

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER RESTHAVEN LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 1301 HARRISON STREET BOGALUSA, LA 70427	
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	Provide and implement an infection prevention and control program. Based on observation and interviews the facility failed to ensure staff maintained CDC recommended guidelines for COVID-19 prevention, by failing to ensure staff implemented universal use of facemasks while in the facility as evidenced by observations of 3 (S3DM, S4DS, and S6DS) kitchen staff members improperly wearing or not wearing masks while in the food area. This had the potential to effect 69 residents who ate meals from the kitchen on 06/16/2020. Findings: A review of the facility's COVID-19 Implementation and Guidance revealed, in part the following: In-services with competencies will be completed by all staff: -Standard Precautions / Universal Precautions -Hand Washing -Fit test for N95, Donning (putting on) and Doffing (taking off) and User Seal Checks Video -Donning / Doffing of PPE -Proper Cleaning of equipment and surfaces. A review of the facility's Strategies for Optimizing the Supply of PPE (Personal Protective Equipment) revealed, in part the following: Health Care Provider must take care not to touch their respirator (N95) mask. If they remove or touch their N95 respirator mask, they must perform hand hygiene. A review of the facility's sign-in sheet for in-services presented by administration titled Current COVID-19 Protocol as of 4/10/2020 and N95 Mask Use dated 04/10/2020 revealed signatures were from all Dietary Staff as having attended the in-service. On 06/15/2020 at 10:50 a.m., an observation was made from the dining room into the kitchen. The kitchen was visible through large glass serving windows. Three kitchen staff members were working in the food line area with their faces uncovered. One of them was not wearing a facemask and two of them wore their facemasks hanging from one ear and not covering the nose or mouth. When the staff noticed surveyors looking into the kitchen, all three applied their facemasks. They continued to work in the food line area. Hand hygiene was not performed after touching their facemasks. On 06/15/2020 at 11:05 a.m., an interview was conducted with S5DS. She stated S3DM was working the food line and could not come off of the food line for an interview at that time. S5DS stated she did not always wear a mask in the kitchen. She stated she did not wear a mask when in the dishwashing room, over the hot stove, or if she was not around the food. She stated staff members wear masks when they are around the food or on the food line. On 06/15/2020 at 11:20 a.m., an interview was conducted with S1DON. She was informed of the observation made of three kitchen staff members working without facemasks and a staff member reporting facemasks masks were not always worn in the kitchen. S1DON excused herself and left the dining area. She returned shortly thereafter and stated all kitchen staff had been in-serviced to wear masks at all times. She said she had the in-service sign-in sheets which had been signed by the three observed kitchen staff members. S1DON stated she would be counselling them about this and they should be wearing their masks. 06/15/2020 at 1:40 p.m., an interview was conducted with S3DM. She stated she had been the manager since May 10, 2020. She verified she was not wearing a face mask and two other kitchen staff, S4DS and S6DS, were not wearing face masks in the food area. She stated she thought she was told kitchen staff did not have to wear masks. She said she was told if kitchen staff members exit the kitchen, then they had to put on their masks. She said after surveyors witnessed kitchen staff not wearing masks, the S1DON went into the kitchen and told her masks were to be worn in the kitchen. On 06/15/2020 at 2:45 p.m., an interview was conducted with S2ADON. She was made aware of three kitchen staff members not wearing masks in the kitchen. S2ADON stated they should be wearing masks.		
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.