

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/04/2022
NAME OF PROVIDER OR SUPPLIER  Jefferson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2200 Jefferson Hwy Jefferson, LA 70121	

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)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46683</p> <p>Based on record reviews, interviews, and observations, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure a resident (Resident #6), with a known history of unsafe smoking, with moderate cognitive impairment, was supervised while smoking; and,</li> <li>2. Ensure residents who were identified as unsafe smokers, did not have access to smoking materials and were supervised while smoking for 1 (Resident #6) out of 5 (Resident #6, #7, #8, #9, and #10) unsafe smokers reviewed for safe smoking. The facility noted 8 residents that were unsafe smokers.</li> </ol> <p>The deficient practice resulted in an Immediate Jeopardy situation for Resident #6 on 08/02/2022 at 11:00am when Resident #6 was sitting in his wheelchair in the doorway of the hall W day room, with the door open, smoking a cigarette without facility staff providing supervision. Resident #6 was observed smoking with visible ashes noted falling to Resident #6's green shirt, pants, and blue wheelchair cushion. Further observation of Resident #6 revealed, two round pencil size holes with brown edges to the left upper corner of his blue wheelchair cushion.</p> <p>The deficient practice has the likelihood to cause serious harm to the remaining 7 residents identified as unsafe smokers by the facility.</p> <p>Observation on 08/02/2022 at 4:36pm revealed Resident #6 entered the smoking area through the hall W room entrance door. Observation revealed, Resident #6 exchanging money with an unidentified resident. Observation revealed Resident #6 then received a half a pack of cigarettes in red packaging. Observation revealed Resident #6 reached over with the cigarette in his mouth. Observation revealed an unidentified resident then lit Resident #6's cigarette with a lighter. Observation revealed Resident #6 began to smoke unsupervised. Observation revealed Resident #6 had both hands shaking while holding the cigarette and smoking. Observation further revealed Resident #6 was dropping ashes on his green shirt and blue and red plaid pants.</p> <p>S1Administrator was notified of the Immediate Jeopardy on 08/02/2022 at 4:15pm.</p> <p>The Immediate Jeopardy was removed on 08/04/2022 at 3:15pm, after it was determined through observations, interviews, and record reviews, the facility implemented an acceptable Plan of Removal, prior to the survey exit, which included:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>There are a total of 8 residents who have the potential to be affected by this alleged practice.</p> <p>08/02/2022 at 5:00pm- Resident #6 was placed on one to one supervision until 08/05/2022. After 08/05/2022 the resident will be supervised along with the other smokers by the smoking supervisors.</p> <p>08/02/2022 at 4:00pm- Staff development nurse in-services all smokers on not sharing smoking materials with other residents.</p> <p>08/03/2022 at 7:00am- A nurse/designated employee was put in place to monitor smokers daily on the day shift, evening shift, and night shift in the designated smoking area. Day shift and evening shift will not have scheduled smoking times. From 10:00pm-6:00am, scheduled smoking times for unsafe smokers will be 11:00pm and 1:00am.</p> <p>08/03/2022 at 8:00am- Director of Nursing (DON) or designee initiated an all staff in-service on the following that will be completed by 08/07/2022:</p> <p>The facility's smoking policy and procedure;</p> <p>All unsafe smokers must be supervised while smoking;</p> <p>All smoking materials of unsafe smokers will be kept on the nurse's medication cart;</p> <p>A list of unsafe smokers will be placed in a binder at each nurses station and will be updated as appropriate by the Minimal Data Set (MDS) department so that staff is aware of the unsafe smokers;</p> <p>MDS department in-serviced on completing a smoking assessment on all smokers at least quarterly and as appropriate. MDS department to update unsafe smokers list when changes are made and replace each list at all nurses stations.</p> <p>08/03/2022 at 8:00am-Nursing Facility Administrator (NFA) or designee to spot check unsafe smokers weekly to ensure they are being supervised appropriately.</p> <p>08/03/2022 at 8:00am-Director of Nursing (DON) or designee to spot check unsafe smokers list at each nurse's station to ensure compliance.</p> <p>The likelihood of serious harm to resident #6 and the other 7 residents no longer existed after 08/02/2022 at 5:00pm.</p> <p>Findings:</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Smoking Policy and Procedure revealed, in part, safe smoking assessment and/or Interdisciplinary (ID) Team will determine if resident is safe to smoke. Residents deemed unsafe will be discussed with ID Team to determine protocol to be implemented on individual basis (ex. smoking apron needed, cigarettes stored at nurses station, lighter removed from resident from resident possession, direct supervision needed, etc.). Safe smoking assessments will be completed on residents who smoke upon admission, re-smoking assessments will be completed on residents who smoke upon admission, readmission, quarterly, annually, significant changes, and as needed. Further review revealed no documented evidence for the protocol of when direct supervision was required for unsafe smokers.</p> <p>Resident #6</p> <p>Review of Resident #6's face sheet revealed, in part, Resident #6 was admitted to the facility on [DATE] with diagnoses that included: Parkinson's Disease, Lack of Coordination, Extrapyrimalal and Movement Disorder, Alcohol Abuse, Legal Blindness of the Left Eye</p> <p>Review of Resident #6's MDS with an assessment reference date of 05/11/2022 revealed, in part, Resident #6's Brief Interview for Mental status Score was an 8. Resident #6 had moderate cognitive impairment.</p> <p>Review of Resident #6's Comprehensive Care Plan revealed, in part, Resident #6 may be at risk for potential for injury related to his smoking habit and on 05/11/2022 Resident #6 was an unsafe smoker. Further review revealed Resident #6 should smoke in designated smoke areas, be instructed on safe smoking measures, may need his cigarettes and lighter given to him by staff when Resident #6 needs to smoke. Resident #6 may need supervision when he smokes and he may need his room searched for cigarettes, lighters, and/or ashes.</p> <p>Review of Resident #6's assessment for safe smoking date of completion: 05/09/2022 revealed, in part, Resident #6 was an unsafe smoker. Review of this assessment revealed Resident #6 has a history of smoking and has been considered an unsafe smoker since an episode of smoking in his room. Review of this assessment revealed Resident #6 was aware that he was considered an unsafe smoker and if the resident wanted to smoke he must do so at the supervised smoking sessions. Further review of this assessment revealed Resident #6 had burns reported on his clothing.</p> <p>Observation on 08/02/2022 at 11:00am revealed Resident #6 was noted sitting in his wheelchair in the doorway of the hall W day room, with the door open, smoking a cigarette without facility staff providing any direct supervision. Resident #6 observed smoking and visible ashes were noted falling to Resident #6's green shirt, pants, and blue wheelchair cushion. Observation revealed Resident #6 had both hands shaking while holding the cigarette and smoking. Further observation of Resident #6 revealed, two round pencil size bun holes to the wheelchair cushion.</p> <p>In an interview on 08/02/2022 at 11:10am, Resident #6 stated he smokes without supervision. Resident #6 further stated he keeps his own lighter and cigarettes.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/02/2022 at 12:08pm, S22Licensed Practical Nurse (LPN) stated Resident #6 goes out to the smoking area to smoke by himself because he is not an unsafe smoker. S22LPN stated Resident #6's cigarettes are kept on the cart and when Resident #6 is ready to smoke S22LPN gives Resident #6 his cigarettes and lighter, and Resident #6 goes outside to the patio and smokes without supervision. S22LPN stated Resident #6 did not need to be supervised during smoking sessions. S22 LPN further stated Resident #6 often will keep his lighter or get a lighter from other residents.</p> <p>In an interview on 08/02/2022 at 12:11pm, S21Certified Nursing Assistant (CNA) stated she has been working at the facility approximately 5 months and she is familiar with Resident #6. S21CNA stated Resident #6 goes out to the smoking area to smoke frequently throughout the day. S21CNA stated Resident #6 smokes unsupervised and Resident #6 does not have to wear a protective garment or be in a supervised smoking area. S21CNA further stated no education was provided to her regarding Resident #6 being an unsafe smoker.</p> <p>Observation on 08/02/2022 at 12:15pm, revealed a red lighter with a black top lying on Resident #6's roommate's bed. S22LPN removed the lighter and acknowledged it was for Resident #6. S22LPN further stated sometimes he will keep his lighter on his person after smoking.</p> <p>Observation on 08/02/2022 at 12:20pm, revealed S21CNA and S23CNA Supervisor inspecting Resident #6's clothing. Observation revealed a pair of blue pajama pants noted with a dime size hole with brown and white edges to the left front thigh area. Observation revealed light and dark grey powder like substance noted on the floor directly under Resident #6's bedside table located on the left side of Resident #6's bed.</p> <p>In an interview on 08/02/2022 at 12:22pm, S23CNA Supervisor stated the light and dark grey substance is ashes. She further stated it may have fell off of Resident #6's clothes because Resident #6 frequently has ashes on his clothes after smoking.</p> <p>In an interview on 08/02/2022 at 12:30pm, S23CNA Supervisor stated the activities department and S24Restorative CNA and S25Restorative CNA assist in supervising unsafe smokers.</p> <p>In an interview on 08/02/2022 at 12:40pm, S25Restorative CNA stated restorative CNA's do not supervise unsafe smokers. S25Restorative CNA stated the restorative CNA's job was to give fluids to the residents in the smoking area. S25Restorative CNA stated supervising a resident who was an unsafe smoker is the responsibility of the CNA assigned to the resident.</p> <p>In an interview on 08/02/2022 at 12:41pm, S24Restorative CNA stated Resident #6 does not require supervision with smoking. S24Restorative CNA stated Resident #6 is able to wheel himself around in his wheelchair and take himself out to smoke. S24Restorative CNA further stated Resident #6 does not require staff be present during smoking sessions.</p> <p>In an interview on 08/02/2022 at 12:43pm, S26Recreational Director stated the activities department does not oversee unsafe smokers.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/02/2022 at 12:45pm, S2Corporate Quality Improvement Nurse (CQIN) stated Resident #6 should be smoking in the designated smoking area across from the time clock near the administrative offices because that area has high traffic. S2CQIN Nurse further stated this was the area where the residents smoke because staff are frequently in the area. S2Corporate QI Nurse further stated the facility does not have assigned smoking times, designated personnel, or a binder to maintain unsafe smokers.</p> <p>In an interview on 08/02/2022 at 12:55pm, S1Administrator stated the designated smoking area was right outside the door that was located directly across from the time clock and the vending machines. S1Administrator stated no resident at any time should be smoking in the facility, nor should the doors be open when the resident is smoking. S1Administrator stated he was not able to be the police at his facility because he does not have enough staff to do that. S1Administrator stated Resident #6 was a problem resident. S1Administrator further stated Resident #6 takes cigarettes from other residents, and he has been an issue for a little while.</p> <p>In an interview on 8/2/2022 at 2:30pm S32Social Services Director stated she and her partner, the other social worker, are both new to the facility and were never informed of a smokers list, an unsafe smokers list, or how social services played a role in the process. S32 further stated she has not done anything with the smokers since working here.</p> <p>Observation on 08/02/2022 at 3:17pm revealed Resident #6 sitting in his wheelchair right outside of the hall W day room door, smoking a cigarette without facility staff providing supervision. Resident #6 was observed smoking and visible ashes were noted falling to Resident #6's red and blue plaid pajama pants on both the right and left thigh area.</p> <p>In an interview on 08/03/2022 at 9:18am, S16MDS Coordinator, LPN stated a resident who was designated an unsafe smoker should have a staff member present with them any time they are smoking. S16MDS Coordinator, LPN stated Resident #6 was an unsafe smoker and should have staff providing direct supervision when he was smoking. S16MDS Coordinator, LPN stated Resident #6 should not be allowed to have smoking materials at any time. S16MDS Coordinator, LPN stated the nurse on the hall should keep his smoking material and then directly hand it to the staff member taking him to smoke. S16MDS Coordinator, LPN stated the MDS department never received a report from staff that Resident #6 was borrowing, buying, or taking cigarettes and/or lighters from other residents or being noncompliant with unsafe smoking procedures. S16MDS Coordinator, LPN further stated when Resident #6 became an unsafe smoker all department heads were notified of Resident #6's smoking status and the interventions put into place.</p> <p>In an interview on 08/04/2022 at 9:30am, S30CNA stated she was in the day room, but she was not supervising Resident #6 on 08/02/2022. S30CNA stated she did not know who Resident #6 was and she did not do anything with smoking residents or residents who need to be supervised when smoking. S30CNA further stated she has never been trained on any of the unsafe smoking procedures prior to today when an in-service was presented.</p> <p>In an interview on 08/04/2022 at 10:24am, S2CQIN stated S1Administrator and himself watched the facility camera footage. S2CQIN stated Resident #6 was sitting in the doorway with half of his wheelchair in the facility while the door to the facility was open. S2CQIN stated no staff intervened at any point and they should have.</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>46127</p> <p>Based on record review, interviews and observations, and the facility failed to provide a Pureed Diet as prescribed by the physician for 1 (Resident #3) of 5 residents on a pureed diet (A pureed diet is a diet that has a pudding like consistency). This deficient practice had the potential to affect any of the 5 residents who reside in the facility.</p> <p>Findings:</p> <p>Review of Resident #3's Physician's Orders dated August 2022 revealed, in part, a diet order for Regular Pureed Diet.</p> <p>Observation on 08/01/2022 at 12:35pm revealed Resident #3's lunch tray and his diet which was not pureed. The tray contained regular textured red beans and rice, sausage, greens, cornbread, and cake.</p> <p>Observation on 08/02/2022 at 12:10pm revealed Resident #3's lunch tray diet was not pureed. Further observation revealed the tray contained regular textured macaroni, and meat patty.</p> <p>In an interview on 08/01/2022 at 12:50pm with S5Assistant Director of Nursing, stated that Resident #3 did not get the Pureed Diet, because she didn't write the diet order correctly.</p> <p>In an interview on 08/01/2022 at 12:58pm with S17Assistant Dietary Manager stated that Resident #3 did not receive Pureed Diet because we did not have the correct meal ticket in the kitchen when we were preparing his meals.</p> <p>In an interview on 08/01/2022 at 1:30pm with S2Corporate Quality Improvement Nurse confirmed that he was aware that Resident #3 was not receiving a pureed diet.</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>44866</p> <p>Based on interviews, the facility failed to administer its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident by failing to;</p> <p>1) Ensure the safety of an unsafe smoker (Resident #6) and,</p> <p>2) Take steps to prevent transmission of COVID-19 by allowing COVID-19 positive staff to work with COVID-19 negative residents before completing Center for Disease Controls (CDC) Return to Work Criteria.</p> <p>This deficient practice resulted in an Immediate Jeopardy (IJ) on 08/03/2022 when the facility's Administrator failed to ensure resources were utilized to ensure the safety of an unsafe smoker and ensure steps were taken to prevent transmission of COVID-19 by allowing COVID-19 positive staff to work with COVID-19 negative residents before completing the CDC Return to Work Criteria.</p> <p>The Immediate Jeopardy was removed on 08/04/2022, after it was determined through interview, and record review, the facility implemented an acceptable Plan of Removal, prior to the survey exit, which included:</p> <p>1) Corrective actions were taken for the residents affected by the alleged deficient practice by: regional director in-serviced administrator on 08/04/2022 on the facility's return to work policy and procedure, regional director in serviced the administrator on 08/03/2022 on ensuring the safety of unsafe smokers and to ensure steps are taken to prevention transmission of COVID-19 by not allowing COVID-19 positive staff to work in the facility, facility audit performed on 08/03/2022 and it is noted that there are no current positive COVID-19 employees currently working in the facility, facility will follow the CDC return to work guidelines for employees who test positive for COVID-19, facility will not allow COVID-19 positive employees to return to work until CDC quarantine guidelines are met.</p> <p>2) All residents who resident in the facility have the potential to be affected by the alleged deficient practice, the facility has a census of 196.</p> <p>3) Measures put in place to ensure the alleged deficient practice will not recur are: regional director in serviced administrator on 08/04/2022 on the facility's return to work policy and procedure, regional director in-serviced the administrator on 08/03/2022 on ensuring the safety of unsafe smokers and to ensure steps are taken to prevent transmission of COVID-19 by not allowing COVID-19 positive staff to work in the facility, facility audit performed on 08/03/2022 and it is noted that there are no current positive COVID-19 employees currently working in the facility, facility will follow the CDC return to work guidelines for employees who test positive for COVID-19, facility will not allow COVID-19 positive employees to return to work until CDC quarantine guidelines are met.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>4) The facility plans to monitor its performance to ensure solutions are achieved and sustained by: regional director or designee will perform QA audits two times per week to ensure the safety of unsafe smokers and ensure steps are taken to prevent transmission of COVID-19 by not allowing COVID-19 positive staff to work in the facility.</p> <p>5) Corrective actions will be completed by: the facility plans to have the alleged deficient practice completed by 08/04/2022</p> <p>Findings:</p> <p>Cross Reference F689 and F880</p> <p>1. In an interview on 08/02/2022 at 12:55pm, S1Administrator stated the designated smoking area was right outside the door that was located directly across from the time clock and the vending machines. S1Administrator stated no resident at any time should be smoking in the facility, nor should the doors be open when the resident smokes. S1Administrator stated he was not able to be the police at his facility because he does not have enough staff to do that. S1Administrator stated Resident #6 was a problem resident. S1Administrator further stated Resident #6 takes cigarettes from other residents, and he has been an issue for a little while.</p> <p>2. In an interview on 08/03/2022 at 9:56am, S1Administrator stated the facility was in a staffing shortage crisis and per the facility policy and the Center for Disease Controls Guidance any staff member who was positive for COVID-19 but has no symptoms can return to work without a 5 day isolation period at home, must wear a N95 mask, and sanitize hands.</p> <p>In an interview on 08/03/2022 at 1:13pm, S1Administrator stated the facility's plan for staffing shortage crisis was to use agency staff. S1Administrator stated he has not reported his staffing shortage to anyone except entering it on his Nation Health and Safety Network (NHSN) report which he fills out weekly. S1Administrator stated before using a COVID-19 positive staff member the facility will utilize the department head staff such as the ADONs and the Minimum Data Set (MDS) nurses to fill the shifts. S1Administrator stated there was an on call list for department heads that was used first to fill the shifts of COVID-19 positive staff. S1Administrator further stated he does not have documentation stating where he tried to get an agency staff to work a shift before letting a COVID-19 positive staff member work. S1Administrator further stated the COVID-19 positive staff members were allowed to work in any area of the facility. S1Administrator further stated that they did not let the residents know they were being cared for by a COVID-19 positive staff member. S1Administrator further stated he did not have an official written plan of what the facility does in a staff shortage crisis.</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44866</p> <p>Based on record review and interview, the facility failed to take actions to help prevent the transmission of COVID-19 to 7 random (R1, R2, R3, R4, R5, R8, R9) sampled residents reviewed for COVID-19 infection control. The facility failed to;</p> <ol style="list-style-type: none"> <li>1. Ensure staff who test positive for COVID-19 were immediately removed from the facility, and not allowed to work with COVID-19 negative residents; and,</li> <li>2. Ensure that staff, who tested positive for COVID-19, did not return to work if they did not meet Centers for Disease Control and Prevention (CDC) return to work criteria. The deficient practice had the likelihood to cause serious harm and/or death of other residents from being infected with COVID-19 due to staff members returning to work before a 5 day isolation at home period</li> </ol> <p>This failed practice resulted in an Immediate Jeopardy (IJ) on 08/03/2022 when the provider allowed COVID-19 positive staff to provide care to COVID-19 negative residents.</p> <p>Review of the facility's list of staff members who tested positive for COVID-19 in July 2022 revealed, in part, the following:</p> <p>-On 07/13/2022 S12CertifiedNursingAssistant (CNA) tested positive for COVID-19. Further review revealed S12CNA continued her shift on 07/13/2022 after testing positive for COVID-19 and provided direct care on 07/14/2022, 07/17/2022, and 07/18/2022 before S12CNA completed a 5 day isolation period at home. Further review revealed during those days S12CNA cared for residents on Hall W, Hall Y, and Hall Z.</p> <p>-On 07/14/2022 S9LiccencedPracticalNurse (LPN) tested positive for COVID-19. Further review revealed S9LPN continued her shift on 07/14/2022 after testing positive for COVID-19and provided direct care on 07/15/2022, 7/18/2022, and 07/19/2022 before completing a 5 day isolation period at home. Further review revealed during those days S9LPN cared for residents on Hall X.</p> <p>-On 07/14/2022 S11CNA tested positive for Covid-19. Further review revealed S11CNA continued her shift on 07/14/2022 after testing positive for COVID-19 and provided direct care to residents on 07/15/2022 and 07/16/2022 before completing a 5 day isolation period at home. Further review revealed during those shifts S11CNA cared for residents on Hall X and R5 tested positive for COVID-19 on 07/21/2020.</p> <p>-On 07/20/2022 S13CNA tested positive for COVID-19. Further review revealed S13CNA continued her shift on 07/20/2022 after testing positive for COVID-19 and provided direct care on 07/21/2022, 07/22/2022, 07/23/2022, and 07/24/2022 before completing a 5 day isolation period at home. Further review revealed during those days S13CNA cared for residents on Hall Z.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Jefferson Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2200 Jefferson Hwy Jefferson, LA 70121	
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-On 07/21/2022 S8LPN tested positive for COVID-19. Further review revealed S8LPN continued her shift on 07/21/2022 after testing positive for COVID-19 and worked on 07/26/2022 before completing a 5 day isolation period at home. Further review revealed during those days S8LPN cared for residents R1, R2, R3, R4, R5, R8, and R9 who resided on Hall W and Hall X tested positive for COVID-19 between 07/21/2022 through 07/29/2022.</p> <p>-On 07/27/2022 S10LPN tested positive for COVID-19. Further review revealed S10LPN provided direct care on 07/29/2022, 07/30/2022, and 07/31/2022 without completing a 5 day isolation period at home. Further review revealed during those days S10LPN cared for residents on Hall W, Hall X, and Hall Y.</p> <p>The administrator was notified of the Immediate Jeopardy on 08/03/2022 at 5:11 p.m.</p> <p>The Immediate Jeopardy was removed on 08/04/2022 at 3:02 pm, after it was determined through interview, and record review, the facility implemented an acceptable Plan of Removal, prior to the survey exit, which included:</p> <p>1) Corrective actions were taken for the residents affected by the alleged deficient practice by: administrator in serviced staff on 08/04/2022 on the facility's employee return to work policy and procedure; the facility reviewed its employee return to work policy and procedure and it will be updated on an as needed basis; Facility audit performed on 08/03/2022 and it is noted that there are no current positive COVID-19 employees currently working in the facility; facility will follow the CDC return to work guidelines for employees who test positive for COVID-19; facility will not allow covid-19 positive employees to return to work until CDC quarantine guidelines are met.</p> <p>2) All residents who reside in the facility have the potential to be affected by the alleged deficient practice. The facility has a census of 196.</p> <p>3) Measures put into place to ensure the alleged deficient practice will not recur are: facility audit performed on 08/03/2022 and it is noted that there are no current positive COVID-19 currently working in the facility; facility will follow the CDC return to work guidelines for employees who test positive for COVID-19; facility will not allow COVID-19 positive employees to return to work until CDC guidelines are met; administrator in serviced on 08/03/2022 by regional director to ensure steps are taken to prevent transmission of COVID-19 by not allowing COVID-19 positive staff to work in the facility</p> <p>4) The facility plans to monitor its performance to ensure solutions are achieved and sustained by: regional RN or designee will perform QA audits 3 times per week to ensure that there are no current positive COVID-19 employees currently working in the facility</p> <p>5) Corrective actions will be completed by: the facility plans to have the alleged deficient practice completed by 08/04/2022.</p> <p>The likelihood of serious harm and/or death of other residents from being infected with COVID-19 due to staff members returning to work before a 5 day isolation at home period, no longer existed as of 08/04/2022 at 3:02pm.</p> <p>Findings:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility's Surveillance: Infection Prevention and Control Program Policy revealed, in part, work restrictions for health care providers with COVID-19 per CDC. Further review revealed staff that test positive for COVID-19 should not to return to work for 5 days after a positive COVID-19 test. Review revealed, in part, during a staffing crisis, per the CDC guidelines there are no staff work restrictions.</p> <p>Review of the facility's list of residents who tested positive for COVID-19 in July 2022 and August 2022 revealed the following:</p> <p>R1 tested positive for COVID-19 on 07/28/2022 and was on isolation precautions from 07/28/2022 through 08/07/2022.</p> <p>R2 tested positive for COVID-19 on 07/28/2022 and was on isolation precautions from 07/28/2022 through 08/07/2022.</p> <p>R3 tested positive for COVID-19 on 07/29/2022 and was on isolation precautions from 07/29/2022 through 08/08/2022.</p> <p>R4 tested positive for COVID-19 on 07/29/2022 and was on isolation precautions from 07/29/2022 through 08/08/2022.</p> <p>R5 tested positive for COVID-19 on 07/21/2022 and was on isolation precautions from 07/21/2022 through 07/31/2022.</p> <p>R8 tested positive for COVID-19 on 07/24/2022 and was on isolation precautions from 07/24/2022 through 08/03/2022.</p> <p>R9 tested positive for COVID-19 on 07/23/2022 and was on isolation precautions from 07/23/2022 through 08/02/2022.</p> <p>In an interview on 08/01/2022 at 2:30pm, S20UnitCoordinator stated if a staff member tests positive for COVID-19 they have to stay out of work for 5 days if they have symptoms. S20UnitCoordinator further stated if a staff member is asymptomatic they can come back to work and must wear an N95.</p> <p>In an interview on 08/02/2022 at 10:20am S3InfectionPreventionist stated if a staff member tests positive for COVID-19 and is asymptomatic they can continue to work but have to wear an N95. S3InfectionPreventionist further stated if a staff member tests positive and is symptomatic the staff member must quarantine for 5 days.</p> <p>In an interview on 08/02/2022 at 3:17pm S4AssistantDirectorofNursing (ADON) stated she tested positive for COVID-19 at the facility on 07/28/2022. S4ADON stated she tested herself and when her result came back positive she told the S3IP and S1Administrator and was sent home. S4ADON stated she stayed home on 07/29/2022, 07/30/2022, and 07/31/2022. S4ADON further stated she returned to work before the end of her 5 day quarantine due to state surveyors entering for a survey. S4ADON further stated when she tested positive for COVID-19 none of her supervisors instructed her on how long she needed to be out of work.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/02/2022 at 3:32pm, S6HumanResources (HR) stated she tested positive for COVID-19 on 07/27/2022 without symptoms. H6HR further stated S3IP and S1Administrator authorized her to stay at work because she did not have any symptoms.</p> <p>In a telephone interview on 08/02/2022 at 3:41pm, S8LPN stated she tested positive for COVID-19 at the facility on 07/21/2022. S8LPN further stated she performed the test herself and when the result was positive she let S3IP know her results. S8LPN further stated she was authorized to stay at work for the rest of her shift with a N95 mask because she did not have any symptoms. S8LPN further stated when she got home that night she started to feel bad and stayed home the next few days. S8LPN further stated she returned to work on 07/26/2022 when she felt better. S8LPN further stated no supervisor gave her direction on how long to stay out of work.</p> <p>In an interview on 08/03/2022 at 9:22am, S3InfectionPreventionist stated there is no one in charge of tracking when positive staff members can return to work and if they completed their 5 day quarantine. S3InfectionPreventionist further stated the facility is in a staffing shortage.</p> <p>In an interview on 08/03/2022 at 9:46am, S2CooperateQINurse (CQIN) stated if a staff member tests positive for COVID-19 and does not have any symptoms they are able to continue working but must wear an N95 mask the whole shift. S2CQIN stated the facility policy states when the facility is in a staff shortage crisis a positive staff member can work without symptoms and must wear a N95 mask. S2CQIN stated the facility has been in a staffing crisis for a month or more. S2CQIN further stated the interventions put into place by the facility to address the staffing shortage is using agency staff and shift incentives.</p> <p>In an interview on 08/03/2022 at 9:56am, S1Administrator stated the facility is in a staff shortage crisis and per the facility policy any staff member who is positive for COVID-19 but has no symptoms can return to work without a 5 day quarantine and must wear a N95 mask and sanitize hands. S1Administrator further stated due to the staffing shortage crisis the facility has used agency to staff to cover the shifts. S1Administrator further stated the facility continued to take in new admits throughout the staffing shortage crisis.</p> <p>Review of the CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages which was updated on 01/21/2022 revealed, in part, the following must be completed prior to utilizing COVID-19 positive staff members to work with COVID-19 negative residents:</p> <ul style="list-style-type: none"> <li>-Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these shortages;</li> <li>-Healthcare facilities should inform patients and healthcare providers when the facility is utilizing these strategies;</li> <li>-Communicate with local healthcare coalitions and federal, state and local public health partners;</li> <li>-Adjust staff schedules;</li> <li>-Hire additional healthcare providers; and,</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-Rotate healthcare providers to positions that support patient care activities, and cancel all non-essential procedures.</p> <p>In an interview on 08/03/2022 at 1:13pm, S1Administrator stated the facility's plan for staffing shortage crisis was to use agency staff. S1Administrator stated he has not reported his staffing shortage to anyone except entering it on his Nation Health and Safety Network (NHSN) report he fills out weekly. S1Administrator stated before using a COVID-19 positive staff member the facility will utilize the department head staff such as the ADONs and the Minimum Data Set (MDS) nurses to fill the shifts. S1Administrator stated there was an on call list for department heads that was used first to fill the shifts of COVID-19 positive staff. S1Administrator further stated he does not have documentation stating where he tried to get an agency staff to work a shift before allowing a COVID-19 positive staff member work. S1Administrator further stated the COVID-19 positive staff members are allowed to work in any area of the facility. S1Administrator further stated that we did not let the COVID-19 negative residents know they were being cared for by a COVID-19 positive staff member. S1Administrator further stated he does not have an official written plan of what the facility does in a staff shortage crisis.</p> <p>In an interview on 08/03/2022 at 1:15pm, the S1Administrator confirmed that they were deficient on hours for 07/17/2022 for -24.60 hours.</p> <p>In an interview on 08/03/2022 at 1:36pm, S14MDSCoordinator (MDSC) stated she was not on an on call schedule to cover COVID-19 positive staff's shifts and was not asked to cover shifts for COVID-19 positive staff.</p> <p>In an interview on 08/03/2022 at 1:36pm, S15MDSC stated she was not on an on call schedule to cover COVID-19 positive staff member's shifts.</p> <p>In an interview on 08/03/2022 at 1:37pm, S16MDSC stated she was not on an on call schedule to cover COVID-19 positive staff member's shifts and was not pulled to cover shifts for COVID-19 positive staff.</p> <p>In a telephone interview on 08/03/2022 at 4:41pm, S10LPN stated she tested positive for COVID-19 at home on 07/27/2022. S10LPN stated she informed the facility of her positive test and was not informed of how long to stay out of work. S10LPN further stated she was not told she could not be at work upon returning 07/29/2022.</p>		

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<p>F 0882</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>44866</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist maintained infection control measures to track and enforce the Center for Disease Control (CDC) Return to Work Criteria for COVID-19 positive staff members.</p> <p>This deficient practice resulted in an Immediate Jeopardy (IJ) on 08/03/2022 at 5:11pm when the facility failed to ensure the designated Infection Preventionist was performing ongoing involvement, oversight, monitoring and supervision of the facility's tracking and enforcing of the CDC Return to Work Criteria for COVID-19 positive staff members which resulted in 7 COVID-19 negative residents testing positive for COVID-19 after exposure to the COVID-19 positive staff member.</p> <p>The Immediate Jeopardy was removed on 08/04/2022 at 3:02 pm, after it was determined through interview, and record review, the facility implemented an acceptable Plan of Removal, prior to the survey exit, which included:</p> <p>1) Corrective actions were taken for the residents affected by the alleged deficient practice by: Facility audit performed on 08/03/2022 and it is noted that there are no current positive COVID-19 employees currently working in the facility, the facility reviewed the return to work policy for employees and will make updates as needed, regional RN in-serviced infection Preventionist on 08/04/2022 on the facility's return to work policy and procedure, regional RN in serviced infection Preventionist on ensuring the infection prevention and control program is maintained by not allowing COVID-19 positive staff to work in the facility, facility will following the CDC return to work guidelines for employees who test positive for COVID-19, facility will not allow COVID-19 employees to return to work until CDC quarantine guidelines are met.</p> <p>2) All residents who resident in the facility have the potential to be affected by the alleged deficient practice, the facility has a census of 196.</p> <p>3) Measures put in place to ensure the alleged deficient practice will not recur are: regional RN in serviced Infection Preventionist on ensuring the infection prevention and control program is maintained by not allowing COVID-19 positive staff to work in the facility, facility audit performed on 08/03/2022 and is noted that there are no current positive COVID-19 employees currently working in the facility, facility will follow the CDC return to work guidelines for employees who test positive for COVID-19, facility will not allow COVID-19 positive employees to return to work until CDC quarantine guidelines are met.</p> <p>4) The facility plans to monitor its performance to ensure solutions are achieved and sustained by: regional RN or designee will perform QA audits two times per week to ensure the infection prevention and control program is established and maintained by not allowing COVID-19 positive employees work in the facility.</p> <p>5) Corrective actions will be completed by: the facility plans to have the alleged deficient practice completed by 08/04/2022</p> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Findings:</p> <p>Cross Reference F880 and F835</p> <p>In an interview on 08/02/2022 at 10:20am S3Infection Preventionist (IP) stated if a staff member tests positive for COVID-19 and was asymptomatic they can continue to work but have to wear an N95 mask. S3IP further stated if a staff member tests positive and was symptomatic the staff member must complete a 5 day isolation period at home before returning to the facility.</p> <p>In an interview on 08/03/2022 at 9:22am, S3IP stated there is no one in charge of tracking when the positive staff members can return to work and if they completed their 5 day isolation period at home.</p> <p>In an interview on 08/04/2022 at 10:17am, S2Cooperate Quality Improvement Nurse confirmed that this was a deficient practice of not tracking and enforcing of the CDC Return to Work Criteria for COVID-19 positive staff members.</p>		