

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEGACY NURSING AND REHABILITATION OF PORT ALLEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>403 15TH STREET PORT ALLEN, LA 70767</b>	
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 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interviews, the facility failed to ensure notification of COVID-19 activities in the facility to the resident's responsible party, emergency contact, or POA. The facility failed to ensure 1. The residents' responsible party was notified when 1 (R1) out of 12 (R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13) residents tested positive for COVID-19; 2. The emergency contact and POA were notified of positive COVID-19 cases in the facility (R1, R14, R15, R16, R17); and 3. All residents with a responsible party, emergency contact or POA 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 91 residents. Findings: Review of the facility's COVID-19 Notification Policy and Procedure revealed in part: Purpose: To inform and maintain communication and status updates to residents and or responsible parties regarding facility operations related to the COVID-19 pandemic. For those residents who are their own responsible party and no other contacts listed, the facility will notify them using one of the available methods. The facility will identify the mechanism(s) the facility is using to inform residents, their representatives, and or families (e.g., newsletter, email, website, recorded voice message, mass scheduled electronic call system, email listservs, website postings, paper notification.) Policy: -The facility will utilize the facility identified mechanism for notification to residents and families based on the CMS guidance and the CMS COVID-19 transparency communication requirements. -The notifications will follow all HIPAA requirements and guidelines. -The information will include mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., restrictions to visitation or group activities). Procedure: -The facility will inform residents, their representatives, and or families of initial restrictions and changes through phone calls, verbally, letter mail out notification, social media, facility postings, and resident meetings. -The facility will maintain notification and updates with residents verbally, resident council meetings, or postings. -The facility will maintain notifications and cumulative updates to families and or representatives utilizing interactive voice response (IVR). These calls may be completed on demand or at a scheduled frequency. -For positive COVID facilities the occurrence of calls will be scheduled weekly or by 5 PM the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection is identified, or whenever three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other. 1. Review of the POS [REDACTED]. Review of the computerized nurses notes for June 2020, revealed no documented evidence R11's daughter was notified of his positive COVID-19 test results. In an interview on 06/15/2020 at 2:45 p.m., S2RDON verified there was no documented evidence R11's daughter was notified of his positive COVID-19 test results. She stated Resident R11's daughter should have received notification of the resident's positive COVID-19 test results. 2. An interview was conducted with S1Adm on 06/15/2020 at 10:45 a.m. She stated all of the residents residing in the facility were initially tested for COVID-19 on 05/28/2020 and 05/29/2020. She stated test results received 05/30/2020 to 06/01/2020, indicated eight residents, R2, R3, R4, R5, R6, R7, R8, and R9, were positive for COVID-19 but all were asymptomatic. She stated the eight residents with positive COVID-19 test results and any resident that had been in contact with them were retested on [DATE]. She stated the test results took up to seven days to come in and four additional residents, R10, R11, R12, and R13, tested positive for COVID-19. She stated the facility notified each resident with positive COVID-19 results and responsible party if applicable, within an hour or so of the receipt of the positive test results. She stated a robo telephone call was made to all residents' responsible party notifying them of positive COVID-19 results in the building on 05/31/2020, 06/03/2020, and 06/11/2020. She stated the facility's corporate office initiated the calls for the facility. A telephone interview was conducted with Resident R1's daughter (responsible party) on 06/15/2020 at 12:37 p.m. R1's daughter stated she had never received a telephone call or voicemail notifying her of the facility's COVID-19 activities. An interview was conducted with S1Adm on 06/15/2020 at 12:48 p.m. She stated she would provide this surveyor with a copy of the telephone numbers the robo call went out to on 05/31/2020, 06/03/2020, and 06/11/2020. An interview was conducted with S1Adm on 06/15/2020 at 1:03 p.m. She stated a resident's contact could be listed as a responsible party, emergency contact, or POA in the facility's computer system. She stated R1's daughter was listed as her POA. She stated corporate had only sent the robo telephone calls to the residents' contacts listed as responsible party and not emergency contact or POA. She verified R1's daughter had never received notification of the positive COVID-19 cases in the facility. After reviewing all the residents' contact information, she verified R14, R15, R16, and R17's resident contact had not received the robo telephone call notifying of positive COVID-19 cases in the facility because their resident contact was listed as an emergency contact or POA in the computer. She verified all residents contact should have been notified of the positive COVID-19 cases in the facility. 3. Review of the POS [REDACTED]. There was no documented evidence an additional robo telephone call was completed on 05/31/2020 or 06/01/2020. Review of the POS [REDACTED]. In an interview on 06/15/2020 at 2:50 p.m., S2RDON stated the positive COVID-19 lab results for Residents R12 and R13 were received via email on 06/10/2020 at 12:37 p.m. Review of the robo telephone call log dated 06/11/2020 for notification to the residents' responsible party of positive COVID cases in the facility revealed the calls were conducted at 06/11/2020 at 18:01 (6:01 p.m.). An interview was conducted with S1ADM on 06/17/2020 at 2:55 p.m. She stated the robo telephone call was conducted on 05/31/2020 at 3:31 p.m. She verified the positive COVID-19 test results for Residents R8 and R9 were received after 3:31 p.m. on 05/31/2020. She verified there were no robo telephone calls conducted to notify the residents' responsible party of additional COVID-19 cases identified in the facility on 05/31/2020. She verified the robo telephone calls conducted on 06/03/2020 and 06/11/2020 were not done by 5 p.m. She verified the calls should have been conducted before 5:00 p.m.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.