

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER NATCHITOCHES NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 750 KEYSER AVENUE NATCHITOCHES, LA 71457	
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, interview, and review of the facility policy and procedures, the facility failed to ensure staff were consistent with infection control practices to prevent cross contamination. The dietary staff failed to wash and/or sanitize their hands during meal preparation. According to the Resident Census and Conditions of Resident's the census was 57 residents. Findings: Observation of the Kitchen area on 06/15/2020 at 10:40 a.m. revealed 2 staff working. Interview with S2 Dietary Aide on 06/15/2020 at 10:42 a.m. revealed they had no Dietary Manager currently employed and had not had a Dietary Manager for nearly 1 month. S2 Dietary Aide opened the door to the kitchen entrance, she was not wearing gloves, and was holding onto a drying rack that was parked next to the entrance. She obtained a hair net for the surveyor to put on, then went to the ice machine and picked up the scoop that was inside the ice machine without washing or sanitizing her hands and continued filling cups with ice. Continued observation revealed S2 Dietary Aide left the scoop in the ice machine to go answer a knock at the door, then went to several drawers and rummaged through them looking for a pen and clipboard. After writing on the clip board, she went back to the ice machine and picked the scoop up out of the ice machine and continued filling cups. S2 Dietary Aide also had her cell phone sitting on the table with the cups she was filling with ice and where utensils were kept. She picked up her phone that was ringing and silenced the call, she did not wash or sanitize her hands and continued filling cups. Observation on 6/15/2020 at 10:53 a.m. revealed S1 Administrator entered the kitchen. She revealed since they had no DM, she made daily rounds several times a day and used a check list to make sure they were completing their temp logs, wearing hair nets, checking Auto Chlor machine and other things. A copy of the check list she was using was requested. Continued observation on 6/15/2020 at 11:00 a.m. revealed S2 Dietary Aide went into the dirty side of the kitchen and checked the PPM sanitizer for the Auto Chlor dish machine. After checking the sanitizer, she left out of the room and went to the table where her phone was and picked it up and walked outside without washing or sanitizing her hands. She then returned back into the kitchen, still had not washed/sanitized her hands, and began covering each cup of ice with plastic. Interview on 06/15/2020 at 11:16 a.m. with S1 Administrator confirmed they did not have a Dietary Manager employed currently. She stated she was responsible for the oversight of the dietary department until a DM was hired. S1 Administrator confirmed S2 Dietary Aide should have been washing/sanitizing her hands after handling dirty items. Review of the Administrator/Executive Director's Dietary Observation Check List form revealed no documentation that hand washing/sanitizing was being observed during her observation. Review of the Hand Washing Policy and Procedure revealed staff would use proper hand washing technique to prevent the spread of infection, by turning on the water to a comfortable temperature, moistening hands with water, and applying soap, washing hands for approximately 20 seconds, washing areas between fingers and around nail beds, rinsing well under running water with hands pointing down, grasping paper towel, and blotting or patting hands dry. Then, turn the water off using the paper towel and dispose of paper towel in wastebasket. Interview with S1 Administrator on 6/16/2020 at 9:35 a.m. confirmed the form she used to observe in the dietary department did not include - ensuring staff were performing proper hand washing. She confirmed S2 Dietary Aide should not have had her cell phone in the kitchen area and should have washed/sanitized her hands after multiple observations were made where she had not washed/sanitized her hands on 6/15/2020.</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.