

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195590</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST CLARE MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7435 BISHOP OTT DRIVE BATON ROUGE, LA 70806</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 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>Based on record review and interviews, the facility failed to ensure residents' responsible party were notified of positive COVID-19 cases in the facility by the next calendar day at 5:00 p.m. The facility had a census of 118 residents. Findings:</p> <p>During the entrance conference conducted with S2Adm on 07/14/2020 at 10:45 a.m., he stated the facility elected to have a COVID Line that would allow residents and/or their responsible party to call and hear a recorded message about COVID-19 activities in the facility. He stated the recorded message would be updated before 5 p.m. the same day after positive COVID-19 test results were identified for resident(s) and/or staff. He stated in April 2020, an email was sent out to the residents' responsible party on file stating the COVID Line had been created to give daily updates on the facility's COVID-19 activities. He stated in addition to the recorded message, the facility's department heads called the residents' responsible party weekly with status updates about the resident. Review of the POS [REDACTED]. Continued review of the form revealed the result was printed on 07/09/2020 at 20:17 (8:17 p.m.). Review of the POS [REDACTED]. Continued review of the form revealed the result was printed on 07/09/2020 at 21:34 (9:34p.m.). Review of the POS [REDACTED]. Continued review of the form revealed the result was printed on 07/09/2020 at 21:35 (9:35 p.m.). Review of the POS [REDACTED]. Continued review of the form revealed the result was printed on 07/10/2020 at 15:32 (3:32 p.m.). A telephone interview was conducted with S2Adm on 07/15/2020 at 12:31 p.m. He stated the contracted laboratory added all test results to a portal for the facility to view. He stated the printed date and time on the positive COVID-19 test result indicated the time the lab result was printed so it could be added to the portal for facility review. A telephone interview was conducted with Resident R1's daughter on 07/14/2020 at 1:10 p.m. She stated she received a telephone call from the facility on 07/11/2020 or 07/12/2020. She stated during the phone call, she was made of aware of her mother's condition and negative COVID-19 test results. She stated she was not informed of any positive COVID-19 resident or staff cases in the facility. When asked whether she was aware of the facility's COVID Line, she stated was not aware, however her brother, who was her mother's financial responsible party was probably made aware but he failed to share the information with her. An interview was conducted with S1PSS on 07/14/2020 at 12:32 p.m. She stated S1Adm was on vacation the week of 07/06/2020. She stated the facility became aware of Resident R2's positive COVID-19 test on 07/09/2020. She stated she became aware of Residents R3, R4 and R5's positive COVID-19 test on 07/10/2020. She stated she instructed S3RNCC to have staff call residents' responsible party over the weekend of 07/11/2020 - 07/12/2020 to notify of the resident's negative COVID-19 test results. She stated she wasn't for sure if S3CC notified the residents' responsible party of the positive resident COVID-19 test results identified on 07/09/2020 and 07/10/2020. A telephone interview was conducted with S3RNCC on 07/14/2020 at 12:40 p.m. She stated she instructed staff to notify residents' responsible party over the weekend of 07/11/2020 - 07/12/2020 of the resident's negative test results. She stated she did not instruct staff to notify residents' responsible party of positive resident COVID-19 test results identified on 07/09/2020 and 07/10/2020. A telephone interview was conducted with S1PSS on 07/15/2020 at 12:29 p.m. S1PSS. She stated the laboratory notified the facility around 8:00 p.m. on 07/09/2020 of Resident R2's positive COVID-19 test result. She stated later that night on 07/09/2020, the portal was checked and the positive COVID-19 test results for Resident R3 was received. She stated the positive COVID-19 test results for Residents R4 and R5 were received after checking the portal multiple times on 07/10/2020. During an interview with S2Adm on 07/14/2020 at 12:43 p.m., he stated he was on vacation the week of 07/06/2020. He stated he was the only person that updated the recording for the COVID Line. He stated there was no other person to update the system in his absence. He verified he updated the COVID Line recording the morning of 07/13/2020 with the positive resident COVID-19 test results identified on 07/09/2020 and 07/10/2020. He verified the COVID Line recording was supposed to be updated by 5:00 p.m. the next calendar day after positive COVID-19 tests were identified but was not.</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.