

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  The Summit		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Memorial Drive Alexandria, LA 71301	

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>41124</p> <p>Based on observation, interview and record review, the facility failed to implement/maintain infection control practices to help prevent and control the spread of an infectious communicable disease. The facility failed to ensure all staff adhered to Enhanced Barrier Precautions for 1 (Resident #3) of 4 (Resident #1, Resident #2, Resident #3, and Resident #4) residents reviewed for Quality of Care.</p> <p>Findings:</p> <p>Review of the facility policy titled: Enhanced Barrier Precautions, revealed in part .Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multi-drug resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>Wounds generally include chronic wounds, not shorter lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.</p> <p>Observation on 05/13/2024 at 9:00 a.m. of the exterior of Resident #3's door revealed an Enhanced Barrier Precautions sign with instructions to wear gloves and a gown for high-contact resident care activities, which included bathing/showering, transferring, dressing, changing linens, providing hygiene, device care or use; central line, urinary catheter, feeding tube, tracheostomy and wound care: any chronic wound taped to the outside of Resident #3's room door. A plastic storage bin was observed to the left of Resident #3's room entrance that contained yellow gowns and biohazard bags.</p> <p>Review of Resident #3's May 2024 Treatment Administration Record revealed in part .</p> <p>Cleanse vascular ulcer to left malleolus with wound cleanser, pat dry. Apply Santyl with 4X4 and cover with ABD pad then wrap with Kerlex and secure with paper tape. Change Q Monday per MD. Order date 03/05/2024.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  195560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  The Summit		STREET ADDRESS, CITY, STATE, ZIP CODE  2200 Memorial Drive Alexandria, LA 71301	
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>Cleanse arterial ulcer to left lateral foot with wound cleanser, pat dry. Apply Santyl with 4X4 and cover with ABD pad then wrap with Kerlex and secure with paper tape. Change Q Monday per MD. Order date 03/05/2024.</p> <p>Cleanse arterial ulcer to left lateral shin with wound cleanser, pat dry. Apply Santyl with 4X4 and cover with ABD pad then wrap with Kerlex and secure with paper tape. Change Q Monday per MD. Order date 03/28/2024.</p> <p>Observation on 05/13/2024 at 12:25 p.m. revealed S1 LPN performing wound care on Resident #3's left foot. S1 LPN was observed wearing a mask and gloves only while performing wound care. S1 LPN then called for assistance and S2 CNA entered Resident #3's room wearing a mask. S2 CNA donned gloves and proceeded to hold up Resident #3's left leg as instructed by S1 LPN. S1 LPN then proceeded to clean and redress Resident #3's wounds. Interview with S1 LPN after completion of wound care revealed Resident #3 was on Enhanced Barrier Precautions. S1 LPN stated she thought she only needed to wear a gown to perform wound care if the resident had a stage 2 ulcer or worse. S1 LPN confirmed the signage on Resident #3's door stated a gown should be worn when providing wound care to chronic wounds. S1 LPN confirmed she nor S2 CNA wore a gown while providing wound care to Resident #3 and they should have.</p>		