STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195497	A. BUILDING _____ B. WING _____	**07/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIVERVIEW CARE CENTER	**4820 MEDICAL DRIVE BOSSIER CITY, LA 71112**

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 observations and interviews the facility failed to ensure proper infection control measures were practiced to prevent the development and transmission of communicable diseases and infections by failing to: 1. Ensure staff removed contaminated gloves upon exiting COVID 19 unit, 2. Prevent cross contamination which resulted from staff touching items outside of the COVID 19 unit with contaminated gloves, and 3. Perform handwashing or use hand sanitizer after removing gloves and touching contaminated items. Findings: 1. Observation on 7/14/2020 at 10:45 AM revealed S2 CNA (Certified Nursing Assistant) exited the COVID 19 unit with contaminated gloves and touched packing tape gun which was then placed on top of the wound treatment cart. 2. Observation on 7/14/2020 at 10:45 AM revealed S2 CNA retrieved and returned scissors from nursing station with contaminated gloves. 3. Observation on 7/14/2020 at 10:45 AM failed to reveal S2 CNA disinfect packing tape gun, scissors or top of wound treatment cart after coming in contact with contaminated gloves. 4. Observation on 7/14/2020 at 10:45 AM failed to reveal S2 CNA use hand sanitizer or wash hands after removing gloves and after touching contaminated packing tape gun. During an interview on 7/14/2020 at 10:45 AM S2 CNA confirmed she should have removed her contaminated gloves before handling packing tape gun and disinfected the gun after using it and she did not. S2 CNA further confirmed she should not have placed the contaminated packing tape gun on the wound treatment cart and she did resulting in cross contamination. S2 CNA acknowledged she should not have handled the scissors with contaminated gloves and then return the scissors to the nursing station with contaminated gloves and she did. During an interview on 7/14/2020 at 11:00 AM S1 ADON (Assistant Director of Nursing) confirmed S2 CNA should have removed contaminated gloves before touching packing tape gun and scissors upon exiting the COVID 19 unit and CNA did not. ADON further confirmed S2 CNA should not have placed contaminated items on wound treatment cart and S2 CNA should have used disinfectant on the scissors, packing tape gun and wound treatment cart after cross contamination occurred and CNA did not.

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.