

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195603	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER BAYOU VISTA COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 323 EVERGREEN HWY BUNKIE, LA 71322	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview and review of the facility policy and procedures, the facility failed to ensure a mop head was changed properly from room to room to prevent and control infections and durable medical equipment was cleaned and disinfected before reuse by another resident. Total facility census was 48 as of 7/14/2020. Findings: 1. Review of the facility's policy titled General Policies and Procedure for Mops revealed in part: b. Clean mop heads must be applied when changing areas of mopping and when used in isolation rooms. Interview with S3 Housekeeper on 7/14/2020 at 2:10 p.m. revealed she used the same mop head to clean 3-4 rooms on the COVID unit and isolation rooms before she changed her mop head to a clean one. Interview with S1 ADM on 7/15/2020 at 11:15 a.m. confirmed S2 Housekeeper failed to follow the facility's policy on changing the mop heads properly. 2. Review of the facility's policy titled Cleaning and Disinfection of Resident-Care Equipment revealed the following: Durable medical equipment must be cleansed and disinfected before reuse by another resident. Observation at 10:00 a.m. revealed the S4 CNA had taken a resident's V/S with the portable vital sign machine (Rosie). S4 CNA left a resident's room with the portable V/S machine, then proceeded to the next room without sanitizing the machine or B/P cuff. S5 Tx. Nurse/RN observed the CNA and intervened. Interview with S4 CNA at that time, confirmed the sanitizer wipes were on the machine, and should have been used to clean and disinfect the machine before going to the next resident's room. Interview with S5 Tx Nurse/RN 10:05 a.m. revealed the staff have been educated and in-serviced on sanitizing resident care equipment between each resident use.		
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.