

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Bayside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 Wall Blvd Gretna, LA 70056	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47487</p> <p>Based on record review, observations, and interviews, the facility failed to ensure a Certified Nursing Assistant (CNA) performed hand hygiene during incontinence care for 2 (S3CNA and S4CNA) of 2 (S3CNA and S4CNA) CNAs observed during incontinence care for 1 sampled (Resident #2) and one random resident (Resident #R4).</p> <p>Findings:</p> <p>Review of the facility's policy titled, Handwashing/Hand Hygiene, last revised on 08/30/2023, revealed, in part, staff must perform hand hygiene before and after direct contact with residents, after contact with body fluids, and after removing gloves.</p> <p>Observation on 07/15/2024 at 1:48 p.m., revealed after S3CNA finished performing incontinence care for Resident #R4, S3CNA removed her gloves and touched Resident #R4's fall mat, door handle, and call bell without performing hand hygiene.</p> <p>In an interview on 07/16/2024 at 1:52 p.m., S3CNA indicated she had not performed hand hygiene after completing Resident #R4's incontinence care and after removing her gloves, before touching the above mentioned items and should have.</p> <p>Observation on 07/16/2024 at 2:00 p.m., revealed S4CNA performed incontinence care for Resident #2. Further observation revealed, after cleaning Resident #2's vaginal area with gloved hands, S4CNA opened Resident #2's cabinet with the handle, without removing her gloves or performing hand hygiene. Further observation revealed S4CNA then removed her gloves and reached into her pocket to pull out barrier cream (a cream used to protect the skin from irritants) without performing hand hygiene.</p> <p>In an interview on 07/16/2024 at 2:06 p.m., S4CNA indicated she did not remove her gloves after cleaning Resident #2, and before opening Resident #2 cabinet. S4CNA further indicated she did not perform hand hygiene after removing her gloves, before reaching into her pocket.</p> <p>In an interview on 07/17/2024 at 8:58 a.m., S2Director of Nursing (DON) indicated S3CNA should have performed hand hygiene after removing her gloves. S2DON further indicated S4CNA should have removed her gloves after cleaning Resident #2, before going into Resident #2's cabinet, and should have performed hand hygiene after removing her gloves, before reaching into her pocket for barrier cream.</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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