

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER BAYOU CHATEAU NURSING CTR		STREET ADDRESS, CITY, STATE, ZIP 16232 HWY. 1 SIMMESPORT, LA 71369	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review the facility failed to develop and implement an Infection Prevention and Control Program that included standards, policies and procedures for the cleaning and disinfecting of isolation rooms. The facility also failed to ensure employees were screened and had their temperatures taken before each shift. Findings: 1.Interview on 07/21/2020 at 10:28 with S2 Housekeeping Supervisor revealed she did not know if there was a policy regarding cleaning and disinfecting the observation isolation or COVID-19 positive resident rooms. Interview on 07/21/2020 at 12:15 p.m. with S1 DON revealed residents in the observation isolation rooms were either new admits, returns from hospital stays, or had traveled outside the facility. She stated that presumptive positive residents were placed on the isolation hall as well and placed in rooms closer to the COVID positive isolation residents but not in the rooms behind the plastic curtain that divided the hall. Further interview revealed the facility did not have a policy for the cleaning and disinfecting of the observation isolation or COVID positive isolation resident rooms. 2.Interview on 07/21/2020 at 9:54 a.m. with S3 Housekeeper revealed that she checked her own temperature at the beginning of her shift on weekends if no one was at the screening desk to check temperatures. Interview on 07/21/2020 at 1:20 p.m. with S4 CNA revealed that sometimes there was no one to check staff temperatures on the weekends. She stated that she checked her own temperature on those days so she could get started with her work. Telephone interview on 07/24/2020 at 3:30 p.m. with S5 RN, revealed she worked every other weekend and sometimes a day during the week. She stated that on some weekend morning's employees have to screen themselves and take their own temperatures. She stated that a CNA from the night shift unlocked the doors for day staff but no one was assigned to screen and check temperatures. She further stated that she had not been asked to or assigned to monitor employee screening forms on the weekends that she worked. Telephone interview on 07/24/2020 at 3:45 p.m. with S6 Ward clerk revealed she worked during the week and every other weekend. She stated that employees were supposed to be screened and have their temperatures checked before each shift. She also stated that she screened herself before her shifts on the weekend because she came in at 4:00 a.m. and there was no one screening staff and checking temperatures at that time. Telephone interview on 07/24/2020 at 3:55 p.m. with S1 DON revealed that employees should not be screening themselves and checking their own temperatures. She stated the Infection Preventionist Nurse reviewed the screening tools and temperature checks from the weekend every Monday but that no one was assigned to review the forms on the weekend.</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.