STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195525	A. BUILDING _____ B. WING _____	**08/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTWOOD MANOR NURSING HOME, INC	**714 HIGH SCHOOL DRIVE DERIDDER, LA 70634**

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.** Based on observation, interview, and policy/procedure review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections (COVID-19). The facility failed to ensure staff followed their Infection Prevention and Control Program Policy, Hand Hygiene Policy, and Novel Coronavirus Prevention and Response policy, by failing to ensure staff sanitized their hands between residents during a meal service, and ensure S2 LPN wore a face shield while working on the COVID-19 positive Unit. Findings: 1. Review of the facility's Infection Prevention and Control Program Policy revealed in part .4. Hand Hygiene Protocol: a. All staff shall wash their hands .between resident contacts .after PPE removal . Review of the facility's Hand Hygiene Policy revealed in part .Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection .Hand hygiene is indicated and will be performed .Between resident contacts .Before applying and after removing personal protective equipment, including gloves . Observation on 08/11/2020 at 12:25 p.m. revealed S3 CNA was passing meal trays on the 2nd hall. S3 CNA was observed setting up R1s meal tray on the over bed table and placing a towel over the resident's chest. She left R1s room, went to the meal cart in the hall, obtained another meal tray and brought it to R2 in his room. She placed the meal tray on the over bed table and set it up for R2. S3 CNA did not wash or sanitize her hands after resident contact between R1 and R2. An interview was conducted on 08/11/2020 at 12:27 p.m. with S3 CNA. S3 CNA confirmed she did not sanitize her hands between resident contacts between R1 and R2, and she should have. An interview was conducted on 08/11/2020 at 1:00 p.m. with S1 DON. S1 DON confirmed S3 CNA should have sanitized her hands between resident contacts during meal service. 2. Review of the Novel Coronavirus Prevention and Response policy provided by S4 ADM revealed in part .8. Procedure when COVID-19 is confirmed: b. place resident in a warm isolation area for symptomatic residents. Follow standard, contact, and droplet precautions. c. All staff will don N95 masks, gown, gloves, and eye protection . Interview on 08/11/2020 at 1:36 p.m. with S2 LPN revealed the facility had enough PPE and hand sanitizer and that she could go to the storage room to get additional supplies if needed. She stated PPE and hand sanitizer were kept at the entrance to both COVID-19 Units. She stated that for COVID-19 isolation, a face mask, face shield, gloves, and a gown were worn. S2 LPN stated she did not wear a face shield while working on the COVID-19 Unit, but the CNAs did. The surveyor read the interview back to S2 LPN for confirmation, and S2 LPN confirmed the interview. Interview on 08/11/2020 at 2:04 p.m. with S1 DON, revealed Droplet Precautions were used for the COVID-19 isolation rooms. He stated this required donning a gown, gloves, mask, and face shield and he confirmed S2 LPN should wear a face shield while working in COVID-19 isolation rooms.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE