

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195584	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER ALLEN OAKS NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 909 EAST 6TH AVENUE OAKDALE, LA 71463	
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 0835 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on record review and interview the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable well-being of each resident, by failing to have an established Return to Work Policy for staff related to an infectious communicable disease (COVID-19). Findings: Review of the facility's COVID-19 Return to Work Policy on 10/12/2020 at 12:00 p.m. revealed the following: You are able to return to work 10 days after onset of symptoms/positive COVID test. If you are asymptomatic, no fever for more than 24 hours, and improved cough and shortness of breath. Interview on 10/12/2020 at 3:00 p.m. with S1 Administrator revealed that the facility did not have a policy concerning return to work of staff who tested positive for COVID-19 prior to today. She stated she wrote the facility's Return to Work Policy this morning (10/12/2020) after being asked for the policy during the Entrance Conference. Interview on 10/12/2020 at 3:40 p.m. with S1 Administrator and S2 DON confirmed the facility did not have a Return to Work Policy prior to this morning. S1 Administrator then presented a revised Return to Work Policy which included information per CDC recommended guidelines for staff shortages. S1 Administrator stated it was their call to allow COVID-19 positive staff to return to work prior to the creation of a facility's Return to Work Policy on today.</p>		
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interview, the facility failed to establish and maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases (COVID-19). Findings: 1. PPE Observation on 10/12/2020 at 10:35 a.m. during the entrance conference revealed resident #1 entered S2 DON's office with his mask pulled down below his nose and mouth. Resident #1 was not instructed in the proper way to wear a mask. Observation on 10/12/2020 at 4:10 p.m. revealed S6 Housekeeping in the hallway with his mask below his nose and mouth. He had been observed earlier in the COVID-19 positive hall. Observation on 10/13/2020 at 10:40 a.m. on the South Wing (COVID-19 positive wing) revealed plastic sheeting hanging at the beginning of the COVID-19 positive resident area. This sheeting had a zipper that was closed. There was signage noted that stated Staff must wear eye protection and N95 mask to enter. Further observation revealed S4 RN unzipped the sheeting to allow S3 CNA to enter. S3 CNA did not have eye protection in place as instructed on the signage. Observation on 10/13/2020 at 11:10 a.m. revealed S6 Housekeeping with his mask down below his nose and mouth. Observation/interview on 10/13/2020 at 11:15 a.m. of CNAs S5 and S8 revealed both exiting a resident's room on the COVID-19 positive South Wing. Neither CNA was wearing eye protection. Interview with them at that time confirmed they were not wearing eye protections, and both stated that they knew they were suppose to be doing so. S5 CNA tested positive for COVID-19 on 10/12/2020 and S8 CNA had never been diagnosed with [REDACTED]. #2 sitting in his wheelchair in the hall of the facility without a mask. Interview on 10/14/2020 at 3:21 p.m. with S2 DON revealed the facility used CDC guidelines for COVID-19 as their COVID-19 policy. Their policy binder contained copies of CDC recommendations. 2. Staff Screening Review of 09/28/2020 through 10/11/2020 Start of Shift Daily Employee Screening Log revealed incomplete documentation on the following days: 09/28/2020, 09/30/2020, 10/03/2020, 10/05/2020, 10/08/2020, 10/09/2020, 10/10/2020, and 10/11/2020. Further review revealed screening questions that were answered with a positive response and required further investigation, were not done on the following day: 10/01/2020, 10/03/2020, 10/06/2020, 10/07/2020. Interview on 10/12/2020 at 1:45 p.m. with S2 DON revealed if a staff member answered yes to a question on the screening log, it was to be reported to a nurse for further screening. She stated there was no documentation that further screening by the nurse was done. S2 DON stated that all screening log forms were given to her upon completion, and that no one reviewed them. Observation at that time revealed the screening forms that were not followed up on were stacked in S2 DON's office. Interview on 10/14/2020 at 3:21 p.m. with S2 DON revealed the screening logs were placed in her box upon completion. She stated that she glanced at them, but she depended on the floor nurse to inform her if problems were present. She stated that the screening desk had been moved to the front lobby and it was staffed for 8 hours a day by S9 Screener, Monday through Friday. She stated after these hours, all staff was to report to the nurses' station located on the West Wing for screening. She stated that all staff had to ring the doorbell to gain entrance into the building, and that everyone knew to enter and get screened prior to starting their shift. 3. Staff Screening/Return to Work Interview on 10/14/2020 at 12:10 p.m. with S14 Maintenance revealed that he had tested positive for COVID-19 on a Thursday (results received on Saturday, 09-26-2020). He stated he returned to the facility to be retested on the following Monday (09-28-2020) and results continued to be positive. He stated he was running a fever on 09-28-2020. He stated he came back to work on Tuesday (09-29-2020), less than 24 hours, still not feeling well and was placed on the COVID-19 positive hall to work a 7:00 a.m. to 7:00 p.m. shift. Interview on 10/15/2020 at 9:45 a.m. with S8 CNA revealed she had been diagnosed with [REDACTED]. She stated she had symptoms which included no energy and nausea. She stated that she returned to work on 10/10/2020 prior to being symptom free. She stated she was experiencing nausea. Review of the 10/10/2020 Start of Shift Daily Employee Screening Log revealed S8 CNA's temperature only was documented, the remainder of the screening questions were unanswered. Interview on 10/15/2020 at 10:47 a.m. with S2 DON revealed the State Epidemiologist had visited last week and instructed them that COVID-19 positive staff can return to work as long as they are fever free for 24 hours. They can work with improved cough and shortness of breath. No other signs or symptoms were mentioned. Review of the facility's Return to Work Policy which was developed 10/12/2020 after the surveyor's entrance conference with the administrator as stated by the S1 Administrator revealed the following: You are able to return to work 10 days after onset of symptoms/positive COVID test. If you are asymptomatic, no fever for more than 24 hours, and improved cough and shortness of breath. On 10/12/2020 at 3:40 p.m. a new Return to Work Policy was issued with additional information concerning staff shortages per CDC Guidelines.</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.