

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195590	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2020
NAME OF PROVIDER OF SUPPLIER ST CLARE MANOR		STREET ADDRESS, CITY, STATE, ZIP 7435 BISHOP OTT DRIVE BATON ROUGE, LA 70806	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews, observations, and record reviews the facility failed to ensure staff maintained Standard and Transmission Based Precautions and CDC recommended guidelines for COVID-19 prevention, by failing to: 1. Ensure staff cleaned and disinfected a reusable blood pressure cuff used to check blood pressure for residents by 1(S4CNA) of 1(S4CNA) observed taking blood pressures. 2. Ensure staff implemented universal use of facemasks while in the facility for 1(S5CNA) of 2(S5CNA, S3LPN) staff observed on Hall 1. Findings: Review of policy provided by the facility, entitled Cleaning and Disinfection of Residents-Care Items and Equipment revealed, in part: Policy Statement Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. Policy Interpretation and Implementation and Implementation 1. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care: c. Non-critical items are those that come in contact with but not mucous membranes. (1) Non-critical resident-care items included bedpans, blood pressure cuffs, crutches and computers. (2) Most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location). d. Reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment). 4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions. 7. Intermediate and low-level disinfectants for non-critical items include a. Ethyl or [MEDICATION NAME] alcohol b. Sodium hypochlorite (5.25 - 6.15% diluted 1:500 or per manufacturer's instructions); c. [MEDICATION NAME] germicidal detergents; d. [MEDICATION NAME] germicidal detergents; and e. Quaternary ammonium germicidal detergents (low-level disinfection only). Review of COVID-19 policies provided by the facility revealed, in part: Evaluate and Manage Healthcare Personnel with Symptoms Consistent with COVID-19 As part of source control efforts, HCP should wear a facemask or cloth face covering at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are shortages of facemasks, facemasks should be prioritized for HCP and then for residents with symptoms of COVID-19 (as supply allows). On 10/21/2020 at 10:46 a.m. an observation was made of S4CNA taking a vital signs machine with blood pressure cuff in and out of rooms A, B, C, and D. S4CNA did not clean/sanitize the vital signs machine or blood pressure cuff prior to entering or after exiting residents' rooms. On 10/21/2020 at 11:06 a.m. an interview was conducted with S4CNA. She stated she was doing vital signs, and she does vital signs for the residents once a day. She verified she did not sanitize the vital signs machine or blood pressure cuff when she went from room A to room B, from room B to room C, or from room C to room D or in any of the other rooms. She stated she did not have sanitizing wipes on the cart so that she could sanitize the machine. On 10/21/2020 at 4:00 p.m. an interview with S1ADM and S2DON. S1ADM and S2DON were notified of the above observations. S2DON stated reusable resident equipment including a blood pressure cuff should be cleaned between resident uses. She stated the CNA should clean BP cuffs in between residents. S1ADM stated staff should clean blood pressure cuffs with the purple top Sani wipes. On 10/21/2020 at 11:52 a.m., S5CNA was observed in the dining/living area with her face mask pulled down under her mouth talking on a cellphone. S5CNA was seated next to a table facing a resident. The resident was not wearing a mask and was seated within 2 feet of S5CNA. On 10/21/2020 at 11:58 a.m. an interview was conducted with S5CNA. She verified her mask was down when the surveyor saw her earlier. On 10/21/2020 at 12:00 p.m. an interview was conducted with S1ADM and S2DON. S1ADM stated all employees should wear their masks appropriately covering their mouth and nose according to CDC practices. S2DON stated staff should wear their masks when they enter the building.</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.