

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER SABINE RETIREMENT AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 965 FISHER ROAD MANY, LA 71449	
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	<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, interview, and review of the policy/procedures, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections. The facility failed to ensure staff followed 1) PPE and Policy and Procedures by not sanitizing hands between patient contacts and not keeping ice carts free of soiled items 2) failed to ensure staff followed Housekeeping Policy and Procedures by failing to properly sanitize resident's rooms and failing to ensure housekeeping staff were properly trained in thorough cleaning. This failed practice had the potential to affect all 76 residents currently residing in this facility. Findings: 1) Observations on 07/28/2020 at 11:30 a.m. of the 100 Hall revealed an ice cart stored next to the wall. The ice cart had a closed ice chest on the middle shelf and the top shelf was observed to have an ice scoop stored in a plastic container. Other items observed on the top shelf revealed 3 pair of disposable gloves and 2 soiled ice/water pitchers next to the ice scoop. Interview on 07/28/2020 at 11:32 a.m. with S2 DON confirmed the cart stored next to the wall was the hall ice cart and the CNAs passed ice from this cart to each resident's room. She confirmed there were 3 pair of disposable gloves and 2 soiled ice/water pitchers stored on the top shelf next to the clean ice scoop. She stated she did not know if the gloves were clean or soiled. S2 DON confirmed that soiled items should not be stored next to clean items and they were. Observation on 07/28/2020 at 11:35 a.m. of the 400 Hall revealed CNAs were passing lunch meal trays to resident rooms. Further observation at this time revealed S3 CNA retrieved a meal tray from the meal cart and delivered it to room [ROOM NUMBER]. She was observed placing the meal tray on the resident's over bed table and walking out of the room. S3 CNA then reached in the meal cart and removed a meal tray and delivered it to room [ROOM NUMBER]. Observations revealed no evidence of S3 CNA washing or sanitizing her hands between resident contacts. Interview on 07/28/2020 at 11:36 a.m. with S3 CNA confirmed she had not washed or sanitized her hands between resident contact and she should have. Review of the Infection Prevention and Control Program Policy revealed in part .all staff shall wash their hands .between resident contacts . Interview on 07/28/2020 at 12:00 p.m. with S2 DON confirmed the facility's policy for Infection Control was to wash or sanitize hands between resident contact and that S3 CNA should have washed or sanitized her hands after delivering a meal tray to the resident in room [ROOM NUMBER] and prior to delivery of a meal tray to the resident in room [ROOM NUMBER]. 2) Observations on 07/28/2020 at 11:19 a.m. of the 200 Hall (locked unit) revealed the following: room [ROOM NUMBER] - Mattress with large tear down left side, chair with multiple rips/tears to the vinyl covering. room [ROOM NUMBER] - Wheelchair with thick layer of debris/dust on seat cushion and a dirty rag on the arm of the wheelchair; grime, debris and dried splatters on the vinyl chair; grime on bedside table, thick layer of grime on the call bell cords; grime and debris on the floor adjacent to the nightstand. room [ROOM NUMBER] - Grime/debris on the bed rail, tear on the mattress. room [ROOM NUMBER] - Chair with a hole in the fabric seat. Interview on 07/28/2020 at 11:55 a.m. with S4 Maintenance Manager confirmed the findings of the rooms on the 200 Hall. S4 Maintenance Manager stated the COVID rooms are to be sealed off for 24 hours and then completely cleaned. He was informed by housekeeping that room [ROOM NUMBER] had been cleaned but after inspection, acknowledged the room was not thoroughly cleaned according to policy. Review of the facility's Policy/Procedure titled, Novel Coronavirus Prevention and Response revealed in part: 6. Environmental infection control: b. Housekeeping staff shall adhere to transmission-base precautions. c. Perform routine and terminal cleaning using disinfectants known to be effective against emerging [MEDICAL CONDITION] pathogens or novel Coronavirus [DIAGNOSES REDACTED]-CoV-2 (EPA List N agent). Review of the Thorough Clean Instructions for Housekeeping Staff revealed in part: all areas of the room and all surfaces are to be wiped down. To include the walls and all resident care items, furnishings, TV and biomedical equipment in the resident's room. All furniture is to be pulled away from the walls and the floors and walls behind the furniture is to be mopped and wiped. The corners and baseboards of the room and the bathroom are to be scrubbed. Review of the housekeeper's employee files failed to reveal a competency skills check list for 4 of 4 files reviewed. Interview on 07/29/2020 at 2:37 p.m. with S1 Administrator confirmed the housekeeping staff do not have competency skills checklist in their files. S1 Administrator stated they do not use competency skills checklist for housekeepers and are unable to show where the housekeeping staff are competent with thorough cleaning. Interview on 07/30/2020 at 12:30 p.m. with S5 Housekeeping Supervisor confirmed the facility does not confirm the competency of the housekeeping staff during training.</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.