

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195460</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELLE TECHE NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1306 W ADMIRAL DOYLE DR NEW IBERIA, LA 70560</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on record reviews, observations and interviews, the facility staff failed to follow facility policy and procedure to help prevent and control the spread of an infectious communicable disease COVID-19 (Coronavirus 2019). The facility failed to ensure: 1. kitchen staff wore masks and wore masks appropriately covering the nose 2. a nurse caring for both COVID-19 positive and negative residents failed to changed her mask before leaving the COVID-19 unit according to facility policy and procedure. This deficient practice had the potential to affect 91 residents who receive food from the kitchen and 2 (#7 and #8) of 2 residents in isolation who had not tested positive for COVID-19. Findings: Review of facility policy titled, PPE Policy During COVID-19 Pandemic read in part, Policy: It is the policy of this Long-Term Care Facility to ensure that all staff and residents are using appropriate PPE when they are interacting with others .1 .all of this facility's personnel should wear a facemask while they are in the facility. Review of facility policy titled, COVID-19 Surveillance Plan Guidelines to Prevent/Control/Treat the Coronavirus (COVID-19) read in part, .a facemask will be worn by all staff in the building following CDC guidelines .Caregivers for COVID-19 residents should wear a designated facemask upon entering the resident's room. They will remove the facemask when leaving the resident's room and dispose of facemask in a waste container .caregivers would don/doff facemasks and other protective equipment before entering and before leaving the unit or wing following CDC guidelines. 1.On 7/23/2020 at 11:03 am, an observation of the kitchen revealed S2Cook and 1 other staff not wearing masks. S8Cook was observed preparing food with her cloth mask pulled below her nose. At this time, an interview was conducted with S1DM who observed the S2Cook and S8Cook. S1DM confirmed S2Cook should have put a mask on and that S8Cook should wear her mask to cover her nose. On 7/23/2020 at 2:23pm, another observation of the kitchen was made. S2Cook was observed preparing food with no mask on. On 7/23/2020 at 3:00 pm, a follow-up observation of the kitchen was made. S2Cook was again observed preparing food without a mask on. An interview with S2Cook revealed kitchen staff are to wear masks the entire shift. On 7/24/2020 at 11:04 am, an observation of the kitchen revealed S1DM and 3 kitchen staff conversing at a distance less than 6 feet. S2Cook was observed without a mask on and S3DietaryWorker was observed wearing her mask below her nose and mouth stirring a pot of food. S1DM was not observed re-directing staff to wear masks or to wear their masks to cover the nose and mouth. An interview was conducted with S1DM at this time who confirmed S2Cook was not wearing a mask and S3DietaryWorker was wearing her mask below her nose and mouth. S1DM confirmed staff should wear masks at all times and that masks should cover the nose and mouth. On 7/24/2020 at 12:03 pm, an interview was conducted with S7Admin who stated staff in all departments are to wear masks their entire shift. He was informed at this time of multiple observations of kitchen staff without masks and masks worn below the nose/mouth. S7Admin confirmed kitchen staff should have worn masks and that masks should be worn to cover the nose and mouth. 2. Review of the facility's census dated 7/23/2020 and review of COVID-19 testing results revealed the following: Resident #7 tested negative for COVID-19 on 7/13/2020 and 7/22/2020. Resident #7 is on isolation on Hall 4 due to a hospital visit that lasted longer than 24 hours. Resident #8 tested negative for COVID-19 on 7/5/2020 and is on isolation on Hall 4 due to being newly admitted to the facility. Resident #6 tested positive for COVID-19 on 7/16/2020. On 7/23/2020 at 12:07 pm, an observation of Hall 4 revealed resident rooms located on either side of a plastic sheeting partition. Resident #7 and Resident #8's rooms were located at the beginning of the hall, in front of the plastic sheeting partition. A sign was posted on each room door that read contact/droplet isolation precautions. The plastic sheeting partition was located in the middle of Hall 4. The plastic partition was attached to walls and ceiling with a sign that read Please Put on all Personal Protective Equipment (PPE) and change your mask and designated isolation area. Resident #6's room was located behind the plastic sheeting partition. On 7/23/2020 at 3:03 pm, an observation was made of S4LPN wearing blue floral cloth mask over another white mask. S4LPN put on shoe covers, a gown, gloves, and a face shield then entered Resident 7#s room. S4LPN was observed exiting Resident #7's room wearing the same white mask and blue floral cloth mask. S4LPN was not observed changing her masks. On 7/23/2020 at 3:36 pm, an interview was conducted with S4LPN who confirmed Resident #7 and Resident #8 are in isolation and have not tested positive for COVID-19. She stated that resident rooms behind the plastic sheeting partition have tested positive for COVID-19. S4LPN stated she was assigned to Hall 4 and was caring for COVID-19 positive and negative residents. S4LPN stated she was wearing a N95 mask under her personal blue floral cloth mask. She stated she does not change her masks between residents and that she wears the same N95 mask under her personal cloth mask the entire shift. S4LPN observed the sign posted on the plastic sheeting partition entering the COVID-19 unit that read, Please put on all Personal Protective Equipment and Change your Mask. S4LPN confirmed the sign on the back side of the plastic sheeting partition read the same message. S4LPN was asked if she should change her mask when entering and exiting the COVID-19 unit, and she responded she does not change her masks. When asked if she changes her masks between residents, she stated she does not. S4LPN stated when she arrives for shift she obtains a N95 mask at the screening desk then puts on per personal cloth mask on top. She stated after working her shift, she exits to side door of Hall 4, walks to the facility's front entrance with her masks on, and clocks out at the screening desk. On 7/23/2020 at 3:56 pm, S4LPN was observed entering through the plastic sheeting partition into the COVID-19 unit wearing the same N95 mask and blue floral cloth mask she confirmed she did not change since arriving for shift. She proceeded to and entered Resident #6's room after donning gloves, shoe covers, a gown and a face shield. S4LPN was observed exiting Resident #6's room wearing a N95 and blue floral cloth mask. S4LPN was not observed changing her masks. She then walked through the plastic sheeting partition out of the COVID-19 unit. On 7/23/2020 at 4:18 pm, an interview was conducted with S5DON who stated staff working on the COVID-19 are to change their masks daily and are not allowed to leave the building with masks worn in the COVID-19 unit. He confirmed that Resident #7 and Resident #8 are on Hall 4 have tested negative for COVID and that residents behind the plastic sheeting partition of Hall 4 are COVID-19 positive. He stated staff assigned to Hall 4 care for all residents on the hall. S5DON further stated staff working on the COVID-19 unit should change their N95 mask before crossing the plastic sheeting partition, exiting the COVID-19 section of the hall. On 7/23/2020 at 5:00 pm, an interview was conducted with S5DON and S6ADON. S6ADON who stated staff working on Hall 4 should change their masks prior to and when exiting the COVID-19 unit. S5DON and S6ADON confirmed S4LPN should have changed her mask before exiting the COVID-19 unit and that by not changing her mask S4LPN could expose Resident #7 and Resident #8 to COVID-19.</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.