STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195390	A. BUILDING _____ B. WING _____	**06/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILLTOP NURSING & REHABILITATION CENTER	**336 EDGEWOOD DRIVE PINEVILLE, LA 71360**

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 observation, interview, and record review, the facility failed to maintain an infection prevention program to ensure a safe and sanitary environment and help prevent the transmission of communicable diseases and infection, by failing to properly store biohazard materials; failing to establish written policies/procedures for prevention of infections for environmental cleaning on isolation units; and failing to have a system of surveillance in place for environmental cleaning of isolation units. 1. Observation on 06/15/2020 at 11:00 a.m. of the exterior entrance porch of the COVID-19 isolation unit revealed 4 large red biohazard bags and 2 yellow bags, both securely closed, 1 covered metal garbage bin lined with a red biohazard bag, and 4 open cardboard boxes that contained bundled up PPE materials, including disposable shoe covers with brown material on them. There was no fencing or gate to secure the area from the street, which was approximately 20 feet from the biohazard materials. Interview with S1 Administrator on 06/15/2020 at 11:30 a.m. revealed he retrieved the biohazard bags from the porch every morning and transported them to the appropriate areas with his 4-wheeler. He stated he had a busy morning and had not picked up the items yet. He stated there should not have been any unsecured PPE items in cardboard boxes, and they should have been in biohazard bags. Observation on 06/16/2020 at 8:00 a.m. of the exterior porch of the COVID-19 isolation unit revealed 2 red biohazard bags and 1 yellow bag, both securely closed, and a metal garbage bin with a lid, lined with a black garbage bag. Observation and interview on 06/16/2020 at 12:10 p.m. with S2 DON of the same exterior porch revealed 3 red biohazard bags, 1 yellow biohazard bag, and the metal garbage bin lined with a black garbage bag, partially closed, with a soiled disposable shoe cover and other unidentified PPE items hanging over the side of the bin. S2 DON confirmed the findings and stated the metal garbage bin should have been lined with a red biohazard bag and should have been securely closed. She further confirmed the biohazard materials should not have been left in an unsecured area for extended lengths of time. Interviews with S3 LPN and S4 CNA on 06/16/2020 at 12:12 p.m. revealed they arrived for their shifts on the COVID-19 unit just before 7:00 a.m., and both stated the biohazard bags were sitting on the porch when they arrived. Both S3 LPN and S4 CNA stated they did not recall putting any garbage out since they arrived that morning. Observation and interview with S1 Administrator on 06/16/2020 at 12:15 p.m. revealed he was riding an ATV toward the exterior porch of the COVID-19 unit. He wore a mask, face shield, gloves, and isolation gown. He stated he had not picked up the biohazard garbage and linens this morning because he had been busy with overseeing the movement of residents in and out of the unit. He confirmed that he had not picked up the items since yesterday at noon. He stated he had not thought about the biohazard materials being in an unsecured area and the items should not have stayed there for extended periods of time, accessible to anyone walking on the street. He further stated he placed a black garbage bag in the metal garbage bin when he gathered the trash yesterday because he did not have a red bag with him. He confirmed the bin should have been lined with a red biohazard bag. 2. Interview with S5 Housekeeping Supervisor on 06/15/2020 at 10:15 a.m. revealed when a resident was transferred from a regular room into the COVID-19 unit, she was the first to clean the room. She stated she donned an isolation gown, N95 mask, face shield, and gloves and sprayed a no-rinse sanitizer named K-Quat on the floors, walls, linens, knick knacks, furniture, and bathroom. She further stated she repeated the process for 2 or 3 days before she allowed a housekeeper to go in and clean the room. She stated the housekeepers did not use the K-Quat. She further stated that she had provided no in-services to inform the housekeepers that they were to wait until the spraying of K-Quat was completed before they were to clean the room. Interview on 06/16/2020 at 10:07 a.m. with S3 LPN revealed she only worked in the COVID-19 isolation unit. She stated her duties included administering medications, obtaining vital signs on the 2 residents every 4 hours, and assisting the CNA with cleaning the unit. She stated she was instructed by S1 Administrator and S6 Assistant Administrator to clean the unit when she arrived and at the end of her shift. She stated she used Sani Chlor wipes to clean all surfaces, and the CNA mopped using a disposable mop pad with a pre-mixed spray solution twice a shift. She stated S1 Administrator provided the cleaning supplies and she did not know the name of the solution they mopped with, nor did she know the kill time. She further stated she had no written guidelines, cleaning schedule or log book on which she or the CNA documented their cleaning. Interview on 06/16/2020 at 10:30 a.m. with Resident 1, who resided in the COVID-19 unit, revealed she had been in the isolation room for about a month and that no one had come in to mop or clean her room or bathroom since she had been admitted there. She further stated she had not told anyone about it, because S1 Administrator had been very accommodating to her and provided her with a phone, a television, and special food items she requested. Review of Resident 1's 5 day Medicare MDS assessment dated [DATE] revealed a BIMS score of 15 (cognitively intact). Interview on 06/16/2020 at 10:50 a.m. with S6 Assistant Administrator revealed the facility had no CNA supervisor, but she and S2 DON were in charge of the CNAs. She stated both she and S1 Administrator instructed all nurses and CNAs who worked the COVID-19 unit that they would have to perform all cleaning duties, as there would be no housekeeper for the unit. She further stated she instructed them to clean all floors and surfaces with Spic & Span, which had a 10 minute kill time. She stated there was no protocol, guidelines, or log book for cleaning the unit. Interview on 06/16/2020 at 12:50 p.m. with S8 Housekeeper revealed she was on the way to clean the room of a resident who had been transferred to the COVID unit this morning. She stated she had to gown up, wear gloves, don a new N95 mask, and a face shield before she entered the room. She stated wearing her PPEs was the only thing she did differently when cleaning a COVID-19 room than when cleaning a regular room. She held up a spray bottle with no label and stated she sprayed it on surfaces and on the floor to clean and mopped with a disposable mop pad. She stated she was not told to wait until her supervisor sanitized the room before she cleaned it. Interview on 06/16/2020 at 1:10 p.m. with S5 Housekeeping Supervisor revealed she was told to sit in the Social Services Director's office while she was out for lunch. She stated she was told by nursing staff at approximately 10:00 a.m. that the room of a resident who was transferred to the unit needed to be cleaned. She further stated that she had not been able to do so because she kept getting called to do different things. She stated she was not aware that S8 Housekeeper went to clean the room. She further stated, She must have heard us talking in the nurse's station about that room, so she went to clean it before I was able to get to it. She stated she should have instructed S8 Housekeeper to wait until she sprayed the K-Quat to clean it. Interview with S9 LPN on 06/16/2020 at 2:00 p.m. revealed she assisted S7 Infection Control Nurse with COVID-19 infection control measures. She stated she was not sure who was assigned to clean the COVID isolation unit and had no idea what they used to clean or how often they cleaned. She further stated she thought S5 Housekeeping Supervisor was in charge of that. Interview with S7 Infection Control Nurse on 06/16/2020 at 2:30 p.m. revealed she thought the CNA who worked in the COVID isolation unit did the cleaning. She stated she did not know what solutions were used to clean, how often the staff cleaned, or if any surveillance of the unit's cleaning was being done. She further stated there were no guidelines for cleaning or cleaning log being completed, and there should have been. Interview with S10 LPN on 06/16/2020 at 10:30 p.m. revealed she arrived to work at 7:00 p.m. and would be working a 12 hour shift, as would the CNA working with her. She stated she cleaned all surfaces at the start of her shift and before leaving, as instructed by S2 DON and S6 Assistant Administrator. She further stated she cleaned with Sani Chlor wipes. She was not aware of the name or kill time of the spray cleaner used to mop with. She stated she had no

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 -** Some	(continued... from page 1) written guidelines or schedule from which to refer to for cleaning, and there was no cleaning log in the unit. Interview with S11 CNA on 06/16/2020 at 10:40 p.m. revealed she felt that cleaning was just common sense, and she needed no specific instructions on cleaning the unit. She stated she did not know the name of the cleaning solution she used to mop with and was not sure of the kill time.