

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER NATCHITOCHES COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 720 KEYSER AVENUE NATCHITOCHES, LA 71457	
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>Based on record review and interview the facility failed to implement/maintain accepted infection control practices to help prevent and control the spread of an infectious communicable disease (Coronavirus 2019) by failing to follow their Policy and Procedure for Infection Control and ensure employees were screened and had their temperatures checked before each shift. The facility had a total of 86 residents. Findings: Review of the facility's Infection Control Interim Policy for Coronavirus revealed in part .all employees are screened for history of travel exposure, respiratory and gastrointestinal symptoms upon each entry to the facility. Telephone interview on 09/15/2020 at 2:20 p.m. with S2 CNA revealed that she worked the 11:00 p.m.-7:00 a.m. shift. S2 CNA stated she did not have her temperature checked when she arrived for her shifts. She stated the nurse on the hall sometimes asked her the screening questions once she got to the team room to start her shift, but she did not check her temperature. Telephone interview on 09/15/2020 at 2:45 p.m. with S3 CNA revealed she worked the 11:00 p.m.-7:00 a.m. shift. S3 CNA stated she did not have her temperature checked when she arrived for her shifts. She stated the nurse on the hall she worked asked the screening questions when night shift CNA's got to the team room, but the nurse on duty did not check temperatures. Telephone interview on 09/15/2020 at 3:17 p.m. with S1 DON revealed that all 11:00 p.m.-7:00 a.m. CNA's are to report to the 200 hall nurses station to be screened and have their temperatures taken before each shift. She revealed that after reviewing the employee screening log book she discovered that the 11:00 p.m.-7:00 a.m. CNA's had not been properly screened or had their temperatures checked consistently since 09/08/2020. She confirmed the screenings and temperature checks should have been done and had not been.</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.