

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE MANOR OF VILLE PLATTE		STREET ADDRESS, CITY, STATE, ZIP 2020 W. MAIN STREET VILLE PLATTE, LA 70586	
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 F 0885	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on record review and interviews, the facility failed to ensure residents' families/responsible representatives (RR) were notified of positive COVID-19 cases in the facility by the next calendar day at 5:00 p.m. The facility had a census of 107 residents. Findings: A review of the COVID-19 Notification policy revealed, in part: The purpose of the policy is to provide notification to residents, resident representatives regarding COVID-19. This shall be accomplished through a variety of methods such as phone calls, posting updates, bulletins, intercom messages, recorded messages, mail, emails, etc. all of which are acceptable methods of communication. Must inform residents and resident representatives of the occurrence of a single confirmed infection of COVID-19. Must inform residents and resident representatives of three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Must provide updates to residents and resident representatives weekly by 5:00 p.m. the next calendar day following the subsequent occurrence either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. Review of a resident tracking list of positive COVID-19 results revealed, in part: Resident R1 COVID-19 Positive Test Date - 06/18/2020 Resident R2 COVID-19 Positive Test Date - 06/18/2020 Resident R3 COVID-19 Positive Test Date - 06/30/2020 Resident R4 COVID-19 Positive Test Date - 07/03/2020 Resident R5 COVID-19 Positive Test Date - 07/16/2020 Resident R6 COVID-19 Positive Test Date - 07/16/2020 Resident R7 COVID-19 Positive Test Date - 07/16/2020 Resident R8 COVID-19 Positive Test Date - 07/17/2020 Resident R9 COVID-19 Positive Test Date - 07/22/2020 Resident R10 COVID-19 Positive Test Date - 07/23/2020 Resident R11 COVID-19 Positive Test Date - 07/23/2020 Resident R12 COVID-19 Positive Test Date - 07/27/2020 Resident R13 COVID-19 Positive Test Date - 07/27/2020 Resident R14 COVID-19 Positive Test Date - 07/27/2020 Resident R15 COVID-19 Positive Test Date - 07/27/2020 Resident R16 COVID-19 Positive Test Date - 07/27/2020 Resident R17 COVID-19 Positive Test Date - 07/27/2020 Resident R18 COVID-19 Positive Test Date - 07/27/2020 Resident R19 COVID-19 Positive Test Date - 07/27/2020 Resident R20 COVID-19 Positive Test Date - 07/27/2020 Resident R21 COVID-19 Positive Test Date - 07/27/2020 Resident R22 COVID-19 Positive Test Date - 07/27/2020 Resident R23 COVID-19 Positive Test Date - 07/27/2020 Resident R24 COVID-19 Positive Test Date - 07/27/2020 Resident R25 COVID-19 Positive Test Date - 07/27/2020 Resident R26 COVID-19 Positive Test Date - 07/27/2020 Resident R27 COVID-19 Positive Test Date - 07/27/2020 Resident R28 COVID-19 Positive Test Date - 07/27/2020 Resident R29 COVID-19 Positive Test Date - 07/21/2020 Review of a staff list of positive COVID-19 results revealed, in part: S4ACM COVID-19 Positive Test Date - 06/18/2020 S5CNA COVID-19 Positive Test Date - 06/29/2020 S6ACT COVID-19 Positive Test Date - 06/29/2020 S7CNA COVID-19 Positive Test Date - 07/14/2020 S8CNA COVID-19 Positive Test Date - 07/19/2020 S9HSK COVID-19 Positive Test Date - 07/19/2020 S10HSK COVID-19 Positive Test Date - 07/16/2020 S11HSK COVID-19 Positive Test Date - 07/16/2020 S12THP COVID-19 Positive Test Date - 07/16/2020 S13AMA COVID-19 Positive Test Date - 07/22/2020 S14CNA COVID-19 Positive Test Date - 07/27/2020 S15CNA COVID-19 Positive Test Date - 07/27/2020 S16HSK COVID-19 Positive Test Date - 07/27/2020 S17DIE COVID-19 Positive Test Date - 07/27/2020 S18LPN COVID-19 Positive Test Date - 07/27/2020 S19CNA COVID-19 Positive Test Date - 07/27/2020 S20LPN COVID-19 Positive Test Date - 07/27/2020 S21CNA COVID-19 Positive Test Date - 07/27/2020 S22CNA COVID-19 Positive Test Date - 07/30/2020 A review of the letter to be sent out by the facility this week dated 07/30/2020 did not give the specific number of COVID-19 cases in the facility or reference a date as to when the last positive case was discovered. The letter stated We are experiencing an outbreak within the facility that is defined as three (3) or more residents or staff experiencing respiratory symptoms or testing positive within 72 hours. If your loved one is affected, we will contact you directly to discuss their care and status. A telephone interview was conducted on 07/31/2020 at 10:09 a.m. with Resident R31's son, who is the resident's responsible party. He indicated he has never received his mother's COVID-19 test results. He stated he had received one letter regarding the status of COVID-19 in the facility this week, however he did not think it had the numbers of COVID-19 cases included in the emailed letter. He said the letter was basically the same email every week. He stated he had not seen numbers of infected residents and staff on the letters he had received. He stated he would like to know the numbers of COVID-19 positive cases for employees and residents. He stated he would like to be informed of his mother's COVID-19 test results. An interview was conducted on 07/30/2020 at 10:23 a.m. with Resident R30's son. He stated his mother had voiced concern that she was not being kept up-to-date with accurate information regarding the number of positive cases of COVID-19 in the facility. He stated he received an e-mail letter from the facility every three to four days, however the letter did not contain specific information such as the number of residents or staff that were positive for COVID-19. An interview was conducted on 07/30/2020 at 10:32 a.m. with Resident R30. She stated she did not get accurate, updated information regarding the COVID-19 status in the building. She stated the facility had more COVID-19 cases than what was reported to her. A telephone interview was conducted on 07/31/2020 at 2:07 p.m. with S2DON. She stated the facility understood the regulation to mean they needed to send out weekly updates/notifications regarding the COVID-19 status in the facility, and they sent a letter out to families/RR every week. S2DON verified they did not send a letter out by 5:00 p.m. the next calendar day after receiving each positive COVID-19 result for Residents R1-R29 or Staff S4 - S22. A telephone interview was conducted on 07/31/2020 at 3:14 p.m. with S1ADM and S2DON. S1ADM verified he did not have proof of a letter being sent out to families/Responsible Representatives to update them on the COVID-19 status by 5:00 p.m. on 07/28/2020, which would have been the next calendar day after they received the positive results. S2DON verified she did not have documentation of families being notified the next calendar day by 5:00 p.m. each time a positive Covid-19 test result was received.</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.