

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER RINGGOLD NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 2501 KENNETH STREET RINGGOLD, LA 71068	
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 observations and interviews the facility failed to ensure staff and facility practices were consistent with current infection control principles and practices by failing to ensure proper infection control techniques were practiced: - During appropriate PPE (personal protective equipment) usage in resident isolation rooms. - With the specification of the type of isolation precautions for resident isolation rooms. Findings: Appropriate PPE usage: Observation on 9/14/2020 at 9:57am revealed S4 Housekeeping cleaned isolation room [ROOM NUMBER] without a face shield in place. Further observation revealed S4 Housekeeping exited the isolation room with gown and gloves in place, go to the housekeeping cart parked across the hall to retrieve a wet mop and re-enter isolation room [ROOM NUMBER] to mop the floor. During an interview on 9/14/2020 at 10:09am S4 Housekeeping acknowledged room [ROOM NUMBER] was an isolation room and she did not doff the gown and gloves prior to exiting the room to retrieve a wet mop. S4 Housekeeping confirmed she should have doffed the gown and gloves, disposed of them in red biohazard box prior to exiting room [ROOM NUMBER], sanitized her hands, retrieved a wet mop, and donned a gown and gloves prior to re-entering room [ROOM NUMBER] with the wet mop. S4 Housekeeping further acknowledged she did not have on a face shield and should have had one on. During an interview on 9/14/2020 at 12:45pm S2 Infection Control Nurse acknowledged all isolation rooms in the facility were on droplet precautions and Housekeeping staff should wear a face shield when entering an isolation room. S2 Infection Control Nurse further confirmed PPE worn inside an isolation resident room should be removed and placed in the red biohazard bag inside the resident room prior to exiting. Observation on 9/14/2020 at 11:10am revealed S5 CNA (certified nursing assistant) entered isolation room [ROOM NUMBER] wearing a face mask only and closed door behind her. Further observation revealed signage on the outside of the door stated ISOLATION ROOM and PPE cart with supplies was outside of the door on the hallway. During an interview on 9/14/2020 at 11:15am S5 CNA reported she went to resident room [ROOM NUMBER] to answer the call light and acknowledged she failed to don the appropriate PPE from PPE cart before entering the room. S5 CNA acknowledged she should have put on gown, gloves and face shield before she entered the resident's room and she did not. S5 CNA confirmed she had received training on the use of PPE. During an interview on 9/14/2020 at 1:00pm S1 Administrator confirmed all isolation rooms in the facility were on droplet precautions and appropriate PPE should be worn upon entering an isolation room. Specification of the type of isolation: Observation on 9/14/2020 of all isolation resident rooms in the facility revealed signage on the door: - ISOLATION ROOM - Please Check With Nurse Before Entering Room During an interview on 9/14/2020 at 12:40pm S2 Infection Control Nurse acknowledged the signage on the doors of all resident isolation rooms failed to specify the type of isolation. S2 Infection Control Nurse confirmed all isolation rooms should be specified as Droplet Precautions. During an interview on 9/14/2020 at 1:00pm S1 Administrator confirmed all isolation rooms in the facility were on droplet precautions.		
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.