

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER FERNCREST MANOR LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 14500 HAYNES BLVD. NEW ORLEANS, LA 70128	
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.</p> <p>Based on interviews, observations, and record reviews the facility failed to maintain an infection control program by failing to: 1) ensure COVID-19 rooms were cleaned last to prevent the spread of the infection to others on the quarantine unit as per Center for Disease Control and Prevention guidelines; 2) failed to clean from clean to dirtiest areas by cleaning residents' bathrooms before cleaning the resident rooms per CDC guidelines; 3) failed to have knowledge of the disinfectants they were using to prevent the spread of COVID-19; 4) failed to properly remove and dispose of Personal Protective Equipment such as N95 masks and dispose of in a red garbage bag before leaving the rooms of resident's on Airborne Isolation on the Quarantine unit. 5) failed to dispose of resident's garbage and linen in a designated red garbage bag in the residents' rooms on Airborne Isolation on the Quarantine unit. 6) failed to complete their COVID-19: Screening Checklist-for Visitors and Staff forms; These above deficient practice was identified during a COVID-19 Focused infection Control Survey and had the potential to affect the residents residing at the facility. The total facility census was 143 Residents. Findings: Review of the Center of Disease Control Guidelines for Daily Cleaning and Disinfection, follow guidelines for an optimal cleaning path from clean to dirtiest and restrooms should be cleaned last. In an interview on 07/08/2020 at 10:23am, S2Assistant Director of Nursing (ADON) stated that for the residents on Airborne Precaution the staff have not been throwing away the N95 mask because they put a surgical face mask over the N95 mask and only throw away the surgical face mask and continue to wear the N95 mask throughout the facility. She stated normally one would throw away all personal protective equipment (PPE) before leaving those residents rooms who are on isolation. She further stated they do have enough PPE supplies including N95 masks. In an interview on 07/08/2020 at 10:50am, with S11Administrator and S1Director of Nursing (DON) stated that have been having a good supply of Personal Protective Equipment (PPE) and no shortage of PPE supplies as of now. They stated that on the Quarantine unit they clean the hall in no specific order, from one room to the next, and don't clean the Covid-19 rooms last. In an interview on 07/08/2020 at 11:10am, S7Maintenance Director with S8Housekeeping /Laundry Supervisor they stated that in general they clean the residents' bathroom first and then clean the residents' rooms next. They further stated on the quarantine unit with the COVID-19 residents and persons under investigation they clean going from one room to the next with no order to cleaning them. Observation on 07/08/2020 at 1:24pm, revealed S6Certified Nursing Assistant (CNA) was on the quarantine unit and went into a patient's room with all of her PPE supplies on including a surgical face mask over an N95 Mask. Observation revealed she was making the resident's bed. Observation on 07/08/2020 at 1:27pm, revealed S6CNA came out of the resident's room into the hallway and pulled a red lined garbage can about 8 feet away from the hallway to the resident's doorway and put the linen in the garbage can outside the residents room. Further observation revealed she took off her gown in the hallway and walked approximately 55 feet over to a red lined garbage bag in the hallway and disposed of her gown, gloves, and face mask but kept on the N95 Mask she was wearing. In an interview on 07/08/2020 at 1:30pm, S6CNA stated that there was no red bag in this isolation room. She further stated that she only took off her surgical face mask and will continue wearing her N95 Mask throughout the facility after leaving the quarantine unit. Observation on 07/08/2020 at 1:35pm on the quarantine unit revealed three staff were putting on PPE and went into a resident's room with an Airborne Precaution sign posted on the door. Observation on 07/08/2020 at 1:40pm revealed the 3 staff came out of the isolation room with N95 masks on. In an interview on 07/08/2020 at 1:42pm, S2ADON stated that she was with S4LPN who does wound care, and S9Certified Nursing Assistant and they throw away all of the PPE supplies except the N95 Masks and keep wearing them throughout the facility. In an interview on 07/08/2020 at 1:57pm, S9CNA stated there were 10 residents on the quarantine unit and 2 of them have COVID-19. She further stated some residents are new admits and others are persons under investigation for whatever reasons and all have an airborne precaution signs on the door. In an interview on 07/08/2020 at 2:04pm, S1DON stated staff can keep wearing the N95 masks after taking off the surgical face mask. He stated he was told this by a state person in the beginning of the pandemic. He stated that staff should throw the residents garbage in the red garbage bags in the residents' rooms. He further stated they have enough supplies of N95 Masks. In an interview on 07/08/2020 at 2:25pm, S10CNA stated that on the Quarantine Unit there were 4 other residents' rooms that did not have a red garbage bag in the room. Observation on 07/09/2020 at 9:50am revealed in the facility's Quarantine with residents on Airborne Precautions revealed S5Housekeeping cleaning a resident's room and came out of the room and put her gown in a garbage bag in her cleaning cart. Observation of the inside room from the hallway revealed there was no noted garbage can with a red garbage bag in the room. In an interview on 07/09/2020 at 9:51am, S5Housekeeping stated that the resident was on isolation and there was no red garbage bag in the room to throw away her gown. She stated as she cleans, she cleans the bathroom first and then the resident's room. She further stated she uses a disinfectant Mill-kill and the Contact time is 5 minutes before wiping it off. In an interview on 07/09/2020 at 12:53pm, S1Director of Nursing (DON) stated that he does not have any documentation of how long the contact times are to leave the disinfectants on before wiping it off. In an interview on 07/09/2020 at 1:15pm, S1DON stated that housekeeping is to put the garbage in the resident's rooms in red garbage bags since all the residents on the quarantine unit are on isolation and not in a housekeeping cart's garbage can. In a telephone call to the disinfectant company on 07/09/2020 at 1:50pm per S2ADON, the person on the telephone stated for Mill-Kill the contact time to leave the product wet on the surface before wiping off was 10 minutes to be effective against COVID-19. Review of the facility's COVID-19: Screening Checklist-for Visitors and Staff forms from 07/01/2020 to 07/08/2020 had documented temperatures, but no documented answers to screening questions. Further review revealed documented temperatures as high as 99.1 degrees Fahrenheit (F) and as low as 89.3 degrees F with no documentation of rechecking for accuracy. Record review of a COVID-19: Screening Checklist-for Visitors and Staff form dated 07/01/2020 revealed documentation of the staff's name and temperature of 96.4 degrees F, and no documentation of screening questions. Record review of a COVID-19: Screening Checklist-for Visitors and Staff form dated 07/02/2020 revealed documentation of the staff's name and temperature of 89.3 degrees F, and no documentation of screening questions or temperature recheck. Record review of a COVID-19: Screening Checklist-for Visitors and Staff form dated 07/04/2020 revealed documentation of the staff's name and temperature of 98.7 degrees F, and no documentation of screening questions. Record review of a COVID-19: Screening Checklist-for Visitors and Staff form dated 07/06/2020 revealed documentation of the staff's name and temperature of 93.4 degrees F, and no documentation of screening questions or temperature recheck. Record review of a COVID-19: Screening Checklist-for Visitors and Staff form dated 07/07/2020 revealed documentation of the staff's name and temperature of 95.8 degrees F, and no documentation of screening questions. Record review of a COVID-19: Screening Checklist-for Visitors and Staff form dated 07/08/2020 revealed documentation of the staff's name and temperature of 99.1 degrees F, and no documentation of screening questions or temperature recheck. In an interview on 07/09/2020 at 11:11am, S12Receptionist stated she checked everyone entering facility. S12Receptionist stated she offered hand sanitizer while taking temperatures; made sure everyone filled out answer to questions; checked the answers given; and then allowed entry to facility. S12Receptionist stated she is responsible for screening while on duty as receptionist which is usually on weekdays. In an interview on 07/09/2020 at 12:15pm, S2ADON acknowledged the COVID-19:</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.

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<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>Screening Checklist-for Visitors and Staff forms from 07/01/2020 to 07/08/2020 did not have documentation for screening questions, and out of normal range temperatures were not rechecked. In an interview on 07/09/2020 at 1:40pm, SIDON acknowledged the COVID-19: Screening Checklist - for Visitors and Staff forms from 07/01/2020 to 07/08/2020 did not have documentation for screening questions, and out of normal range temperatures were not rechecked.</p>		