

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER OAK WOODS HOME FOR THE ELDERLY		STREET ADDRESS, CITY, STATE, ZIP 1400 DAVENPORT AVENUE MER ROUGE, LA 71261	
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 - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure an effective Infection Prevention and Control Program; including the establishment and implementation of measures to prevent the development and transmission of communicable diseases and infections. This deficient practice had the potential to affect any of the 47 COVID-19 negative residents currently in the facility out of a total census of 63 residents. An Immediate Jeopardy situation was identified by the survey team on 09/14/2020 at 9:00AM when they observed staff members entering the facility for work without having their temperatures checked and / or filling out the questionnaire for symptoms of COVID 19. Interview with the Administrator at this time revealed all staff were responsible for taking their own temperatures and completing their own questionnaire. The facility did not have anyone assigned to the designated area to ensure all staff were completing these requirements upon entrance into the facility. The facility had an increase of 6 staff positive for COVID-19 and an increase of 16 residents positive for COVID-19 beginning on 09/04/2020. There were no COVID-19 positive cases in the facility from 06/08/2020 through 09/03/2020. The Administrator was notified of the immediate jeopardy on 09/14/2020 at 3:50PM. The Immediate Jeopardy was removed on 09/14/2020 at 5:45PM when the facility submitted the following Immediate Jeopardy Plan of Removal which included: 1. Immediate removal a. All exit door codes were changed and only the Administrator will know the codes to ensure every staff comes through the front door. i. This will be completed at 10:00 AM 09/15/2020 b. An employee was immediately placed at the front door to ensure adequate screening, and an employee will be placed there on all shifts. This will be a CNA, nurse, housekeeper or any other employee as designated by Administrator. i. Specific staff will be set in place by the Administrator to take this position. Staff that will be sitting at the front desk will be in-serviced by DON, Administrator and/or Charge Nurse. Administrator will give verbal demonstration on what is to be done and monitored and also a written instruction list to be left at the desk at all times. The competency of these employees will be monitored by DON, Administrator, and or Charge Nurse weekly by a questionnaire. ii. This policy and procedure was set in place at 10:00 AM on 09/14/2020. 2. The root cause of the immediate jeopardy was that proper screening was not completed thoroughly by individuals and employees entering the building. The faults fell on the Administrator and DON not ensuring proper monitoring and supervision of this was taking place. 3. Necessary Changes a. Our policy and procedure will now read that all employees entering the building will have to be screened and monitored adequately by a designated employee assigned to the front desk. Each employee will receive a sticker once they have adequately checked in and met all safe criteria. The sticker will have the date of work written on it. Staff will be randomly checked by Administrator, DON and or designee to ensure each person has a sticker each day with the proper date. b. Any employee that does not check in the proper way will be immediately terminated to ensure safety. c. All staff will be in-serviced on immediate changes on 09/14 and then again on 09/15 until all staff is in-serviced. Administrator will in-service oncoming shift. All staff (including PRN staff) will be in-serviced on 09/15 when their COVID testing takes place. 4. All staff clocked in at work will be monitored every day for 4 weeks and randomly thereafter to ensure that a sticker was given and everyone has checked in adequately and safely. This will be completed by Administrator, DON, ADON, Charge Nurse, and/or designee. A list of the coming on scheduled at the front desk for each department so that all staff may be checked when coming into work. May there be any issues and symptoms, the certain employee will be sent home immediately and the Administrator will be immediately notified. The deficient practice continued at a potential for more than minimal harm for 47 COVID-19 negative residents who resided in the facility. Findings: On 09/14/2020 at 8:45AM upon entrance into the facility, an observation revealed a table set up with a clip board with a document labeled employee shift symptom questionnaire to be completed upon entrance into the facility. Interview with the Administrator at this time revealed all staff are supposed to come through the front door when entering the facility, go to the time clock, check their own temperature and document, answer the COVID-19 screening questions and document under the appropriate column as to yes for symptoms or no if not having any symptoms and clock in for work. The Administrator revealed staff are responsible for documenting their own screening upon arrival to work. Review of the COVID-19 Policy and Procedures in part revealed: A front desk will be set up to monitor all staff and visitors upon coming into the building. All staff must be monitored before coming on shift for temperature, and asked a series of questions that include: 1. Are you showing any flu-like symptoms that include, fever, sore throat, SOB (shortness of breath), and cough? 2. Have you been out of the country or to any hotspots, such as Shreveport or New Orleans in the last 14 days? 3. Have you been in contact with anyone that has been presumed to be positive with the COVID-19 virus? All staff that may answer yes to any of the following questions or may have a temperature will immediately be suspended from work for 14 days. On 09/14/2020 at 9:00AM, observation of the front entrance revealed S4 country store manager came through the front doors, went to the time clock, clocked in without taking her temperature or answering the employee shift symptom questionnaire. She then opened up the country store and immediately assisted resident #1 inside the country store. On 09/14/2020 at 9:10AM, an interview with S4 country store manager confirmed she did not take her temperature or answer the employee symptom questionnaire upon entering the facility. On 09/14/2020 at 10:00AM, copies were obtained of the employee shift symptom questionnaire and the time card report for 09/14/2020. Review of the time card reports revealed there were 33 staff on duty on 09/14/2020 for the day shift. Review of the employee shift symptoms questionnaire for 09/14/2020 revealed there were 7 staff members that clocked in that did not document answering the COVID-19 questionnaire after taking their temperature and there were 13 employees that were clocked in per the employee time card report for 09/14/2020 but did not document completing the screening process at all to include taking their temperature and answering the COVID-19 questionnaire. Review of the tracking and trending forms of the COVID-19 positive cases from 06/08/2020 until 08/26/2020 revealed the facility had no known cases of COVID-19 and starting on 09/04/2020 there has been an increase of 6 staff positive for COVID-19 and an increase of 16 residents positive for COVID-19. On 09/14/2020 at 10:15AM, further interview with the Administrator revealed they do not have a specific person that sits at the front door to screen all employees and the nurse that works the hall closet to the front door generally watches the door but there is no specific real time monitor in place. She further revealed that the log in sheets are checked at the beginning of the day for the prior day but they were only checking to see if a temperature was recorded and not checking to ensure staff were completing the COVID-19 questionnaire. On 09/14/2020 at 10:50AM, interview with S5 housekeeper revealed when she arrives to work she enters through the front door, sanitizes her hands, clocks in, takes her temperature and writes that down and then goes to work. Review of the employee shift symptom questionnaire revealed no documentation by S5 housekeeper that she completed the screening process for COVID-19 upon entrance into the facility on [DATE]. Further interview with S5 housekeeper at that time confirmed she did not document completing the screening process upon entrance into the facility on [DATE]. On 09/14/2020 at 11:15AM, interview with S7 SSD (Social Services Director) revealed she enters the building through the back door by the 600 hall which is only used by Administrative staff, she goes to the time clock and clocks in and takes her temperature. She further revealed she does not document anything else while clocking in for work. Review of the employee shift symptom questionnaire revealed no documentation by S7 SSD that she completed the screening process for COVID-19 upon entrance into</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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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>the facility on [DATE]. Further interview with S7 SSD at that time confirmed she did not document completing the screening process upon entrance into the facility on [DATE]. On 09/14/2020 at 11:30AM observation of the door on the 600 hall that S7 SSD enters revealed there was no thermometer or screening station located by the door and the staff members have to walk down the 600 hall, across the foyer of the building to the time clock. On 09/14/2020 at 3:45PM, interview the Administrator and DON (Director of Nurses) both confirmed they did not perform the screening process for COVID-19 when entering the facility 09/14/2020. Further interview with the Administrator and DON both confirmed they have recently had an increase in 6 staff and 16 residents test positive for COVID-19 starting on 09/04/2020. The facility had been COVID-19 free from 06/08/2020 until the 09/01/2020 weekly testing for COVID-19 showed this increase in positive COVID-19 cases on 09/04/2020 (date received test results).</p>		