

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195488	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER NOTTINGHAM REGIONAL REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 2828 WESTFORK BATON ROUGE, LA 70816	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a sanitary and comfortable environment to help prevent the development and transmission of communicable diseases (COVID-19). The facility failed to ensure staff utilized appropriate PPE when entering a resident room with signage indicating droplet and contact isolation precautions were in place, and failed to ensure staff properly doffed and properly disposed of soiled PPE when exiting two resident rooms with signage indicating droplet and contact isolation precautions were in place. Findings: Review of the policy entitled Novel Coronavirus Prevention and Response revealed, in part: Policy: The facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]. Interventions to prevent the spread of germs within the facility: Educate staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection. Promote easy and correct use of PPE by posting signs on the door or wall outside resident room that clearly describe the type of precautions and required PPE; position a trash can near the exit inside any resident room to make it easy to discard PPE. Review of the policy entitled Isolation- Initiating Transmission-Based Precautions revealed, in part: Transmission Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. When a resident is placed on Transmission Based Precautions, appropriate notification is placed on the room door so that personnel and visitors are aware of the need for and the type of precautions. Review of the policy entitled Isolation- Categories of Transmission-Based Precautions revealed, in part: Contact Precautions- Staff will wear gloves (clean non-sterile) when entering the room. Gloves will be removed and hand hygiene performed before leaving the room. Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after the gown is removed. Review of the 2019 Novel Coronavirus Tool Kit provided by the facility revealed, in part: How to Safely Remove Personal Protective Equipment (PPE) (handout with illustration) - Remove all PPE before exiting the patient room and closing the door, discard in a waste container. Review of Staff Training records revealed, in part: Staff training was provided on 04/06/2020, which included 2019 Novel Coronavirus Tool Kit/ Isolation Precautions/ Transmission Based Precautions. Staff training was provided on 04/23/2020, which included CDC Documents/ PPE, Sequence of placing and removing PPE. Staff training was provided on 06/18/2020, which included What You Should Know About COVID19, and Share Facts About COVID19. Review of attendance records revealed S3CNA received these staff trainings. On 07/14/2020 at 1:15 p.m., an observation was conducted of S2CNA taking a lunch tray into Room A. There was an isolation sign on the door which indicated droplet and contact precautions were required. There was a PPE station outside the room which contained PPE. S2CNA entered the room with the lunch tray wearing a mask, and no other PPE. On 07/14/2020 at 1:18 p.m., an interview was conducted with S2CNA. She verified there was a sign on the room door indicating isolation precautions and a PPE station with PPE outside the door. When asked if she had received training regarding PPE use, she stated yes, she had been trained on PPE use, and how to put on, take off, and dispose of PPE. She verified she did not put on all required PPE to enter Room A. She stated she was supposed to put a hair covering, a gown, shoe covers, and goggles and gloves if needed when entering the room and she did not. On 07/14/2020 at 1:25 p.m., an observation was conducted of S2CNA. She was observed to approach Room A to take in a second lunch tray. She donned a hair covering, gown, and shoe covers and entered the room. After a few minutes, she exited the room, stopped in the hallway, removed her hair covering, gown, and shoe covers, wrapped them up in a ball, carried them down the hall, entered the soiled utility room, and placed the soiled PPE into a grey trash barrel designated for regular trash. She approached Room B, there was an isolation sign on the door that indicated droplet and contact precautions. There was a PPE station outside the room which contained PPE. S2CNA donned a hair covering, gown, and shoe covers, and entered the room with a lunch tray. After a few minutes, she exited the room, stopped in the hallway, removed her covering, gown, and shoe covers, wrapped them up in a ball, carried them down the hall, entered the soiled utility room, and placed the soiled PPE into a grey trash barrel designated for regular trash. On 07/14/2020 at 1:50 p.m., an interview was conducted with S2CNA. She verified she was wearing only a mask and did not put on any other PPE to enter Room A. She further verified there was a sign on the door indicating droplet and contact isolation precautions. She verified she entered Room A a second time, and prior to entry, donned PPE which included a gown, shoe covers, and a hair covering. She verified that after exiting the room, she removed the soiled PPE in the hallway, carried it to the soiled utility room, and placed it in the grey trash barrel with regular trash. She verified she entered Room B, a room with a sign on the door indicating droplet and contact isolation precautions, and prior to entry, donned PPE which included a gown, shoe covers, and a hair covering. She verified that after exiting the room, she removed the PPE in the hallway, carried it to the soiled utility room, and placed it in the grey trash barrel with regular trash. She stated she had received training regarding proper use of PPE, including what PPE to wear, how to don, doff, and dispose of PPE. She confirmed she removed her PPE in the hallway after she exited Room A and Room B, and disposed of the PPE in the regular trash in the soiled utility room. She verified she was supposed to dispose of PPE in a red biohazard trash bag after removal inside the room. On 07/14/2020 at 2:02 p.m., an interview was conducted with S1DON. All above infection control observations and interviews were discussed with S1DON. She confirmed the staff don proper PPE including a gown, gloves, mask, eye protection, hair covering, and shoe coverings when entering a resident's room who had droplet and contact isolation precautions in place, and should doff and dispose of soiled PPE before exiting the resident's room. She stated staff, including S2CNA, had received training regarding proper use of PPE and isolation procedures.</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.