8:45 a.m. confirmed carts from dietary are wheeled onto each home (including homes with positive COVID-19 residents). When the staff was finished with meal service, the containers of food were loaded back on the cart and wheeled down the hallways to the dietary department before being sanitized.

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.