

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195530</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DELTA GRANDE SKILLED NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3001 SOUTH GRANDE STREET MONROE, LA 71202</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections by S4 Housekeeper failing to don the proper personal protective equipment prior to entering an isolation room. Findings: On 07/20/2020 at 10:30AM, observation of S4Housekeeper revealed she was in a room that had signage on the door that indicated the following: Contact precautions everyone must - clean their hands, including before entering and when leaving the room. Providers and staff must also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person, and Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another resident. Further observation revealed S4Housekeeper was inside mopping the room with the door open. S4Housekeeper was not wearing a gown as indicated on the signage outside of the door. On 07/20/2020 at 10:30AM, an interview with S4Housekeeper confirmed she did not wear an isolation gown while in the isolation room. On 07/20/2020 at 10:35AM, an interview with S3Housekeeping Supervisor confirmed S4Housekeeper should have worn an isolation gown while in the isolation room. On 07/20/2020 at 12:00PM, an interview with S2Director of Nursing was informed of S4Housekeeper not wearing an isolation gown when cleaning the isolation room.		
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.