STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195603	A. BUILDING _____ B. WING _____	**07/01/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BAYOU VISTA COMMUNITY CARE CENTER	**323 EVERGREEN HWY BUNKIE, LA 71322**

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 record review and interview the facility failed to maintain an infection prevention program to ensure a safe and sanitary environment and prevent transmission of communicable disease and infection, by failing to properly screen staff prior to entrance into the facility. The facility census was 46. Findings: Review of the facility's Infection Control Interim Policy for Coronavirus revealed all employees are screened for history of travel, exposure, and respiratory symptoms upon each entry to the facility. Interview on 06/29/2020 at 9:59 a.m. with S2 LPN revealed she worked 6:00 a.m. to 6:00 p.m. shift on the weekends. She revealed the facility did not have anyone sitting at the door entrance to perform screening on the weekends. She stated she was screened at the nurse's station by the night nurse, and it was herself or the ward clerk who had the responsibility of screening oncoming staff on the 6:00 a.m. to 6:00 p.m. shift at the nurses' station. A telephone interview with S3 CNA on 07/01/2020 at 10:18 a.m revealed she worked the 6:00 a.m. - 2:00 p.m. shift, 4 days on and 2 days off. She stated she put her mask on before she walked into the facility. She further stated when she worked on weekdays, she was screened with a temperature check and questionnaire upon entrance at the front door, but when she worked on Saturday or Sunday, she walked to the nurses station to be screened, and the ward clerk did the screening. A telephone interview with S4 CNA on 07/01/2020 at 10:35 a.m. revealed she worked the 6:00 a.m. - 2:00 p.m. shift and alternated week-ends. She stated she wore her mask into the facility, had her temp checked and answered questions immediately after she entered the building, near the front door, on weekday mornings. She further stated when she worked on Saturday and Sunday, she was screened at the nurses station instead of the front entrance by the Ward Clerk or the Nurse. Interview on 07/01/2020 at 12:51 p.m. with S1 DON revealed the facility had a door watcher Monday thru Friday from 6:00 a.m. to 10:00 p.m. She stated the door watcher screened the person at the door. She stated once the screening was completed, staff would be allowed to clock in prior to changing into their work clothes. However, S1 DON revealed from 10:00 p.m. to 6:00 a.m. on Monday thru Friday and on the weekends the facility did not have a door watcher. She stated it was the ward clerk and the night nurse's responsibility to open the door and conduct the screening at the door on all staff. Further interview with S1 DON revealed the facility used the front entrance only and staff/visitors are not allowed to go beyond door entrance without being screened. S1 DON revealed the facility's policy did not specify where to check temps; however, checking temps at the door entrance was an extra step the facility added to catch positive staff or visitors. She revealed all staff wore masks prior to entrance. A telephone interview on 07/01/2020 at 1:34 p.m. with S5 Cook/ Dietary revealed she worked 5:00 a.m. to 1:00 p.m. in the kitchen as a cook. She stated the night nurse (S6 LPN) would open the door, but would check her temperature at the nurse's station. However, on the weekend S2 LPN and S7 LPN made her check her own temperature at the nurse's station. She revealed a few weeks ago, S2 LPN opened the front door, however, S2 LPN was too busy to find the thermometer for her to check her temperature. She stated after waiting for several minutes she had to leave for the kitchen to start the breakfast. She stated her temperature was checked at the end of the day. Interview on 07/01/2020 at 4:20 p.m. with S1 DON revealed it was staff responsibility to ensure the nurse obtained their temperature prior to the start of their shift. She stated if the nurse was too busy, the staff needed to wait on the nurse. S1 DON confirmed that when employees entered the facility, they should be screened immediately upon entrance and should not have to walk to the nurses station to be screened. She further confirmed that no employee should proceed to their assigned area without first being screened.

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.