STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195600	A. BUILDING _____ B. WING _____	**06/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MATTHEWS MEMORIAL HEALTH CARE CENTER	**5100 JACKSON STREET EXT. ALEXANDRIA, LA 71303**

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 0550 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.** Based on observations and interviews the facility failed to ensure residents were free to exercise their right to smoke cigarettes. As a result of the COVID-19 Pandemic, facility residents who smoked cigarettes were prohibited from exercising their right to do so, and were instead given e-cigarettes or patches as an alternative, without determining the residents' preferences and obtaining their agreement, for 5 of 20 residents who smoked. According to the Resident Census and Conditions of Residents Form provided by the facility on 6/15/2020 the census was 94, with 36 COVID-19 positive residents and 58 COVID-19 negative residents. Findings: Observation during the initial tour of the facility conducted on 06/15/2020 at 9:50 a.m. revealed there was no designated area for smoking either inside or outside of the facility. Further observation at this time revealed several residents who resided on a (the wing located on the left side if the facility and the area that housed the COVID-19 negative residents), seated in wheelchairs in their doorways smoking e-cigarettes. Interview on 06/16/2020 at 10:40 a.m. with S2 DON revealed that the facility administration had stopped all cigarette smoking in the home. She stated that the residents were offered e-cigarettes, smokeless tobacco, or nicotine patches as an alternative. She stated there was no policy for this change of practice. She also stated the residents had not been questioned about their preference, or asked if they would agree to stop smoking. Interview on 06/16/2020 at 2:00 p.m. with S1 Administrator revealed he refused to answer the following questions regarding the residents' right to smoke: why residents were no longer able to smoke; why there were no accommodations for COVID-19 positive residents who wished to smoke; why the COVID-19 negative residents were not allowed outside to smoke; when did the facility make the changes in the policy; did they consult with the residents who smoke; and why were smoking changes made. To every question S1Administrator responded yes ma'am. When asked if he was refusing to answer all questions, he replied yes ma'am and walked out of the room. Interview on 06/16/2020 at 2:37 p.m. with R6 who was COVID-19 positive revealed that he was aware of his diagnosis. He was seated in a wheelchair in the open doorway of his room. He confirmed that he was a cigarette smoker and stated that he had not been asked about the discontinuation of smoking. He further revealed that he was not happy that he could not smoke. He stated that he had been given e-cigarettes but he did not like them. Observation on 06/17/2020 at 9:51 a.m. of R2 (COVID-19 negative) revealed the resident seated in wheelchair outside his room on Wing a. Interview of R2 revealed he was COVID-19 negative and a cigarette smoker. He stated he had been smoking since the age of 12. He stated he was not happy that they stopped him from smoking. He stated that he was not asked about his smoking preferences and was told that he could no longer smoke cigarettes. Interview on 06/17/2020 at 9:55 a.m. with R3 (COVID-19 negative) confirmed that she was a cigarette smoker. She stated that she had been given e-cigarettes but she did not like them. She stated that she had not had a cigarette in about 16 days and she would like to smoke a real cigarette. Observation on 06/17/2020 at 10:00 a.m. of Resident #4 and R4 (both COVID-19 negative) revealed the residents in their room watching television and reading a magazine. They confirmed they were cigarette smokers. They stated that their ability to smoke had just stopped. They were not questioned about any decisions concerning smoking and were not asked to fill out or sign any information concerning smoking. They stated they were given e-cigarettes with 2-3 cartridges and when these cartridges ran out they were expected to buy their own. They stated the cartridges were very expensive and would be too costly to continue. They stated the facility told them the no smoking issue was a directive from the state. Interview on 06/17/2020 at 11:30 a.m. with S4 Corporate Administrator revealed that the Fire Marshall had instructed the facility to stop the residents from smoking.
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, record review and interview the facility failed to implement/maintain accepted infection control practices to help prevent and control the spread of an infectious communicable disease (Coronavirus 2019). The facility failed to: follow their written policy and procedure regarding the use of one entrance for screening of persons who may go through the buffer zone (S16 Administrative Staff); failed to follow their policy for using the current Health Screening Tool (S6 RN, S20 CNA, S1 Administrator, S22 CNA, S19 Financial Director, S23 CNA, S24 NAT, S25 RN, S12 SS); failed to follow CDC guidelines and their policy and procedure for return to work of LTC Health Care Workers who tested positive for COVID-19 and were asymptomatic (S6 RN, S8 CNA, S9 Housekeeping, S10 CNA, S11 Housekeeping, S12 SS); failed to ensure a staff who tested positive for COVID-19 was not assigned to provide care to residents who were housed on the wing dedicated for non-infectious residents (S6 RN); failed to ensure housekeeping staff removed PPE when leaving a COVID-19 positive area and entering a COVID-19 negative area (S7 Laundry); and failed to ensure a non-infectious resident was not housed on the facility's COVID-19 positive unit (R1 and R5). There was a total of 5 sampled residents and 6 random sampled residents reviewed for this investigation. According to the Resident Census and Condition of Residents form dated 06/17/2020, the facility's census was 94, with 33 COVID-19 positive residents and 61 non-infectious residents. Findings: Interview of S2 DON on 06/15/2020 at 9:10 a.m. during the entrance conference revealed the facility had a current census of 94 residents and of the 94 residents residing in the facility, 36-38 residents were COVID-19 positive. She stated that b housed COVID-19 positive residents and observation residents (residents receiving [MEDICAL TREATMENT] and/or residents returning from doctor's appointments or hospital visits). S2 DON stated c housed COVID-19 positive residents, observation residents, and clean residents (residents who previously tested positive for COVID-19, and their latest COVID-19 test was negative). S2 DON further stated that a housed COVID-19 negative residents only. 1. Review of the facility's Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) revealed in part . .: Prevent the introduction of respiratory germs INTO your facility: Use one entrance and screen all persons that may go through the buffer zone . . . . . Observation on 06/15/2020 at 8:52 a.m. revealed S16 Administrative Staff entered the facility through the front entrance of the building. S16 did not wash her hands or place a mask on her face prior to entering the building. On 06/15/2020 at 9:00 a.m., surveyors attempted to enter the building through the front entrance as they observed S16 Administrative Staff, but were instructed by staff that the front of the building was not used as an entrance, and that the entrance into the building was at the rear side of the building. Interview on 06/15/2020 at 9:10 a.m. with S2 DON concerning staff entering facility revealed that she was unaware of this matter. She stated that all staff should enter and be screened through the rear/side entrance of the building. Interview on 06/15/2020 at 2:50 p.m. with S17 Administrative Assistant revealed that he was the person sitting at the screening table at the rear/side entrance of the building. He stated that the Health Screenings on the table were for the staff/visitors that had entered the facility on 06/15/2020. After surveyor reviewed the health screenings for 06/15/2020, it was noted that S16 Administrative Staff did not have a screening form. S17 Administrator Assistant confirmed that he had not screened S16 Administrative Staff and that she entered through the front entrance because she was pregnant. Review of the 06/16/2020 Facility Health Screenings revealed no Health Screening for S16

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) Administrative Staff. Surveyor attempted to call S16 for interview and was instructed that she was in a meeting. Interview on 06/16/2020 at 2:15 p.m. with S17 Administrative Assistant revealed that he had worked at the screening desk at the rear/side entrance since 6:30 a.m. on 06/15/2020 and on 06/16/2020, and that he had not screened S16 Administrative Staff on either day. Interview on 06/17/2020 at 9:40 a.m. with a staff member that requested anonymity revealed that the Administrative staff of the facility used the front entrance of the building. Interview on 06/17/2020 at 10:31 a.m. with S17 Administrative Assistant revealed that he had screened everyone that came into the building that morning since 6:30 a.m., and that he had not screened S16 Administrative Staff who must have entered through the front of the building. S16 was seen by surveyors in her office. 2. Review of the facility's Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) revealed in part . : Prevent the introduction of respiratory germs INTO your facility: Use one entrance and screen all persons that may go through the buffer zone using the current Health Screening Form. Review of the facility's Health Screenings from 06/01/2020 to 06/17/2020 revealed numerous incomplete Heath Screening form. The Health Screening forms were missing dates (S22 CNA, S24 NAT, S25 RN, S8 CNA) and all questions were not answered (S19 Financial Director, S23 CNA, S26, S27) Also noted was that staff checked yes to the following question that required further evaluation by the facility prior to allowing staff to work: In the past 14 days, have you had unprotected contact with any individual suspected or confirmed case of Coronavirus, or a person under monitoring for Coronavirus (COVID-19), or are ill with a respiratory illness with the exception of facility residents? (S24 NAT, S25 RN, S8 CNA, S12 SS, S20 CNA, S1 Administrator). Of note, there were too many incomplete Health Screen forms from 06/01/2020 to 06/17/2020 to include in investigative information. Interview on 06/16/2020 at 1:30 p.m. with S2 DON confirmed that the above health screening forms were incomplete. She stated that the person at the screening desk should be monitoring the forms for completion. She further revealed that she had not looked at the health screening forms. Review of the Health Screen forms dated 06/17/2020 revealed that S21 CNA checked yes to the question regarding having contact with someone who was COVID-19 positive. S1 Administrator checked yes and no to the same question, and S6 RN checked yes that she had tested positive for COVID-19 in the last 14 days. 3. Interview on 06/17/2020 at 10:35 a.m. with S6 RN revealed that she was COVID-19 positive. She further revealed that she took care of residents on c (COVID-19 positive and negative), and she had 3 residents on a (COVID-19 negative only). Interview was conducted on 06/17/2020 at 11:05 a.m. with S1 Administrator, S2 DON and S3 Corporate Nurse in reference to COVID-19 positive staff working with COVID-19 negative residents. S2 DON stated that this was not best practice for the facility. She also revealed that there was a COVID-19 negative nurse who worked on a. Telephone interview with S4 Corporate Administrator on 06/17/2020 at 11:30 a.m. revealed that it was up to the nursing department as to whether it was best practice for a COVID-19 positive staff member to care for COVID-19 negative residents. 4. Observation on 06/15/2020 at 2:55 p.m. of b (hall that housed residents who were on observation, and COVID-19 positive residents) revealed R1 (a non-infectious resident) in the hall in his wheelchair in the COVID-19 positive area of the wing. Observation on 06/16/2020 at 2:30 p.m. of c (COVID-19 positive residents, residents on observation because they left the facility and returned, and residents under 14-day quarantine) revealed R5 sitting in his wheelchair in the hall. Review of R5's 02/25/2020 MDS revealed a BIMS of 5 (severely impaired cognitively). Interview on 06/16/2020 at 2:35 p.m. with S10 CNA revealed that R5 was COVID-19 negative, and that it was difficult to keep the resident in his room and to keep his mask in place. Interview on 06/17/2020 at 9:15 a.m. with S2 DON confirmed she was aware that R5 was a non-infectious resident, and that he was often without a mask in a COVID-19 positive area of c. She stated that it was very difficult to keep this resident in his room. Further interview with S2 DON on the above date and time revealed that she was aware that there was a COVID-19 negative resident (R1) who resided on b (COVID-19 positive and Observation hall) of the facility. She stated that this was an administrative decision and that he and his family had agreed to be transferred to a which housed COVID-19 negative residents only; however, he had not been moved. She confirmed that there were 2 rooms available on a. She stated she had no input in the decision to place the negative resident on a wing with positive residents. She stated that administration decided what rooms the residents were placed. Observation on 06/17/2020 at 9:40 a.m. of R1 revealed a clean, well-kept resident seated in a specialized motorized wheelchair. His room was located on the COVID-19 positive hall of the facility across from the administrator's office. Interview of the resident revealed he was asked if he wanted to move to the part of the facility for negative residents when the outbreak first occurred, and he agreed as long as he could have a private room. He stated he waited and was expecting to move, but the move never happened. He stated he was not sure why he was never moved, the facility's personnel never gave him an explanation, and the move never happened. Interview on 06/17/2020 at 10:55 a.m. with S15 LPN revealed that R1 went into the COVID-19 positive area of b because he would go take a shower. She then confirmed that the shower was located in the COVID-19 positive area of b. Interview on 06/17/2020 at 11:30 a.m. with S1 Administrator, S2 DON, S3 Corporate Nurse, and S4 Corporate Administrator revealed S4 Corporate Administrator stated that it was up to the nursing department as to whether it was best practice to house a COVID-19 negative resident on the hall with COVID-19 positive residents. Interview on 06/17/2020 at 12:25 p.m. with S19 Financial Director revealed that she and S20 Admissions Coordinator decided what room a resident was placed in. Interview on 06/17/2020 at 12:30 p.m. with S20 Admission Coordinator revealed that she was a LPN. She stated that she does not consult the nursing department when placing residents in a room in the facility. She stated that it was a decision that was made by herself and S19 Financial Director. She was questioned concerning the placement of non-infectious residents on halls with COVID-19 positive residents, and she did not respond. 5. Review of the facility's Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), revealed the following for Healthcare Worker COVID-19 Guidance in part . A long-term healthcare worker which is asymptomatic but has a positive COVID-19 test result may return to work when at least 10 days have passed since test results. Interview on 06/15/2020 at 12:05 p.m. with S2 DON revealed that there were COVID-19 positive staff working in the facility. She stated they were allowed to return to work 72 hours of being asymptomatic. She further revealed there were a total of 12 staff who had tested positive for COVID-19. She revealed that some of the staff had not waited 10 days to return to works as required by the facility's COVID-19 policy. Interview on 06/17/2020 at 10:35 a.m. with S6 RN revealed she was COVID-19 positive. She stated that she had tested positive 2 times. The first time was 05/16/2020 and the second time was 06/04/2020. She stated that she had returned to work before 10 days off after both positive [DIAGNOSES REDACTED]. tested positive for COVID-19 on 05/16/2020 and 06/04/2020. b. Worked 05/20/2020 through 05/22/2020, 06/01/2020 through 06/05/2020, 06/08/2020 through 06/12/2020, and 06/15/2020 S8 CNA: a. tested presumptive positive for COVID-19 on 05/28/2020 b. Worked 06/05/2020 through 06/14/2020 S9 Housekeeping: a. tested presumptive positive for COVID-19 on 05/28/2020 b. Worked 05/28/2020 through 05/29/2020, 05/31/2020 through 06/15/2020 S10 CNA: a. tested positive for COVID-19 on 05/29/2020 b. Worked 05/31/2020 through 06/02/2020 S11 Housekeeping: a. tested presumptive positive for COVID-19 on 05/28/2020 b. Worked 05/31/2020 through 06/04/2020, and 06/07/2020 through 06/11/2020 S12 Social Worker: a. tested Positive for COVID-19 on 06/04/2020 b. Worked 06/04/2020 through 06/05/2020, 06/08/2020 through 06/12/2020 and 06/15/2020 Interview on 06/16/2020 with S1 Administrator revealed when ask if he was aware that employees that had tested positive for COVID-19 had returned to work prior to 10 days of [DIAGNOSES REDACTED]. He then left the room. 6. Observation on 06/15/2020 at 12:40 p.m. revealed S7 Laundry pushing a yellow barrel down c (housed COVID-19 negative and positive residents). S7 Laundry was wearing an isolation gown and gloves. She continued to push the barrel against the wall in the rear hall near the biohazard room. She then entered a (COVID-19 negative wing) without removing her gown or changing her gloves. At 12:52 p.m., S7 Laundry returned with another yellow barrel and placed it next to the one for c. Interview with S7 Laundry on 06/16/2020 at 1:50 p.m. revealed that the yellow barrels contained dirty linens/clothing. She confirmed that she had entered a COVID-19 negative area from a COVID-19 positive area without removing her gown or gloves. She further stated that CNAs place dirty items in the barrels and the laundry staff pick them up and place them near the biohazard room in the rear hall. Interview on 06/17/2020 at 10:55 a.m. with S15 LPN revealed that she worked on b with both COVID-19 positive and negative residents who were on observation. She stated that she gowned up for COVID-19 positive residents, but not for COVID-19 negative residents. She stated that she had 3 residents on c who were COVID-19 positive. She stated that she started her day on the COVID-19 positive area on c, then she saw the COVID-19 negative residents on b, and then the COVID-19 positive residents on b. She stated it was more convenient to start on c and finish on b. She further revealed that she took care of R1 who was COVID-19 negative.