

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE MANOR OF BATON ROUGE II		STREET ADDRESS, CITY, STATE, ZIP 9301 OXFORD PLACE AVE BATON ROUGE, LA 70809	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on record review and interviews, the facility failed to inform resident representatives and families of a subsequent occurrence of confirmed COVID-19 infections by 5:00 p.m. the next calendar day. The facility had a census of 88 residents. Findings: An interview was held with the family member for Resident R2 on 07/31/2020 at 11:25 a.m. She confirmed she received an e-mail with a weekly update regarding the status of COVID cases in the facility. An interview was conducted on 07/31/2020 at 11:40 a.m. with Resident R1's sister. She said she received weekly updates from the facility regarding COVID cases on Fridays. She said she was unsure of the number of cases in the facility at the present time. Review of the COVID Outbreak Line List for the facility revealed the following: 5 Resident's COVID tests resulted positive on Wednesday, 07/01/2020 1 Resident's COVID test resulted positive on Tuesday, 07/07/2020 16 Resident's COVID tests resulted positive on Wednesday, 07/08/2020 1 Staff COVID test resulted positive on Sunday, 07/12/2020 5 Resident's and 4 Staff COVID tests resulted positive on Monday, 07/13/2020 2 Staff COVID tests resulted positive on Thursday, 07/16/2020 2 Staff and 1 Resident COVID tests resulted positive on Friday, 07/17/2020 1 Staff COVID test resulted positive on Saturday, 07/18/2020 2 Staff COVID tests resulted positive on Tuesday, 07/21/2020 2 Resident's COVID tests resulted positive on Wednesday, 07/22/2020 1 Resident's COVID test resulted positive on Thursday, 07/23/2020 1 Staff COVID test resulted positive on Friday, 07/24/2020 1 Resident's COVID test resulted positive on Saturday, 07/25/2020 1 Resident's COVID test resulted positive on Sunday, 07/26/2020 20 Resident's and 2 Staff COVID tests resulted positive on Monday, 07/27/2020 1 Resident's COVID test resulted positive on Tuesday, 07/28/2020 Review of notification emails sent by the facility to family representatives revealed they were only notified weekly of confirmed COVID 19 cases in the facility. An interview was conducted with S1Adm on 07/31/2020 at 10:00 a.m. She said a letter was emailed to the residents' responsible party on Fridays indicating the facility's COVID activities. She said corporate office generated a generic email with 4 different scenarios to be email weekly. She said these 4 emails did not include cumulative updates once the facility became aware of the new confirmed COVID 19 cases. She verified she did not provide updates to residents, their representatives, and families by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. An interview was conducted with S2CN on 07/31/2020 at 10:15 a.m. She verified the residents' responsible party were notified on Fridays of each week using the generic email that had been provided by the facility's corporation. She confirmed the residents' responsible party were not notified by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</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.