

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER LAKE CHARLES CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2701 ERNEST STREET LAKE CHARLES, LA 70601	
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 0623 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to have copies of resident's transferred to the hospital and discharged from the hospital reported to the State Ombudsman as evidenced by failing to have documentation reported to the state ombudsman for 4 of 4 residents (#19, #45, #88, #148). Findings: Resident #19: Review of the record revealed on 03/02/2020 at 11:31 a.m., and on 01/27/2020 resident #19 was hospitalized for [REDACTED]. #45: Review of the record revealed resident #45 was transferred to the hospital on [DATE], on 12/28/2019, and on 11/01/2019. During an interview with S12LPN on 03/04/2020 at 11:47 a.m., she stated the resident went to the hospital in November for altered mental status. On 03/04/2020 at 10:47 a.m., S1ADM reported there were no written notifications of reasons any residents (#19, #45), who were transferred to the hospital reported to the state ombudsman since 2018.</p> <p>Resident #88: Review of the Hospital List for the past 120 days revealed resident #88 was transferred to the hospital on [DATE] and on 12/20/2019. Review of the Nurse Notes revealed resident #88 was transferred to the hospital and had hospital stays from [DATE] to 11/29/2019 and from 12/20/2019 to 0[DATE]. In an interview on [DATE]20 at 2:43 p.m., S10SSD reported S11BOM is responsible to report the reason why any resident is transferred to the hospital in writing to the state ombudsman. During an interview held on [DATE]20 at 2:30 p.m., S4LPN reported the facility is not required to send the state ombudsman the reasons why residents are transferred to the hospital in writing. Resident #148: Review of the Hospital List for the past 120 days revealed resident #148 was transferred to the hospital on [DATE]. Review of the Nurses Notes revealed resident #148 was sent to the hospital on [DATE] and remained in the hospital until 0[DATE]20. On 03/04/2020 at 10:47 a.m., S1ADM reported there were no written notifications of reasons any resident including residents (#88, #148) being transferred to the hospital reported to the state ombudsman from July of 2018 through March of 2020. In an interview conducted on 03/04/2020 at 10:18 a.m., S9SS and S10SSD both denied reporting in writing the notices of any resident's hospital transfers to the state ombudsman in the past year, 2019. S10SSD reported there were no notifications of resident #88's reasons for their transfers to the hospital on [DATE] and/or on 12/20/2019 or for resident #148's reason for hospital transfer on 0[DATE] since previous Social Service Assistant left the facility in 2018 to currently in 2020. During a telephone interview conducted on 03/04/2020 at 10:01 a.m., State Ombudsman reported she has not received any written and/or verbal reports of the reasons for resident's including residents (#88's, #148's) hospital transfers for a long time. State Ombudsman denied knowledge of how long she has not received written notifications of reasons for resident's hospital transfers from facility since the previous Social Service Assistant left the facility. An interview held on [DATE] at 2:45 p.m., S11BOM reported she does not provide reasons of why any resident including residents (#88, #148) were transferred to the hospital in writing to the state ombudsman in the past year, 2019. S11BOM denied knowledge of who or whom is responsible to provide the state ombudsman in writing the reason of why any resident in the facility is transferred to the hospital.</p>		
F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure the contracted pharmacist performed medication regimen reviews (MRR) on all medications and failed to present to the prescribing physician recommendations for gradual dose reductions (GDR) for 4 (Resident #16, 40, 88, 108) of 6 (Resident #16, 40, 88, 108, 116, 144) residents whose charts were reviewed for the Unnecessary Medication care area. This deficient practice has the potential to affect 121 residents who are currently prescribed [MEDICAL CONDITION] medication. Findings: Resident #16 Record review of Resident #16's physician orders [REDACTED]. Resident #16 was on two [MEDICAL CONDITION] medications: [REDACTED]. Review of the March 2020 orders revealed Resident #40 had been prescribed the following [MEDICAL CONDITION] medications: [REDACTED]#40, failed to produce any evidence that any of these [MEDICAL CONDITION] medications had been considered for review.</p> <p>Resident #108 Record review of Resident #108's chart revealed no evidence of recommendations for gradual dose reductions during 2019 and 2020. A review of March 2020 Physician order [REDACTED]. On 3/04/2020 at 10:36 a.m. a phone interview with S8RPH was conducted. S2DON was present with the surveyor during the interview. S8RPH stated that in his belief it was not good pharmaceutical practice to recommend a dose reduction for elderly, demented, or residents with behaviors. S8RPH stated in his opinion, residents that were managed by a psychiatric health care provider did not meet the necessities for him to make recommendations. S8RPH confirmed he did not perform the requirements of recommended gradual dose reductions. S8RPH stated he did not agree with the regulation but understood it.</p> <p>Resident #88: Record review of the physician's orders [REDACTED]. Resident #88 is on two [MEDICAL CONDITION] medications: [REDACTED]. There was no documented evidence of medication regimen reviews conducted during 2019 or 2020 by S8RPH from 09/21/2019 to 03/04/2020 noted in the Pharmacy Binder. On 03/04/20 at 8:29 a.m., S8RPH was interviewed on the telephone with S2DON present. S8RPH reported GDR are addressed with recommendations of medication every 3 to 4 months. If resident sees a Psychiatrist, S8RPH does not do GDR because the medications are managed/monitored/reviewed/revised by the Psychiatrist, not by him, the Pharmacist. If residents are Younger/Older, S8RPH does not request GDR for [MEDICAL CONDITION] medications. If resident's have a Psychiatric [DIAGNOSES REDACTED]. S8RPH also takes into consideration the resident's age like resident #88, who is in his 50s (fifties) and does not warrant GDR for his [MEDICAL CONDITION] medications. During an interview held on 03/04/2020 at 08:47 a.m., S2DON verified there was no documented evidence of GDR with recommendations from S8RPH regarding resident #88's [MEDICAL CONDITION] medications from 01/07/2019 to 03/04/2020. S2DON confirmed there was no documented evidence resident #88's medications had medication regimen reviews by S8RPH from 09/21/2019 to 03/04/2020.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure an effective Infection Control Program designed to prevent the transmission of infectious diseases was followed for 2 (8, 88) of 7 (8, 88, 108, 133, 38, 115, 43) residents monitored for capillary blood glucose with glucometers. Staff failed to properly disinfect/clean glucometer machines before and after use on each resident with a germicidal agent to kill bloodborne pathogens. Findings: A review of the facility's user guide for the glucometer being utilized by the facility to conduct blood glucose monitoring presented by S1Administrator was conducted and revealed, on page 45 of the glucometer instructions: Cleaning the Meter: Clean the outside of the ____ (meter) with a damp cloth and mild soap/detergent. Keep the test strip port from getting wet. Cleaning the Test Strip Port: If you Test Strip Port is stained with blood, control solution or any liquid, please use a dry tissue or alcohol swab to clean it up immediately. Do not use anything wet to clean. Review of the facility policy/procedure for Obtaining a Fingerstick Glucose Level #18 read Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice. A review of C[CONDITION] Code of Federal Regulations Universal Infection Control Standard Precautions revealed in part: Infection Prevention practices that apply to all residents, regardless of suspected or confirmed [DIAGNOSES REDACTED]. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g. properly clean and disinfect or sterilize reusable equipment including blood glucose meters, before use on another patient). Blood glucose meters, can become contaminated with blood and, if used for multiple residents, must be cleaned and disinfected after each use according to manufacturer's instructions for multi-patient use. An excerpt from FDA guidance for manufacturers regarding appropriate products and procedures for cleaning and disinfection of blood glucose meters reads: The disinfection solvent you choose should be effective [MEDICAL CONDITION],[MEDICAL CONDITION], and [MEDICAL CONDITION] virus. Outbreak episodes have been largely due to transmission of [MEDICAL CONDITION] and [MEDICAL CONDITION]. Please note that 70% [MEDICATION NAME] (alcohol) solutions are not effective against [MEDICAL CONDITION] Bloodborne pathogens. A review of the CDC Website revealed that following information regarding decontamination of Blood Glucose Monitors and the [MEDICAL CONDITION] Virus: Infectious agents, such as the [MEDICAL CONDITION] Virus, can be transmitted through indirect contact transmission, even in the absence of visible blood. Indirect contact transmission is defined as the transfer of an infectious agent from one patient to another through a contaminated intermediate object (e.g., blood glucose meter). With some blood glucose meters that require pre-loading of the test strip, the device may come into direct or close contact with the patient's fingerstick wound. If blood is transferred from the patient to the meter, and the meter is not cleaned and disinfected after use, subsequent patients can be exposed to this blood when the meter is used on them. Indirect contact transmission can also occur even if the patient never directly contacts the meter. For these reasons, blood glucose meters should be cleaned and disinfected after each use, unless they are dedicated to a single patient and appropriately stored to prevent inadvertent contamination. A review of the OSHA Bloodborne Pathogen Standards included that all equipment should be cleaned and decontaminated with an appropriate disinfectant after contact with blood or other potentially infectious materials. EPA-registered disinfectants labeled as effective against Bloodborne Pathogens should be used. During an interview on [DATE] at 9:28 a.m., S3RN obtained individually wrapped alcohol pads from the top drawer of the medication cart and stated that she wiped down the glucometer machine before and after each use with individually wrapped alcohol pads. On [DATE] at 3:35 p.m., S6LPN was observed obtaining a capillary blood glucose from Resident #88. S6LPN brought the glucometer machine and 2 alcohol prep pads into Resident #88's room. S6LPN was not observed cleaning/disinfecting the machine prior to going into the room. S6LPN cleaned the resident's thumb with an alcohol swab and allowed the thumb to dry for 10 seconds. After obtaining the resident's capillary blood glucose, S6LPN swabbed the glucometer with an alcohol swab. S6LPN stated she had been working at the facility since 2018 and verified she cleaned the glucometer with an alcohol swab after each resident use, adding she used the germicidal wipes only if she noticed blood on the glucometer machine. On [DATE] at 3:48 p.m., S5LPN was observed obtaining a capillary blood glucose measurement from Resident #8. S5LPN used alcohol swab to clean the left pointer finger of the resident and collected the blood sample using a test strip and the glucometer. After the procedure, S5LPN used an alcohol swab to clean the machine. S5LPN stated she has been working at the facility for three or four years and used alcohol preps to clean the glucometer after each resident use. If blood was visually noted on the machine, she used the germicidal wipe. On [DATE] at 2:36 p.m., when questioned regarding the appropriate way to clean the glucometer machine, S2DON stated the nurses' were to use germicidal wipes provided by the facility to wipe down the glucometer before and after each use. S2DON also stated the facility did not have a specific policy for cleaning the glucometer, but followed the manufacturer's instructions, and use germicidal wipes to protect against blood borne pathogens. S2DON was informed of the use of alcohol wipes by some nurses in the facility and S2DON agreed the use of alcohol wipes to clean/disinfect the glucometers before and after use was not appropriate or acceptable.</p>		
F 0908 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Keep all essential equipment working safely. Based on observation and interview, the provider failed to maintain kitchen equipment in safe operating condition. This deficient practice had the potential to effect all who consumed meals and/or beverage prepared and served from the facility kitchen. Findings: At 10:14 a.m. on 03/01/2020, S7DM was asked to demonstrate the use of the mechanical dishwasher in order to inspect its operating condition. The manufacturer and model of this particular washer was identified on the front of the machine, and according to the manufacturer, a successful wash cycle required water temperatures reach a minimum of 120 degrees Fahrenheit in combination with a sanitizing agent that is injected into the system. Verified by S7DM, three consecutive cycles resulted in temperatures of 111, 114, and 118 degrees Fahrenheit, each failing to reach the minimum required temperature of 120 degrees Fahrenheit. S7DM voiced an understanding that this particular wash system requires a minimum temperature of 120 degrees Fahrenheit be achieved for satisfactory cleaning results.</p>		