

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Golden Age Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 27090 Hwy 16 Denham Springs, LA 70726	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48912</p> <p>Based on interviews and record reviews, the facility failed to ensure a resident received the necessary services to maintain personal hygiene for 1(#3) of 3(#1, #2, and #3) residents reviewed for Activities of Daily Living.</p> <p>Findings:</p> <p>Review of the facility's policy titled, Bath, Shower Policy and Procedure, dated 09/04/2014 revealed the following, in part:</p> <p>Policy: Showers are to be given as scheduled and/or as needed.</p> <p>Review of Resident #3's Clinical Record revealed she was admitted to the facility on [DATE].</p> <p>Review of Resident #3's Admission MDS with an ARD of 05/22/2024 revealed Resident #3 required substantial/maximum assistance with bathing.</p> <p>Review of Resident #3's Care Plan revealed the following, in part:</p> <p>Onset: 05/29/2024</p> <p>Problem: Require staff assistance with ADLs</p> <p>Interventions: I prefer morning showers and assist me with bathing, I require assistance with ambulation.</p> <p>On 06/26/2024 at 1:22 p.m., an interview was conducted with S7CNA. She stated the bath aides were only responsible for providing showers and the floor aides were responsible for performing bed baths. She stated either the bath aide or the floor aides could document when a resident received a bath or a shower; however, she documented when she administered a shower. She confirmed Resident #3's scheduled bath days were Mondays, Wednesdays, and Fridays. She stated Resident #3 did not ever refuse a shower and if she had she would have documented the refusal.</p> <p>Review of Resident #3's Bath log dated 05/01/2024 through 05/31/2024 revealed Resident #3 did not receive a bath on 05/20/2024.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/26/2024 at 4:50 p.m., a telephone interview was conducted with S5CNA. She confirmed she was assigned Resident #3 on 05/20/2024. She stated Resident #3's scheduled bath days were Mondays, Wednesdays, and Fridays. She stated the bath aides were responsible for administering all baths. She stated the bath aide or the floor aide would document if they administered the baths. She stated Resident #3 never refused a bath. She stated she does not recall if she gave Resident #3 a bath on 05/20/2024, but if she administered a bath she would have documented it.</p> <p>On 06/26/24 at 1:42 p.m., an interview was conducted with S2ADON. She stated the bath aides were responsible for showers and floor aides were responsible for bed baths. She stated either could document baths depending on who administered the bath. She stated she expected staff to document the task if it was performed. She stated Resident #3 did not refuse baths. She confirmed Resident #3's scheduled bath days were Mondays, Wednesdays, and Fridays. After reviewing the bath logs dated 05/01/2024 through 05/31/2024, S2ADON confirmed Resident #3 did not received a bath on 05/20/2024 and should have.</p> <p>On 06/26/2024 at 4:00 p.m., an interview was conducted with S1DON. She stated Resident #3's scheduled bath days were Mondays, Wednesdays, and Fridays. She stated she expected Resident #3, who was admitted on [DATE], to have been bathed on 05/20/2024, her scheduled bath day, and confirm she was not. She stated she expected staff to document care provided.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49343</p> <p>Based on record review, observations, and interviews, the facility failed to maintain an infection control program designed to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infection. The facility failed to ensure staff practiced proper hand hygiene and cleaning techniques during incontinent care for 1 (#1) of 2 (#1 and #2) residents reviewed for incontinent care.</p> <p>Finding:</p> <p>Review of the facility's policy labeled, Hand Hygiene with no revision date, revealed the following:</p> <p>Policy:</p> <p>Hand Hygiene shall be performed:</p> <ol style="list-style-type: none"> 3. Before and after direct resident contact for which hand hygiene is indicated by acceptable professional practice. 8. Before and after assisting a resident with personal care 14. Before and after assisting a resident with toileting 18. After contact with a resident's mucous membranes and body fluids or excretions 19. After handling soiled or used linens 22. After removing gloves 23. If hands will be moving from a contaminated body site to a clean body site during patient care. <p>Review of Resident #1's Clinical Record revealed she was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/26/2024 at 9:31 a.m., an observation was made of S3CNA and S4CNA performing incontinent care on Resident #1. With clean gloves, S3CNA and S4CNA removed soiled top sheet and blanket off of Resident #1. S3CNA unfastened Resident #1's stool soiled brief. S3CNA and S4CNA both cleaned Resident #1's perineum area, then Resident #1 turn to her left side. S3CNA then wiped resident's sacrum removing the stool, while S4CNA assisted her by disposing the soiled wipes. S3CNA then tucked the stool soiled brief, bed pad, and fitted sheet under the resident towards her left side. With the same soiled gloves, S4CNA then handed S3CNA the clean fitted sheet, bed pad, and brief. S3CNA applied the clean items under the right side of Resident #1. Resident #1 then turned to her right side while S4CNA removed the dirty linen from under resident completely, and finished applying the new fitted sheet, bed pad, and brief under Resident #1. Resident #1 then turned on to her left side again and S3CNA grabbed the resident's barrier cream, applied it to her sacral area, then removed only her right glove that had the cream residue on it, reapplied a new glove to her right hand without performing hand hygiene, grabbed the resident's lotion and applied lotion to residents back per resident's request with the left hand which had the same glove she used to provide incontinence care. Then without removing soiled gloves or performing hand hygiene, S3CNA and S4CNA fastened each side of resident's brief. S3CNA then went into the bathroom, grabbed resident's clean gown and applied it to Resident #1 with S4CNA's assistance. S4CNA then grabbed the Resident's bed remote to adjust the bed, and applied the clean top sheet to Resident #1. S3CNA then removed soiled gloves, performed hand hygiene and stepped out to grab the linen bin. S4CNA grabbed the soiled linen put it in the linen bin and removed her soiled gloves and without performing hand hygiene, repositioned the bedside table over resident, and exited room to grab a blanket for the resident. S4CNA returned to resident's room and applied blanket to resident.</p> <p>On 06/26/2024 at 9:46 a.m., an interview was done with S3CNA. S3CNA confirmed she did not remove her soiled gloves or perform hand hygiene during the above observation. She stated she should have removed her gloves and performed hand hygiene after removing the soiled brief, linen, cleaning the stool from Resident #1's sacrum, and before touching the resident or her belongings. She also confirmed she did not remove her left glove, or perform hand hygiene at all during the entire care and before applying lotion to the resident, and should have.</p> <p>On 06/26/2024 at 9:50 a.m., an interview was conducted with S4CNA. S4CNA confirmed she did not remove her soiled gloves or perform hand hygiene during the above observation. She stated she should have removed her gloves and performed hand hygiene after removing the soiled brief, linen, cleaning the stool from Resident #1's sacrum, and before touching the resident or her belongings. She confirmed she did not perform hand hygiene after incontinence care was completed and prior to exiting Resident #1's room and should have.</p> <p>On 06/26/2024 at 12:05 p.m., an interview was conducted with S1DON. She stated staff should perform hand hygiene and apply clean gloves upon entering a resident's room, when going from soiled to clean during incontinence care, after completing incontinence care, and prior to exiting the resident's room. S1DON confirmed staff should not touch the resident or their belongings with soiled gloves. S1DON confirmed staff were trained to perform hand hygiene correctly and should have done so during incontinence care.</p>		