

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN AGE OF WELSH, LLC		STREET ADDRESS, CITY, STATE, ZIP 410 SOUTH SIMMONS STREET WELSH, LA 70591	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to provide a safe, sanitary environment to help prevent the development and transmission of infection as evidenced by staff not putting on the required Personal Protective Equipment (PPE) prior to entering the COVID-19 unit. Findings: On 9/28/2020 at 2:40 PM, an observation was conducted of the COVID-19 unit. During the observation of the exterior of the unit, it was observed that the facility did not have PPE on the outside of the unit prior to entering the COVID-19 unit. Further observation revealed that there were two double glass doors which lead to the therapy room which was set up like a ward and was being used as part of the COVID unit and additional rooms were located on the 100 Hall. Upon entrance into the COVID unit the PPE equipment was located immediately to the left side of the room, and this is where the staff would put on the required PPE which consisted of a N95 mask, surgical mask, hair protector, gown, gloves, and shoe covering. As the staff put on the required PPE a resident's bed with the resident in the bed was observed being about three feet from the area where staff were donning and doffing their PPE. On 9/28/2020 at 3:20 PM an interview was conducted with S2LPN who stated that once they enter the unit, then they don the PPE. S2LPN confirmed that the PPE should be donned prior to entering the COVID-19 unit. On 9/29/2020 at 11:05 AM, an interview was conducted with S1DON who when asked about the donning of PPE after you have entered the COVID-19 unit, S1DON stated I see where you are coming from. S1DON added that the facility could make a clean area outside the door of the unit so that staff are protected prior to entering on the unit. A review of the facilities Policy and Procedure entitled Infection Prevention and Control Program revealed that: Policy Interpretation and Implementation 4. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, and outbreak management, prevention of infection, and employee health and safety. 11. Prevention of Infection a. Important facets of infection prevention include: 3. Educating staff and ensuring that they adhere to proper techniques and procedures 8. Following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC) Policies and Practices - Infection Control Policy Statement stated that this facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and the help and prevent and manage transmission of diseases and infections. Training and Education 8. Procedures to follow when personal protective equipment is used 9. How personal protective equipment maintained in the facility is to be used, decontaminated, and disposed of.		

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.