

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER PIERREMONT HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 725 MITCHELL LANE SHREVEPORT, LA 71106	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and policy review the facility failed to ensure staff practices were consistent with current infection control principles and practices to prevent the spread of infection as evidenced by 1. laundry attendant failing to properly use PPE (personal protective equipment) and follow appropriate infection control practices when loading washing machine and 2. biohazard waste containers not placed in 2 (#1, #2) resident's rooms on transmission based precautions. The resident census was 91 as provided by the facility's Administrator. Findings: #1 Observation on 8/20/2020 at 1:00 PM of facility's laundry area revealed S4 Laundry Attendant loading the washing machine with visibly soiled laundry from 300 and 400 hall. On further observation S4 Laundry Attendant failed to don a clothing protector (gown) and heavy-duty rubber gloves while loading washing machine with visibly soiled clothes and linen and proceeded to roll the 300 hall soiled laundry bin in laundry room and placed the lid of the soiled laundry bin on the sink. Observation revealed S4 Laundry Attendant failed to sort clothes and linens before loading in the washing machine and allowed soiled clothes, linens and comforters to touch against her and her clothing during the loading process. After completing the task of loading washing machine S4 Laundry Attendant wrote on a clipboard without removing gloves and washing or sanitizing her hands. During an interview on 8/20/2020 at 1:00 PM S4 Laundry Attendant confirmed a gown should have been worn when loading clothes in the washing machine. During an interview on 8/20/2020 at 1:05 PM S5 Housekeeping/Laundry Manager confirmed a gown and rubber gloves should be worn when sorting clothes/linens and loading washing machine. S5 Housekeeping/Laundry Manager also said clothes and linens should be sorted before loading washing machine. Review of Facility's Departmental (Environmental Services)- Laundry and Linen Policy revealed (in-part): Reason: The purpose of this procedure is to provide a process for the safe and aseptic handling, washing, storage of linen. General Guidelines: Standard Precautions: 1. Separate soiled and clean linens at all times. 2. Wash hands after handling soiled linen . 3. Consider all soiled linen to be potentially infectious and handle with standard precautions. Sorting Soiled Linen: 1. Employees sorting or washing linen must wear a gown and gloves . 2. Use heavy-duty rubber gloves for sorting laundry. Always wash hands after completing the task and removing gloves. #2 Observation on 8/20/2020 at 12:00 PM revealed Resident #1 on West hall had PPE supplies contained in a receptacle hooked over the outside of door. During an interview on 8/20/20 at 2:20 PM S2 LPN (Licensed Practical Nurse) confirmed Resident #1 was on isolation [MEDICAL CONDITION] ([MEDICAL CONDITION]-resistant staphylococcus aureus) and did not have a red bin in the room to properly dispose of PPE (Personal Protective Equipment). Observation on 8/20/2020 at 2:00 PM revealed Resident #2 on East hall had signage on the door to see nurse before entering room and PPE cart set up outside of the room. Observation through open door to resident's room revealed there was no red bin inside room to dispose of PPE. During an interview on 8/20/2020 at 2:05 PM S3 LPN stated Resident #2 was on isolation for an infection in his arm. During an interview on 8/20/2020 at 2:30 PM S1 RN (Registered Nurse) DON (Director of Nurses) confirmed Resident #1 and #2 were on isolation [MEDICAL CONDITION] and should have biohazard containers in their rooms to dispose of PPE. S1 RN DON confirmed PPE should be disposed of in a biohazard container before staff exit the room. Review of Facility's Isolation-Initiating Transmission- Based Precautions Policy (in-part) revealed: Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection of other residents. Transmission-Based Precautions may include Contact Precautions, Droplet Precautions, or Airborne Precautions. Policy Interpretation and Implementation 3. When Transmission-Based Precautions are implemented, the Infection Preventionist (or designee): d. Determines the appropriate notification on the room entrance door and on the front of the resident's chart so that personnel and visitors are aware of the need for and type of precautions: (1) The signage informs the staff of the type of CDC (Center for Disease Control) precaution(s), instructions for the use of PPE, and/or instructions to see a nurse before entering the room. g. Ensures that an appropriate linen barrel/ hamper and waste container, with appropriate linen, are placed in or near the resident's room.</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.