

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OUACHITA HEALTHCARE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7950 MILLHAVEN ROAD MONROE, LA 71203</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, interviews and record review, the facility failed to properly prevent the potential spread of COVID-19 by staff failing to: 1. Perform appropriate hand hygiene, 2. Disinfect reusable resident care equipment between each resident use, 3. Properly dispose of used PPE (personal protective equipment) from quarantine room, 4. Properly enter quarantine resident room requiring PPE. Findings: On 06/24/2020 at 11:00 AM upon entrance to facility a list of COVID-19 positive residents was obtained. Review of the list revealed there were currently 2 residents in the building with COVID-19 and 1 resident was in the hospital with COVID-19. During the survey process there was 1 more resident that tested positive for COVID-19. A list of residents who were currently on Quarantine status revealed there was a total of 14 residents on the list. These residents consist of new admits, return hospitalization s, anyone that has gone out of the facility for any type of appointment and all [MEDICAL TREATMENT] patients. There were also a total of 7 employees out with COVID-19. The facility had a total of 152 resident in the building. On 06/24/2020 2:30 PM interview with S5 CAN (Certified Nursing Assistant) revealed she has no issues getting PPE when she needs it but has only gotten about 3 masks the entire time and re-uses her gown and face shield. Observation of the gown she was currently using revealed it was a thin plastic rain poncho that was sitting on top of her personal duffle bag in a chair in the hallway and was not covered in any way. She confirmed she uses the same rain poncho for each quarantine room on her hallway. Review of the list of quarantine residents for the hall S5 CNA was working revealed there were 3 quarantine residents on that hall. She further revealed she takes her PPE equipment home with her. 06/25/2020 at 3:00 PM interview with S2 DON (Director of Nurses) revealed staff are not supposed to be re-using gowns and are not supposed to take any PPE supplies home. She further confirmed that they are not using the rain ponchos any longer because they have gowns available. S2 DON said the staff do re-use the face shields and staff are to wipe it down with a disinfectant wipe and place in a bag to store. On 06/25/2020 9:25 AM observation of S4 LPN (Licensed Practical Nurse) revealed she entered room a, the door was left open and observations of staff could be made. S4 LPN administered medications, came out of the room, did not gel or wash her hands, wrote on a notebook, no hand sanitization performed, pushed the blood pressure cart containing the blood pressure machine, blood pressure cuff, pulse oximeter and thermometer to room b. S4 LPN then touched the computer, the computer mouse, no hand sanitization, got medication cups, got medications out of the cart, no hand sanitization. Went into room b to administer medications and take vitals with the same blood pressure cart. S4 LPN did not sanitize the blood pressure cart prior to entering room b or exiting the room. Further observation at 9:40 AM S4 LPN went to room c, sanitized her hands, dispensed medications, sanitized hands, gloves applied, blood pressure cart taken into the room, came out of the resident room c with gloves on, walked to the eyewash station, opened the cabinet door with the same gloves, got a brief out of the cabinet, went back to room c, handed it to the resident and came out of room c and sanitized her hands but did not sanitize the blood pressure cart and supplies on the cart. Further observation of S4 LPN revealed she then prepared the medications for room d, took the blood pressure cart into room d without sanitizing the cart. Took the resident's pulse ox, blood pressure and temperature. S4 LPN came back out of room d and did not sanitize the blood pressure cart or supplies on the cart. At 9:53 AM interview with S4 LPN revealed she said she does not clean/sanitize the blood pressure cart, machine, pulse oximeter, or thermometer with Clorox wipes unless the resident is in a quarantine room. On 06/25/2020 9:15 AM interview with S6 CNA revealed the quarantine isolation supplies are kept in the resident rooms in the bathroom. Observation revealed she put on a gown, no gloves observed being put on, no face shield observed being put on, went into room f (Quarantine room), picked up the disposable tray in the room and threw away in a red bag, removed the gown, washed her hands and came out of the room. S6 CNA said the resident went out to the hospital and returned and is now on quarantine. S6 CNA further revealed she was given in-services on the proper donning and doffing of PPE but did not have to perform any type of return demonstration. 06/25/2020 9:50 AM observation of S7 CNA enter room e (Quarantine room) without a face shield. Upon exit from room e, S7 CNA was interviewed regarding the PPE she used in the room. S7 CNA said she left the face shield in the resident's bathroom. Surveyor asked S7 CNA to see the actual face shield. S7 CNA then said well do I have to put all the PPE back on. Surveyor did not give her any direction. S7 CNA went and retrieved another gown and gloves and put them on. She entered room e again and went into the bathroom and retrieved the face shield and she said I forgot and left it in the bathroom. S7 CNA was then observed walking out of room e with all of the PPE on, walked down the hallway to the area where the eye wash station was located, removed the PPE in the hallway and threw it away in a regular trash can with a lid. Further interview with S7 CNA revealed she said she started working at the facility on 06/22/2020 and immediately started working on the COVID unit and the hall that is attached to the COVID unit. She said she did not have any orientation prior to working on the COVID unit and did not have to perform any return demonstrations for donning and doffing PPE. On 06/25/2020 at 2:30 PM interview with S8 CNA Supervisor revealed all CNAs receive 3 days of orientation and after orientation she does a checklist such as peri-care, donning and doffing PPE, feeding assistance, changing a bed, turning residents, and bathing residents. S8 CNA Supervisor further said that S7 CNA actually worked with her on the COVID unit on 06/22/2020, 06/23/2020, 06/24/2020 and 06/25/2020. She further confirmed that she was not on the COVID unit the entire time with S7 CNA and the check off sheet for S7 CNA has not been completed. On 06/25/2020 at 3:30 PM review of the employee record for S7 CNA revealed no documentation of any orientation to the facility. 06/25/2020 3:00 PM interview with S3 ADON (Assistant Director of Nurses), Infection Control Nurse revealed residents who are in quarantine fall in the category of yellow on the facility Policy and Procedure for COVID 19 Guidance for Admission and Care of COVID 19 residents: Review of the guidance for yellow from the policy and procedure revealed: Any resident who is newly admitted , hospital returns, any current resident who leave the facility and returns for any reason, any green level resident that develops symptoms (fever, new cough, flu like symptoms etc.) and any roommate of a positive resident. A resident will be considered yellow quarantine for a period of 14 days. If they have no symptoms after 14 days they may convert to green. Green residents: 1. Residents with no SSx (Signs or Symptoms)- Green a. Residents should be encouraged to stay in their rooms. b. Any staff entering the room should wear a surgical cotton mask c. Aggressive hand hygiene when entering and leaving room for all staff members, d. Universal precautions, including wiping of all equipment between resident rooms. Yellow residents: If possible these residents should be placed in an area reserved for new admits and hospital returns fitting this description. They should stay in this room for 14 days and will be considered under quarantine. 1. These residents may share a room with one another but every attempt should be made to keep roommates on the same quarantine schedule. 2. Any staff entering a yellow room should be wearing PPE appropriate for droplet precautions to include an N-95 or KN-95 mask, surgical mask overlay, gown, and eye protection. 3. Aggressive hand washing entering and leaving room. Review of the sign placed on all quarantine rooms revealed: Please make sure you wear N-95 or KN-95 mask, surgical mask overlay, gown, gloves and eye protections in this room. Wash your hands before entering this room and after leaving this room. Please see nurse if you have any questions. On 06/26/2020 at 2:00 PM interview with S2 DON revealed staff were previously in-serviced on the kill time of disinfectants and to disinfect medical equipment between use according to manufacturer's instructions using EPA (Environmental Protection</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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 1)</p> <p>Agency) appropriate disinfectant. She further revealed staff are in-serviced on proper hand washing every month. On 06/10/2020 staff were in-serviced that all staff are to wear droplet precaution PPE in all quarantine room. Review of the in-service log revealed on 06/19/2020 an in-service was given on containment measures, social distancing, N-95 mask usage, hand hygiene, PPE donning and doffing, droplet isolation measures and COVID policy and procedures.</p>		