

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER RIDGECREST COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1616 WELLERMAN ROAD WEST MONROE, LA 71291	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment by failing to follow facility policy regarding COVID prevention. Census is 87. The facility has 7 COVID positive residents and 3 presumptive COVID positive on the COVID unit. Findings: On 07-20-2020 at 3:15PM, observation of the 200 hall revealed S3 LPN (Licensed Practical Nurse) exiting the COVID unit and entering the front of the 200 hall into the main building. Further observation revealed she was wearing dark colored [MEDICATION NAME] mask and no other PPE (personal protective equipment). On 07-20-2020 at 3:53PM, interview with S2 DON (Director of Nursing) revealed that once staff enter the COVID unit they must exit out the back of 200 unit and cannot reenter the front (200 hall) into the main building. Further interview with S2 DON at this time revealed that S3 LPN should not have reentered back into the main building. On 07-20-2020 at 3:20PM, interview with S4 Certified Nursing Assistant on the 200 Hall revealed that she was observed to pull down her mask exposing her face and nose when conducting interview with surveyor. Surveyor instructed her that she needed to place her mask properly due to area in close proximity to the COVID unit and recent COVID positive residents from the 200 Hall. On 07-20-2020 at 3:53PM, interview with S2 DON revealed that staff is never to pull down their mask and not have it properly placed when in the facility.		

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.