STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195469	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Amelia Manor Nursing Home	903 Center Street Lafayette, LA 70501

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47251 Based on record review and interview, the facility failed to ensure the resident's Minimum Data Set (MDS) assessment accurately reflected the status of 1 (Resident #2) out of 3 (Resident #1, #2, and #3) sampled residents by failing to ensure that Resident #2 was coded correctly for the use of a wander guard. Findings: Resident #2 Review of Resident #2's health record revealed that she was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, Alzheimer's Disease, Peripheral Vascular Disease, and Hypertension. Review of Resident #2's most recent Annual Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had a Brief Interview for Mental Status (BIMS) of 99, indicating the resident was unable to cooperate. Further Review of Resident #2's most recent MDS dated [DATE] Section P - Restraints and Alarms, P0200 Alarms, E. Wander/elopement Alarm, revealed it was coded as 0. Not used. Review of the Wandering Risk Scale dated 03/16/2024 revealed in Section E. History of Wandering 2. Has history of wandering. Further review of Section J. Comments, Wander guard remains in place. No concerns noted. Review of Resident #2's active physician's orders dated June 2024 revealed an order on 06/23/2024 read in part, Wander Alert Bracelet (Wanderguard) Check for placement with skin intact every shift, census check every 1 hour every shift. On 06/04/2024 at 10:22 a.m., an interview and record review was conducted with S2MDSC (Minimum Data Set Coordinator). She confirmed that Resident #2 was using wanderguard daily because she had a history of wandering. S2MDSC also confirmed that Resident #2's MDS dated [DATE] had not been coded for using a wanderguard daily and should have been.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Amelia Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Center Street Lafayette, LA 70501	

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(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	Provide and implement an infection prevention and control program. 47251 Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infections as evidence by S3CNA failing to: 1. utilize the proper PPE (Personal Protective Equipment) while providing care to Resident #2 who was on Contact Precautions. 2. perform hand hygiene before entering and exiting Resident #2's room. 3. disinfect the vital sign machine and blood pressure cuff after use. The facility had a census of 88. Findings: On 06/04/2024, a review of the facility's policy, Isolation - Categories of Transmission-Based Precautions, with a last reviewed date of 03/08/2024, revealed in part, the following, . Contact Precautions: . 2. Contact precautions are also used in situations when a resident is experiencing wound drainage, fecal incontinence or diarrhea, or other discharges from the body that cannot be contained and suggest an increased potential for extensive environmental contamination and risk of transmission of a pathogen, even before a specific organism has been identified . 7. Staff and visitors wear gloves (clean, non-sterile) when entering the room . b. Gloves are removed and hand hygiene performed before leaving the room . 8. Staff and visitors wear disposable gown when entering the room and remove before leaving the room . Review of facility's sign posted on the outside of Resident #2's room, revealed in part, the following, Contact Precautions . 2. Gloves - wear gloves when entering the room . removed gloves before leaving patients room. 3. Wash hands - with soap and water immediately after glove removal and before leaving patients room, 4. Gown - wear if you anticipate that your clothes will have contact with the patient, environmental surfaces or items in the patient's room or if the patient has any of the following: incontinent, diarrhea . removed gown before leaving the patient's environment . 6. If common equipment is used, clean and disinfect . Review of Resident #2's physician's orders revealed an order dated 06/03/2024 that read, Contact isolation precautions from now until 3 days after symptoms of Norovirus have resolved. Contact precautions include wearing gown and gloves in resident's room. Perform hand hygiene with soap and water before and after donning PPE. Limit resident transport. On 06/04/2024 at 9:14 a.m., S3CNA was observed entering Resident #2's room with the vital sign machine and blood pressure cuff. She did not wear gloves or gown before entering Resident #2's room. S3CNA obtained Resident #2's vitals and exited the room. S3CNA did not perform hand hygiene prior to entering Resident #2's room or after exiting the room. S3CNA did not sanitize the vital sign machine or the blood pressure cuff after use. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/04/2024 at 9:16 a.m., an interview was conducted with S3CNA. She confirmed Resident #2 was having diarrhea, and did not notice the Contact Precaution sign on Resident #2's door. She stated that she did not sanitize her hands before or after contact with Resident #2 and did not don PPE before entering into Resident #2's room. S3CNA also stated that she did not sanitize the vital sign machine or the blood pressure cuff prior to or after use. S3CNA stated that she should have sanitized vital sign machine and blood pressure cuff prior to entering Resident #2's room. She stated that she should have sanitized her hands, wore gloves and gown prior to entering Resident #2's room. S3CNA also stated that she should have sanitized the vital sign machine and blood pressure cuff after use. On 06/04/2024 at 10:10 a.m., an interview was conducted with S1ICRN (Infection Control Registered Nurse). S1ICRN stated that when Contact Precautions are in place for residents staff should perform hand hygiene before entering and upon exiting the resident's room. S1ICRN also stated that proper PPE should be utilized which consist of donning gloves and gown before entering into the room. She also stated that the vital sign machine and blood pressure cuff should be sanitized before and after use and between residents.