

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195388</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEGACY NURSING AND REHABILITATION OF FRANKLIN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1907 CHINABERRY STREET FRANKLIN, LA 70538</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review, observation, and interview, the facility failed to consistently implement Centers for Disease Control (CDC) guidelines to help prevent Coronavirus Disease (COVID-19) by failing to ensure: 1.) Screening Protocol was followed when an employee entered the facility (S6Certified Nursing Assistant); 2.) A resident wore a face mask according to CDC guidelines (Resident R1); 3.) Staff followed CDC guidelines for the use of Personal Protective Equipment (PPE) (S3Infection Preventionist (IP), S7Certified Nursing Assistant (CNA), S8CNA, S12Activity Assistant); 4.) Staff followed proper housekeeping protocols for the COVID unit (S10Housekeeper); and 5.) All infections in the facility were tracked and trended. This deficient practice was identified for 6 (S3Infection Preventionist, S6Certified Nursing Assistant (CNA), S7CNA, S8CNA, S10Housekeeper, and S12Activity Assistant) of 6 staff and 1 resident (Resident R1) identified for compliance with COVID-19 infection control practices. This deficient practice had the potential to affect any of the 86 residents residing in the facility as documented on the facility's census. Findings: Review of the Centers for Medicare and Medicaid Services (CMS) Memo titled Nursing Home Reopening Recommendations for State and Local Officials dated 05/18/2020 revealed, in part, all staff wear all appropriate personal protective equipment (PPE) when indicated. Review of the Centers of Disease Control (CDC's) guidelines for Healthcare Workers Preparing for COVID-19 in Nursing Homes dated 06/25/2020 revealed, in part, healthcare workers should wear a face mask at all times when they are in the facility. Further review of the guidelines revealed residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Review of the CDC's guidelines for Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 07/09/2020 revealed, in part, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented. Further review of these guidelines revealed, in part, 1.) limit and monitor points of entry to the facility; 2.) screen everyone (patients, Healthcare Professionals, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with COVID-19 infection; 3.) actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature 100.0Fahrenheit or subjective fever. Review of the facility's COVID-19 Isolation Policy and Procedure revealed, in part, residents who show symptoms of COVID-19 shall be placed in the appropriate type of isolation. Transmission-based isolation precautions will be implemented according to CDC guidelines. Further review of the policy revealed Personal Protective Equipment (PPE) included the use of gowns, gloves, masks, and face shield/goggles. Review of concurrent cleaning of the isolation room revealed, in part, place contaminated mop head and cleaning rag in a melt-away bag and take to laundry to be washed separately. Review of the CDC's droplet precautions revealed staff must use alcohol based hand sanitizer before and when leaving a patient room, and eyes, nose and mouth are fully covered before room entry with a mask and mask shield/goggles and face protection removed before room exit. Review of the CDC's contact precautions revealed staff must clean their hands using alcohol based hand sanitizer before entering and when leaving the room; gown and gloves to be used before entering the room and discard gown and gloves before room exit. Further review of contact precautions revealed to not wear the same gown and gloves for the care of more than one person. Observation on 07/09/2020 at 10:12am S3IP walked into the conference room where surveyors were located and S3IP had personal glasses on, an N95 mask, gloves and a disposable gown on. S3IP proceeded to disrobe her disposable gown and gloves while talking to surveyors. When questioned if she should have a disposable gown and gloves on she stated no. S3IP stated she had conducted COVID-19 testing with staff in the office next door and she should have taken off her Personal Protective Equipment (PPE) before she entered the conference room. Observation on 07/09/2020 at 10:50am S6Certified Nursing Assistant (CNA) walked into S3IP office with no mask on. S6CNA proceeded to the entrance screening desk to obtain a surgical mask. In an interview on 07/09/2020 at 10:51am, S6CNA stated she was a CNA at the facility and she came in for her weekly testing of COVID-19. S6CNA confirmed no one screened her and she did not have her temperature checked when she entered the facility. Review of the facility's COVID-19 staff screening sheet for 07/09/2020 revealed no documentation of S6CNA's name or screening information on the sheet. In an interview on 07/09/2020 at 10:55am, S11Ward Clerk stated she opened the entry door for S6CNA. S11Ward Clerk confirmed she did not follow the facility's COVID-19 protocol for screening staff upon entry into the facility. S11Ward Clerk stated she should have checked S6CNA's temperature, ensured she performed hand sanitizer and had her apply a surgical mask when she entered the facility. In an interview on 07/09/2020 at 11:00am, S3IP confirmed S6CNA should have been screened with a temperature check, hand sanitizer used and mask applied when she entered the facility. Observation on 07/09/2020 at 11:15am, S4Physical Therapist Assistant (PTA) was assisting Resident R1 in her wheelchair down the hall to her room and Resident R1 was not wearing a mask. In an interview on 07/09/2020 at 11:20am, S4PTA stated she was walking Resident R1 up and down the hall and she should have had a mask on, but she forgot to put a mask on Resident R1 when she first came out of her room. In an interview on 07/09/2020 at 11:22am, S3IP confirmed anytime a resident comes out of their rooms they should have a mask on. In an interview on 07/09/2020 at 11:30am, S10Housekeeper stated she was the housekeeper for the COVID unit and hall j. S10Housekeeper stated she cleaned the COVID-19 unit first and then cleaned the remaining rooms in her assigned unit. S10Housekeeper stated she used a different mop head and a different rag for each room on the COVID unit and she placed the used mop heads and rags from the COVID unit in the clear bag that was hanging on her housekeeping cart which was located on hall j near the hopper room. Observation on 07/09/2020 at 11:31am revealed a clear bag filled with used mop head and rags which was tied to the handle of S10Housekeepers cart. In an interview on 07/09/2020 at 11:40am, S9Housekeeping Supervisor stated S10Housekeeper did not follow proper protocol and stated S10Housekeeper should have cleaned the COVID-19 unit last and not first. S9Housekeeping Supervisor stated S10Housekeeper should have used the housekeeping cart that was specific for the COVID-19 unit and not the same cart used for the other rooms. She stated the mop heads and rags from the COVID-19 unit should be placed in a yellow bag, tied up and left on the COVID-19 unit for the laundry staff to pick up. S9Housekeeping Supervisor confirmed the mop heads and rags from the COVID-19 unit should not have been placed with the mop heads and rags from the other resident rooms on hall j. In an interview on 07/09/2020 at 11:45am, S10Housekeeper confirmed she did not use the COVID cart when she cleaned the COVID unit. She stated she used the same housekeeping cart to clean the COVID unit and the other rooms on hall j. She stated she left her housekeeping cart outside the COVID area and brought the cleaning items, mop and rags into the two rooms on the COVID unit and then brought the items back to her housekeeping cart. Observation on 07/09/2020 at 12:12pm, S7CNA observed donning PPE to enter the COVID unit to serve a resident a lunch tray. S7CNA had an N95 mask on with a surgical mask on top of the N95 mask, she hand sanitized her hands, then put on a disposable gown and then she put on a pair of disposable gloves. No goggles or face shield was applied before S7CNA entered the COVID unit. S7CNA unzipped the plastic barrier wall that leads onto the COVID unit and did not zip the plastic barrier wall closed after entering the COVID unit. In an interview on 07/09/2020 at 12:16pm, S7CNA stated she should have placed a mask shield or goggles on before entering the COVID unit. S7CNA stated the zipper on the plastic barrier to the COVID unit should be zipped once entering the COVID unit. When questioned if she had used the proper PPE and zipped the plastic barrier when she</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>entered the unit, she stated no. Observation on 07/10/2020 at 10:40am the signage on the wall next to room a revealed droplet and contact isolation with a wooden three drawer cabinet and a red biohazard container on the outside of the room. S8CNA walked out of room a with a mask and gloves on. S8CNA looked around for a hand sanitizer dispenser on the wall and it was empty, so she walked back into room a and washed her hands with soap and water in the bathroom in room a and then walked out with just her mask on. In an interview on 07/10/2020 at 10:42am S8CNA was questioned if she needed anything else besides a mask to go into room a and she stated there was no PPE cart on the outside of the door, so I thought I only needed a mask and gloves on. S8CNA was directed to the contact and droplet precaution signage on the outside of room a. S8CNA confirmed she should have had full PPE to enter room a, which included a mask, shield or goggles, gown, and gloves. In an interview on 07/10/2020 at 10:45am, S3IP was questioned what PPE was required for room a. S3IP stated full PPE was required to enter room a, which included a mask, shield or goggles, gown, and gloves. S3IP confirmed S8CNA did not use the proper PPE if she only had a mask and gloves on. Observation on 07/10/2020 at 11:00am S12Activity Assistant assisted Resident R2 in her wheelchair into room b. S12Activity Assistant entered room b wearing only a surgical mask. Further observation revealed signage on the outside of room b for droplet and contact isolation. Further observation revealed a plastic PPE cart and a biohazard box on the outside of the door. In an interview on 07/10/2020 at 11:05am, S12Activity Assistant was questioned on the type of PPE required to enter room b and S12Activity Assistant stated she questioned the nurse before entering room b and the nurse told her she only needed a mask to enter the room. In an interview on 07/10/2020 at 11:10am, S5Licensed Practical Nurse (LPN) stated Resident R2's roommate had a fever and that was why they put the contact and droplet isolation signage up for room b. S5LPN stated anytime a resident has a fever they are placed on a 14 day contact and droplet isolation. S5LPN confirmed she had informed S12Activity Assistant the wrong information and S12Activity Assistant should have used full PPE (mask, shield or goggles, disposable gown and gloves) before entering room b and not just a mask. In an interview on 07/10/2020 at 3:15pm, S2Director of Nursing was informed of the above mentioned breaks in infection control and she confirmed it was a problem. Review of the facility's Physician order [REDACTED]. There was no documented evidence of the facility tracking or trending any of these infections. In an interview on 07/10/2020 at 2:30pm S3IP stated her last infection control report that she entered was on 03/18/2020 and she had not gone back to enter the facility infections besides the COVID infections. S3IP stated, there was no way I could go back with having to work the floor and do COVID testing. I was told to put it aside and do not worry about it because you have COVID to worry about. S3IP confirmed there was no tracking and trending of any other infections in the facility except for COVID infections. In an interview on 07/13/2020 at 12:15pm, S3IP was unsure of the other infections in the facility, besides COVID, from March through June 2020. In an interview on 07/13/2020 at 10:05am, S1Administrator stated he was made aware of the breaks in infection control that were identified and he was aware there was no tracking and trending of infections, besides COVID, since March 2020.</p>		