

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195636	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER GARDENS AND GUARDIAN (THE)		STREET ADDRESS, CITY, STATE, ZIP 1401 COUNTRY CLUB ROAD LAKE CHARLES, LA 70605	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review and interviews the facility failed maintain an infection prevention and control program by not following their policy to prevent the development and transmission of communicable disease and infection by 1. Allowing EMTs (Emergency Medical Technicians) to enter into the facility without being screened for COVID-19 and entering Resident#15's Contact Isolation room without using the proper PPE and 2. Not ensuring staff adhered to the facilities' COVID-19 policy by not documenting their temperatures on the COVID-19 Screening Questionnaire. This deficient practice affected 1 (#15) of 19 Residents and had the potential to affect all 19 Residents residing in the facility. Findings: Record review of facility's policy titled, Infection Control Guidelines for COVID-19 read in part, 1. Prior to having direct care responsibilities for residents staff must have appropriate training on general infection and exposure control issues .f. Implementation of screening all staff/essential personnel upon entrance to the facility; including temperature checks and questionnaire .4. Direct-care staff/essential personnel will be monitored for signs/symptoms of illness upon entering the building by checking temperatures and filling out questionnaire .11. Personal Protective Equipment (PPE) to be worn when providing direct resident care of positive residents .16. All Administrative staff responsible for surveillance monitoring of staff to identify and ensure that the proper infection control issues are being conducted in the proper manner to control nosocomial infections. Record review of facility's policy titled Isolation-Categories of Transmission-based Precautions read in part, Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection .4. precautions are used only when the spread of infection cannot be reasonably prevented .5. Notification is placed on the room entrance door .and visitors/Staff are aware of the need for the type of CDC (Centers for Disease Control) precaution and the instructions for PPE (Personal Protective Equipment) .Contact Precautions 1. Contact Precautions may be implemented for residents know to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with the environmental surfaces .4. Staff and visitors will wear gloves when entering the room .5. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed. 6 When transporting individuals with secretions or drainage that is difficult to contain .Contact precautions will be taken during resident transport to minimize the risk of transmission. Record review of Resident #15's Physicians Orders dated 7/9/2020 read, Contact Isolation Precautions Related to (R/T) ESBL (Extended Spectrum Beta-lactamases-An enzyme produced by some bacteria cause antibiotics not to work for treating infection). 1. On 7/15/2020 at 11:30 AM an observation was made of 2 EMT's (Emergency Medical Technicians) who rang the facility's doorbell at the front doorway. At this time S2ADON opened the door for the 2 EMT's to enter. Both EMT's were wearing mask and gloves. Then both EMT's walked by the COVID-19 monitoring station without checking their temperatures, answering the questionnaire and/or sanitizing their hands. A sign was observed on Resident #15 door that read, Isolation Precautions. An isolation cart was observed beside the door. The 2 EMT's walked into Resident #15's room without putting on a gown and without changing their gloves. The EMT's approached Resident #15's bedside and began to assess the resident. At this time S2ADON took a gown, gloves and shoe covers out of the isolation cart and put them on before entering Resident #15's room. After S2ADON exited the room she was asked why the 2 EMT's did not adhere to isolation precautions and to the COVID-19 screening by checking their temperatures, answer the questionnaire, and sanitize their hands. S2DON stated she had confronted the Ambulance Agency in regards to their breach of COVID-19 Screening and Contact precautions and they felt they didn't have to adhere to the Nursing Homes policy. On 7/15/2020 at 1:52 PM, an interview with S1DON revealed Resident #15 was on contact precaution for ESBL (Extended Spectrum Beta Lactamases) which is an enzyme found in bacteria that is resistant to antibiotics. She confirmed Resident #15 was on contact isolation precautions and it was the facility's policy that staff and/or essential personnel are to wear shoe covers, gown, and gloves to enter the resident's room. She stated that EMS personnel are considered essential personnel in the facility. S1DON stated if the staff or essential personnel would be encountering body fluids that could splash, then they would have to wear goggles. She stated that all essential personnel entering the facility have to be screened for COVID-19 prior to entering the facility and that they would have to adhere to any isolation policy in the facility. She confirmed if EMS was picking up Resident #15 they would have to wear all required PPE. On 7/15/2020 at 2:51 PM an interview with S3LPN revealed that when EMT come to the facility to transport residents to the hospital they do not always allow us to screen them for COVID-19 prior to entering the facility. She also revealed the EMT's enter the rooms that are on contact isolation precautions without putting on the appropriate PPE that is required by the facility policy. 2. Record review of the COVID-19 Screening Questionnaire binder at the facility's main entrance and the therapy's entrance revealed 43 staff and essential personnel were not documenting their temperatures on these questionnaire forms. The documentation revealed the following, 2 staff on 6/30/2020, 2 Staff and 1 Essential worker on 7/1/2020, 1 staff and 1 Essential worker on 7/3/2020, 1 staff and 1 essential worker on 7/4/2020, 3 staff on 7/5/2020, 6 staff and 2 Essential workers on 7/6/2020, 5 staff and 1 essential worker on 7/7/2020, 5 staff and 2 Essential worker on 7/8/2020, 3 staff on 7/9/2020, 1 staff on 7/10/2020, 1 essential worker on 7/12/2020, 3 staff on 7/13/2020, and 2 staff on 7/14/2020. On 7/15/2020 at 1:52 PM S1DON reviewed the main entrance and therapy entrance COVID-19 Screening questionnaire binder and acknowledged the 42 staff and essential workers COVID-19 Questionnaire had no temperature documented. At this time S1DON confirmed that the staff and essential personnel entering the facility should have to adhere to the facility's COVID-19 policy and COVID-19 Screening procedures prior to entering the facility, by taking their temperature and documenting the results and answering the questionnaire</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.