

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195473</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GUEST HOUSE (THE)</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10145 FLORIDA BLVD. BATON ROUGE, LA 70815</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a sanitary and comfortable environment to help prevent the development and transmission of communicable diseases (COVID-19). The facility failed to ensure: 1. Staff donned and doffed the appropriate PPE when entering and exiting a droplet precaution room; 2. Staff performed hand hygiene when entering and exiting a droplet precaution room; 3. Staff appropriately discarded biohazardous waste and soiled linens from a droplet precaution resident; 4. Staff wore a facemask to cover both nares; 5. Staff closed a door for a resident on droplet precautions; and 6. Trash containers lined with a red biohazard bag and containers lined with a laundry melt-away bag were available inside droplet precaution rooms for 3 (R1, R2, R3) of 5 (R1, R2, R3, R4, R5) residents on droplet precautions. Findings: Review of the Isolation Policy and Procedure revealed, in part: 3. Droplet Precautions: Gloves, gown, mask and goggles are to be utilized for all interactions that may involve contact with the resident. Procedure: 6. Isolation Linen hamper with foot pedal for hand free usage will be placed in room with melt away tie bags. 7. Isolation trash hamper with foot pedal for hands free usage will be placed in room with melt away tie bags. 11. Hand washing or alcohol rub/gel is required prior to entering a room when there will be contact with the infected resident or contaminated articles. 12. PPE: Gowns b. Disposable gowns should be used only once and discarded. c. Gowns are to be put on prior to entering the resident's room. d. Gowns are to be placed in isolation trashcan lined with red biohazard bag located in the resident room prior to exiting the room. Gloves d. If gloves become exposed to the pathogen while in a resident room, discard gloves, wash hands, and reapply gloves. It may be necessary to change gloves during resident care of a single patient to prevent cross-contamination of body sites. Goggles a. To be utilized for droplet precautions, resident excretions when applicable. 13. Remove PPE and discard in isolation trash hamper prior to exiting the room. 14. Hand washing with soap and water prior to exiting the room. Disposal of Infectious Materials: All disposables shall be placed in the isolation trash hamper lined with a red biohazard bag located in room. Laundry and Linen Services: A plastic laundry melt-away bag shall be placed into an isolation linen hamper in the isolation room for placement of soiled linen. When the melt-away bag is full, the bag will be sealed and then transported by sealed barrel or hamper with wheels to the laundry department. Review of the COVID-19 Guidance for Admission and care of COVID-19 Residents revealed, in part: Yellow - any resident who is newly admitted, hospital returns, any current resident who leaves the facility and returns for any reason, any green level resident that develops symptoms and any roommate of a positive patient. A resident will be considered yellow quarantine for a period of 10 days. III. b. Any staff entering a yellow room should be wearing PPE appropriate for droplet precautions to include an N-95 or KN-95, surgical mask overlay, gown, and eye protection. Review of the Hand Hygiene Policy and Procedure revealed, in part: Hand hygiene shall be performed: 5. Before and after entering isolation precaution settings. 19. After handling soiled or used linens. Review of the clinical record revealed R1 was admitted to the facility on [DATE] and resided in Room A. R1 was placed on droplet precautions after his roommate tested positive for COVID-19 on 08/01/2020. Review of the Droplet Precautions sign placed on R1's door revealed, in part: Wash/Sanitize hands prior to entering the room and pictures of a person tying a gown, gloves, a mask, and protective eyewear. An observation was made of S4CNA on 08/04/2020 at 9:52 a.m. S4CNA was observed exiting R1's room. He exited the room while wearing a yellow disposable gown and gloves. He walked to the middle of Hall A to the clean linen cart, and removed a sheet from the cart. The cart was observed to have three rows that contained clean diapers, gloves, wipes, sheets, and gowns. S4CNA then walked back into R1's room without sanitizing hands or applying new PPE. S4CNA did not have a face shield on when entering the room. At 9:58 a.m., S4CNA was observed opening R1's door. He had on a yellow disposable gown and no face shield. S4CNA stood in the doorway, removed his gloves, did not perform hand hygiene, and reached out of the doorway into a small container outside the room. He opened a drawer to the container and retrieved a clear bag. He then went back into R1's room and closed the door. At approximately 10:00 a.m., S4CNA was noted to walk out of R1's room while wearing a yellow disposable gown and gloves to bilateral hands. He was holding a clear bag with soiled linen in one hand and a clear bag with soiled materials in the other hand. S4CNA walked down Hall A, through a set of double doors, around the nurse's station, and down a portion of Hall B to access the laundry area and dispose of the bags. He then walked back to Hall A, reopened the double doors, and discarded his gown into a gray barrel on the hall. S4CNA was not observed to perform hand hygiene after discarding the used PPE. An interview was conducted immediately following the observations with S4CNA. He stated R1 was placed on droplet precautions after his roommate tested positive for COVID-19 over the past weekend. He explained he should have performed hand hygiene, applied the gown, gloves, mask, and shoe coverings before entering R1's room. He stated he did not wear shoe coverings because they were too small for his feet and he did not mention the need to wear a face shield. He stated he should have taken off the PPE, discarded it in a red biohazard bag inside the room, performed hand hygiene, and then exited the room. He stated R1's room did not have a container lined with a red biohazard bag or a place to put the soiled linen. He stated all droplet precaution rooms should have a container lined with a red biohazard bag and a container for the soiled linens inside the room. He stated no one brought him a red biohazard bag so he did not use one. He stated he did not have containers to put the soiled waste or linens in so he walked them to laundry to be discarded. He stated he was not supposed to exit a room with PPE on to get new items needed for care. S4CNA confirmed the above observations. He stated he knew what he was supposed to do, but did not do it. An observation was made of S5CNA on 08/04/2020 at 10:11 a.m. She was wearing a N95 mask with a cloth mask over the N95. Both of S5CNA's nares were exposed. An interview was conducted with S5CNA on 08/04/2020 at 10:12 a.m. She confirmed she had two mask on and neither were covering her nares. She confirmed the mask should have been covering her nares. An interview was conducted with S3CNASUP on 08/04/2020 at 10:58 a.m. She confirmed all staff had been trained on caring for residents on droplet precautions, donning and doffing PPE, hand hygiene, disposing of soiled waste and linens, and the proper way to wear a mask. She stated the staff should perform hand hygiene, put on a gown, mask, face shield, shoe coverings and gloves outside of the droplet precaution room. She stated the staff should take the PPE off, place it in a red biohazard bag inside the room, perform hand hygiene, and then exit the room. The above observations were reviewed with S3CNASUP. She stated the staff should not enter and exit a droplet precaution room multiple times without donning and doffing PPE or performing hand hygiene. She confirmed the staff should not reach out of a room into a clean container for needed items without doffing PPE and performing hand hygiene. She confirmed staff should not exit the room in used PPE without performing hand hygiene and access items on the clean linen cart. She stated the staff should have made sure the needed containers and bags were in the room prior to starting care, and should not have exited the room with a used gown on to bring items to the laundry room. She stated all staff had been trained on wearing a mask and should know it should cover their mouth and both nares. Review of the clinical record revealed R2 was admitted to the facility on [DATE] and resided in Room B. R2 was placed on droplet precautions after her roommate tested positive for COVID-19 on 08/01/2020. An observation and interview was conducted with S3CNASUP on 08/04/2020 at 11:14 a.m. S3CNASUP was observed donning PPE and entered Room B. A HK was observed bringing a red biohazard bag to room B. After exiting the room, S3CNASUP</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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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>stated R4 was placed on droplet precautions after her roommate tested positive for COVID-19 over the past weekend. She stated Room B did not have a container lined with a red biohazard bag in the room for staff to discard used PPE. She stated Room B did not have a container lined with a melt away laundry bag soiled for linens. She confirmed Room B should have had both containers and both bags inside the room. Review of the clinical record revealed R3 was admitted to the facility on [DATE] and resided in Room C. R3 was placed on droplet precautions after her roommate tested positive for COVID-19 on 08/01/2020. An observation and interview was conducted with S2ADON on 08/04/2020 at 11:28 a.m. S2ADON was observed bringing a container lined with a red biohazard bag towards room C. She stated she was making sure Room C had the container and bag. S2ADON was observed donning PPE and entered Room C. After exiting the room, she stated R3 was placed on droplet precautions after her roommate tested positive for COVID-19 over the past weekend. She stated Room C did not have a container lined with a red biohazard bag in the room for staff to discard used PPE. She stated Room C did not have a container lined with a melt away laundry bag for soiled linens. She confirmed Room B should have had a container lined with a red biohazard bag, but it did not need a container for the melt away laundry bag. She stated the staff that normally handled the biohazard supplies was out with COVID-19. She stated the facility was out of containers to put the red biohazard bags in and that was why they were not in the rooms. An interview was conducted with S1ADON on 08/04/2020 at 11:36 a.m. She stated each resident on droplet precautions should have a container lined with a red biohazard bag in the room. She also stated the isolation rooms should have a melt away bag in it. She stated the melt away bags with soiled linens should be placed on the floor in the room for laundry to pick up. Review of the clinical record revealed R4 was admitted to the facility on [DATE] and resided in Room D. R4 was placed on droplet precautions after his roommate tested positive for COVID-19 on 08/01/2020. An observation was made of Room D on 08/03/2020 at 11:41 a.m. The room was observed to have a yellow sign and an orange sign stating Droplet Precautions on the door. The door was fully opened. R4 was observed sitting inside Room D approximately 6 feet from the open door without a facemask on. S3CNASUP and another staff member were standing approximately 10 feet away from the open door. An interview was conducted with S3CNASUP On 08/03/2020 at 11:42 a.m. She stated doors should be closed if a resident was on droplet precautions. She stated R4 had been placed on droplet precautions after his roommate tested positive for COVID-19 over the past weekend. She confirmed R4's doors was open and should have been closed. An interview was conducted with S1ADON on 08/03/2020 at 12:59 p.m. She stated there were five residents in the facility on droplet precautions with a yellow status. She stated all five (R1, R2, R3, R4, and R5) residents were placed on droplet precautions after their roommates tested positive for COVID-19 on 08/01/2020. The above observations were reviewed with S1ADON. She stated all staff should perform hand hygiene, put on a gown, gloves, mask, and eye protection before entering a droplet precaution room. She stated all staff should discard used PPE prior to exiting the room and place it in a container lined with a red biohazard bag. She stated staff should doff used PPE and don new PPE each time they enter and exit an isolation room. She stated hand hygiene should be performed each time staff enter and exit the rooms. She stated laundry staff should pick up the soiled linen and CNA should not have brought it out of the room. She stated all staff had been trained on how to wear a mask and confirmed it should be covering the mouth and both nares. S1ADON reviewed the isolation policy regarding linens and stated she was not aware the rooms should have a container for the melt away laundry bags to be placed in. She confirmed the above observations were not acceptable infection control practices.</p>		