

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER GUEST HOUSE SKILLED NURSING REHABILITATION (THE)		STREET ADDRESS, CITY, STATE, ZIP 9225 NORMANDIE DRIVE SHREVEPORT, LA 71118	
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	Provide and implement an infection prevention and control program. Surveyor: Iesha Dias The facility failed to ensure infection control measures were practiced to provide a sanitary environment to help prevent the development and transmission of infection as evidenced by observation of laundry staff failing to fold and handle resident's linens properly according to accepted infection control practices. There were 149 residents residing in the facility according to the Resident Census and Conditions of Residents Report dated 7/20/2020. Findings: Observation on 7/20/2020 at 11:25 AM revealed S1 Laundry folding resident's clean bed linens and allowing residents' clean bed linens to touch the floor. During an interview on 7/20/2020 at 11:25 AM S1 Laundry stated the clean linens should be folded across the table and should not have touched the floor. During an interview on 7/20/2020 at 3:30 PM S1 Administrator confirmed the clean linens should not have touched the floor and S1 Laundry should have used the table to fold residents' linens to prevent the linens from touching the floor.		

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.