

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195629	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER LOUISIANA WAR VETERANS HOME		STREET ADDRESS, CITY, STATE, ZIP 4739 HIGHWAY 10 JACKSON, LA 70748	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Based on record review and interviews, the facility failed to ensure residents' responsible party were notified of positive COVID-19 cases in the facility in a timely manner. The facility had a total census of 97 residents. There were 6 residents (R19, R20, R29, R30, R31, R32, and R33) residing in 10 designated certified beds. Findings: Review of the facility's Notification of Positive COVID-19 In-house Resident Standard Operating Procedure dated 03/24/2020 revealed in part: Standard Operating Procedure: 3. The Facility Administrator or Director of Nursing will then notify the family or responsible party of the resident who tested positive for COVID-19 of the results of the test. Review of the facility's Notification of Positive COVID-19 In-House Resident Standard Operating Procedure dated 03/24/2020 revealed no details on how or when the resident's responsible party would be notified. Review of the Facility Staff Tracker for Coronavirus Testing form revealed one employee (S7) tested positive for COVID on 07/09/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was not notified of the facility's positive COVID test results. Review of the Facility Staff Tracker for Coronavirus Testing form revealed one employee (S8) tested positive for COVID on 08/06/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. Review of the Facility Staff Tracker for Coronavirus Testing form revealed two employees (S13, S14) tested positive for COVID on 08/24/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. Review of the Facility Staff Tracker for Coronavirus Testing form revealed one employee (S15) tested positive for COVID on 08/25/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. Review of the Facility Staff Tracker for Coronavirus Testing form revealed two employees (S16, S17) tested positive for COVID on 08/26/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. Review of the Facility Staff Tracker for Coronavirus Testing form revealed one employee (S18) tested positive for COVID on 08/28/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was not notified of the facility's positive COVID test results. Review of the Facility Staff Tracker for Coronavirus Testing form revealed two employees (S19, S20) tested positive for COVID on 08/29/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. Review of the facility's COVID-19 tracking form revealed two residents (R10, R11) tested positive for COVID on 08/23/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was not notified of the facility's positive COVID test results. Review of the facility's COVID-19 tracking form revealed one resident (R12) tested positive for COVID on 08/24/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. Review of the facility's COVID-19 tracking form revealed 10 residents (R13, R14, R15, R16, R17, R18, R19, R20, R21, and R22) tested positive for COVID on 08/25/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. Review of the facility's COVID-19 tracking form revealed five residents (R23, R24, R25, R26, and R27) tested positive for COVID on 08/26/2020. Review of the Interdisciplinary Progress Notes revealed no documented evidence Resident R29's responsible party was notified of the facility's positive COVID test results. A telephone interview was conducted with Resident R29's sister on 09/01/2020 at 11:00 a.m. She stated she received one phone call weekly about the COVID-19 activity in the facility. She stated about three weeks ago, she was notified by the facility there was one positive case of COVID-19 in the facility. She stated she was informed by facility staff last week that there was a total of nine positive cases in the facility. When questioned whether she was notified last week that there were nine new cases of COVID-19 in the building, she stated no, she was notified there were a total of nine cases of COVID-19 in the building. An interview was conducted with S2DON on 08/31/2020 at 2:15 p.m. She stated she was not aware of the requirement to inform residents residing in certified beds, their representatives, and families of the occurrence of confirmed COVID-19 infection of the staff and residents in the facility. An interview was conducted with S1Adm on 08/31/2020 at 2:30 p.m. She stated she was not aware of the requirement to inform residents residing in certified beds, their representatives, and families of the occurrence of confirmed COVID-19 infection of the staff and residents in the facility.</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.