

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195563	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER SOUTHWIND NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 804 CROWLEY-RAYNE HWY CROWLEY, LA 70526	
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 review of facility policy and procedure, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure: 1. Staff implemented proper procedures for doffing of PPE (personal protective equipment) per facility policy; and 2. Safe handling and storage of used linens to prevent the spread of infection This deficient practice affected 7 (#1-#7) of 7 residents on contact/droplet isolation precautions. Findings: 1. Review of CDC guidance titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 read in part, Doffing (taking off the gear): 1. Remove gloves .2. Remove gown .3. HCP (Health Care Professional) may now exit patient room. Review of CDC guidance titled, Preparing for COVID-19 in Nursing Homes dated June 25, 2020 revealed in part, .position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room. Review of facility policy titled, Donning and Doffing of PPE read in part, 4. PPE will be Donned and Doffed according to CDC guidelines. Review of the facility document titled Census List revealed Residents #1, #2, #4, #5, #6 and #7 are in isolation d/t (due to) positive roommate. Resident #3 is in isolation d/t [MEDICAL TREATMENT]. On 6/25/2020 at 9:53 am, an observation of Resident #3's room revealed a sign that read, Isolation Respiratory Droplet/Contact Precautions, on the door. A 3-drawer cart and a lidded trashcan lined with a white transparent bag was observed in the hallway next to Resident #3's room door. On 6/25/2020 at 9:56 am, an interview was conducted with S5LPN who confirmed Resident #3 was in isolation. S5LPN stated that PPE required to enter an isolation room consists of a N95 mask, a surgical mask, gown, gloves and face shield. S5LPN stated that after exiting an isolation room, the PPE is disposed of into a trashcan located in the hallway outside the resident's room. On 6/25/2020 at 10:14 am, an observation of Residents #4, #5, #6 and #7's rooms revealed a sign posted on each door that read, Isolation Respiratory Droplet/Contact Precautions. A 3-drawer cart and a lidded trashcan lined with a white transparent bag was observed in the hallway next to Residents #4, #6, and #7's door. There was no PPE cart or trash can next to Resident #5's door. On 6/25/2020 at 10:18 am, an interview was conducted with S4CNA who stated she was assigned to Residents #4, #5, #6 and #7. She stated that those residents were in isolation because they once had a COVID-19 positive roommate. S4CNA stated PPE consisting of a N95 mask with a surgical mask on top, gown, gloves and face shield are required to enter the rooms of Residents #4, #5, #6 and #7. S4CNA stated PPE are removed outside the resident's room and put into the trashcan in the hallway after exiting the resident's room. S4CNA confirmed there were no PPE cart near Resident #5's door and stated that staff use the trash can and supplies out of the PPE cart next to Resident #4's door (across the hallway). On 6/25/2020 at 10:39 am, an interview was conducted with S6Housekeeper who stated she was assigned to the hall in which Resident #3 resided. S6Housekeeper stated that she puts on a gown, mask, gloves and face shield to enter Resident #3's room. S6Housekeeper stated that the used PPE taken off and thrown into the trashcan located in the hallway outside the resident's room. On 6/25/2020 12:48 pm, an interview was conducted with S1RNCorporateIC who confirmed that there were 7 residents on isolation in the facility. S1RNCorporateIC stated that the staff remove their PPE outside of isolation rooms and put the used PPE into trashcans located outside of the room in the hallway. On 6/25/2020 at 2:10 pm, during an observation of Hall #4 with S7Administrator revealed two isolation rooms. Resident #1 and Resident #2's room door had a sign posted on each of their doors that read, Isolation Respiratory Droplet/Contact Precautions. A PPE cart was setup in the hall near each door. A trashcan was also observed in the hallway on the opposite side of the PPE carts. On 6/25/2020 at 2:15 pm, an interview was conducted with S8LPN who worked on Hall #4. She confirmed that staff exit the two isolation rooms with their used PPE and discard them into the trashcans which are located in the halls, outside of the two isolation rooms. On 6/25/2020 at 2:09 pm, an additional interview was conducted with S1RNCorporateIC who confirmed that trashcans used for discarding PPE used for residents in isolation should have been inside of each resident's room, as per CDC guidelines. 2. On 6/25/2020 at 11:40 am, an interview with S2HSK/LaundrySupervisor who stated laundry staff are to put on required PPE, which consists of a gown, gloves, face shield, and N95 mask with surgical mask on top when handling and transporting laundry of COVID-19 and isolation residents. Laundry from the COVID-19 unit is bagged in a white transparent plastic trash bag and picked up outside the COVID-19 unit via a golf cart, then transported to the laundry facility for processing. On 6/25/2020 at 1:05 pm, an observation was made of S3Housekeeper who was preparing to pick up COVID-19 soiled laundry for processing. S2HSK/LaundrySupervisor was in attendance during the following observations: S3Housekeeper put on her required PPE then proceeded to put on a gray rain proof jacket with hood and rain proof pants. S2HSK/LaundrySupervisor stated that housekeeping staff wear the rain suit over their PPE on rainy days to pick up laundry from the COVID-19 unit. S3Housekeeper was observed on golf cart outside the exit doors of Hall #3 (COVID-19 unit) picking up a white transparent plastic trash bag containing laundry. The bag was put it on the back of the golf cart and brought to the laundry facility. S3Housekeeper was then observed taking off the rain proof jacket/pants and her PPE (gloves, gown, surgical mask, and face shield) inside the washroom. S3Housekeeper was observed without gloves removing laundry from the washer labeled COVID unit only into a round gray bin labeled covid linen which she brought into the dryer room and loaded into the covid unit only dryer. S3Housekeeper sanitized her hands and put on a surgical mask over her N95 mask, gown, gloves, and face shield. S3Housekeeper walked back into the washroom and loaded the soiled laundry she picked up from the COVID-19 unit into the covid washing machine. After loading the laundry into the machine, S3Housekeeper wearing the same PPE, exited the washroom, removed her surgical mask, gown, and gloves and threw it into a trashcan outside the washroom. S3Housekeeper removed her face shield by grabbing the lid of the face shield and pulling it over her head. S3Housekeeper then proceeded to unlock the washroom door with her keys and re-entered the washroom. S3Housekeeper grabbed the rain proof jacket and pants and walked into the dryer room and hung both garments on the wall in the dryer room. S3Housekeeper did not sanitize the rain proof jacket or pants after use. The rain proof jacket and suit were observed hanging over a large bin of clean uncovered un-bagged laundry containing clothes and a blanket. S2HSK/LaundrySupervisor confirmed the bin of laundry (which is now underneath the contaminated rain suit) contained clean non-covid unit laundry. S3Housekeeper and S2HSK/LaundrySupervisor also confirmed that the rain proof jacket and pants had not been sanitized and that the rain suit should have been sanitized after use prior to storing/hanging it. Review of CDC guideline titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 read in part, Doffing (taking off the gear): 4. Carefully remove face shield or goggles by grasping the strap and pulling upwards and away from head. Do not touch the front of the face shield or goggles. Review of facility policy titled, Donning and Doffing of PPE revealed in part, d. Doffing: .remove face shield or goggles by grasping the strap and pulling upwards and away from head. Do not touch the front of the face shield or goggles. Review of facility policy titled, Laundry Policy and Procedure revealed in part, Policy: All linen is handled, stored, and processed in a manner that will prevent contamination .2. Clean linen is: a. Stored in an area separate from the storage of any dirty linens. On 6/25/2020 at 2:53 pm, an interview was conducted with S1RNCorporateIC who reviewed CDC guidance and facility policy on proper method for removing PPE. S1RNCorporateIC confirmed that dirty</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195563	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER SOUTHWIND NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 804 CROWLEY-RAYNE HWY CROWLEY, LA 70526	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>laundry/PPE should be kept separate from clean laundry. S1RNCorparoteIC also confirmed the rain proof jacket and pants should have been disinfected after use and prior to storage.</p>		