

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Legacy Nursing and Rehabilitation of Plaquemine		STREET ADDRESS, CITY, STATE, ZIP CODE 59215 River West Drive Plaquemine, LA 70764	

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 interviews and record reviews, the facility failed to test a resident with signs and symptoms of COVID-19 in a timely manner for 1 (Resident #2) of 3 (Resident #1, Resident #2, and Resident #3) sampled residents reviewed for infection control.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, COVID-19 testing Policy and Procedure, revealed, in part, any resident who had signs or symptoms of COVID-19 should be tested as soon as possible.</p> <p>Review of Resident #2's August 2024's physician's orders revealed, in part, an order dated 07/26/2022 for a rapid antigen (a marker that tells the immune system whether something in a body is harmful or not) test (a test that can quickly detect the presence or absence of an antigen) to be performed if resident displayed signs and symptoms of COVID-19.</p> <p>Review of Resident #2's nursing note dated 08/22/2024 at 11:20 a.m. revealed, in part, a late entry of Resident #2 requested his temperature be taken. Further review revealed Resident #2's temperature was 101.2, Resident #2 was given Tylenol (a medication used to treat fever), and Resident #2's temperature was rechecked at 3:00 a.m. Further review revealed Resident #2 indicated he felt just like he did when he had COVID-19 ,and he would like to be tested .</p> <p>Review of Resident #2's nursing note dated 08/23/2024 at 2:16 p.m. revealed, in part, Resident #2 tested positive for COVID-19 on 08/23/2024.</p> <p>In an interview on 09/23/2024 at 12:04 p.m., Resident #2 indicated about a month ago, he remembered feeling like he had a fever and was lethargic, similar to how he felt when he had COVID-19 in the past. Resident #2 further indicated that the staff did not test him until more than a day later.</p> <p>In a telephone interview on 09/23/2024 at 2:22 p.m., S2Licensed Practical Nurse (LPN) indicated when Resident #1 had a fever, she gave him Tylenol and wrote a nurse's note so the staff would know to test him the next day.</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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