

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195588</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAK LANE WELLNESS &amp; REHABILITATIVE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1400 W MAGNOLIA EUNICE, LA 70535</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on interviews, and reviews of policy and procedure, Whirlpool Disinfection Log, and Whirlpool In-Service Education, the facility failed to ensure staff were consistent with infection control practices to prevent cross contamination of reusable equipment. The care staff, S4CNA (Certified Nursing Assistant) failed to have evidence of the disinfection and/or sanitization of 1 of 2 whirlpool baths after 10 of 10 random residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10) had their baths on 06/23/2020. According to the administrator, the resident census was 76 residents. Findings: Review of the Cleaning and Disinfection of Whirlpool Policy revealed in-part, it was policy for the Whirlpool to be cleaned and disinfected between each resident use. Review of the Cleaning and Disinfection of Resident-Care Items and Equipment Policy revealed in-part, but not limited to: d. Reusable items are cleaned and disinfected or sterilized between residents (e.g. durable medical equipment) and 4. Reusable resident care equipment will be decontaminated and/or sterilized between residents. Review of the Whirlpool In-service Training dated 03/06/2020 revealed in-part, S4CNA was educated regarding implementation of the whirlpool disinfectant log of each whirlpool that was to be dated and signed each time staff disinfect the whirlpool. Review of the Whirlpool Disinfection Log revealed no evidence the whirlpool was disinfected by S4CNA after each of the 10 random residents (R1-R10) had their baths today, 06/23/2020. The latest evidence that the whirlpool was disinfected between resident use by S4CNA was dated, Friday, 06/19/2020. A random observation of the whirlpool area was conducted on 06/23/2020 at 12:45 p.m. with S4CNA. During this same random observation of the whirlpool area, S4CNA reported she provided whirlpool baths to 10 random residents (R1-R10) today. At 12:46 p.m. S4CNA further reported the whirlpool was to be disinfected after each resident's whirlpool bath. S4CNA confirmed there was no evidence that she disinfected the whirlpool after each of the 10 random residents (R1-R10) were bathed in the whirlpool today, 06/23/2020. S4CNA verified her latest entry on the Whirlpool Disinfection Log that she disinfected the whirlpool was Friday, 06/19/2020. S4CNA then replied that she started her day late this morning and she did not document the disinfection of the whirlpool area after each of the 10 random residents (R1-R10). An interview held on 06/23/2020 at 11:30 a.m. with S1Adm (Administrator), S2DON (Director of Nursing) and S3RN (Registered Nurse) revealed the whirlpool was to be cleaned after each use and between each resident's use. During another interview on 06/23/2020 at 12:47 p.m., S2DON reported the whirlpool area was to be disinfected after each resident's whirlpool bath by S4CNA. S2DON confirmed there was no evidence that S4CNA disinfected the whirlpool after each of the 10 random residents (R1-R10) had their whirlpool baths today, 06/23/2020. S2DON verified the reviewed documents indicated the last date the whirlpool was disinfected by S4CNA was on 06/19/2020. On 06/23/2020 at 1:05 p.m., another interview was held with S3RN. S3RN reported the whirlpool was to be disinfected after each resident use.		
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.