

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER Regency House of Alexandria		STREET ADDRESS, CITY, STATE, ZIP CODE 5131 Masonic 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45213</p> <p>Based on observation, interview, and record review the facility failed to maintain an infection prevention and control program to prevent and control the spread of COVID-19 by failing to ensure proper signage was utilized for 2 of 2 (Resident #2 and #R1) residents on Transmission Based Precautions out of a total sample of 4 (Resident #1, Resident #2, Resident #3, and #R1) residents.</p> <p>Findings:</p> <p>Review of the facility's policy titled Application of Transmission-Based Precautions dated 06/30/2023 read in part . Transmission-Based Precautions are a group of Infection Prevention and Control practices that are used in addition to Standard Precautions for residents who may be infected or colonized with infectious agents that require additional control measures to effectively prevent transmission.</p> <p>Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.</p> <p>Droplet Precautions: Intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Staff caring for residents on Droplet Precautions should wear a facemask for close contact with the resident. Consider adding goggles or a face shield to protect eyes from exposure to respiratory droplets, especially when caring for residents with significant cough or respiratory secretions.</p> <p>5. Communication about Transmission-Based Precautions.</p> <p>a. Room entry signage indicating what type of Transmission-Based Precautions and appropriate PPE to be used.</p> <p>Resident #2</p> <p>Review of Resident #2's clinical record revealed an admitted [DATE] with diagnoses which included: COVID-19, Disorder involving the Immune Mechanism, Atherosclerotic Heart Disease, and Acquired Absence of Right Leg Below Knee.</p> <p>Review of Resident #2's progress notes revealed in part .</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>07/30/2024 1:59 p.m. Resident placed in isolation for COVID positive. Author: S1 RN Infection Preventionist</p> <p>Review of Resident #2's Care Plan with target date of 09/09/2024 revealed in part . COVID precautions. Interventions: COVID testing per DHH guidelines. Isolation precautions if positive test or symptomatic.</p> <p>Review of Resident #2's Admission MDS with an ARD of 06/11/2024 revealed a BIMS score of 14. Resident #2 was dependent with toileting, chair/bed to chair transfers and toilet transfers. Resident #2 required substantial/maximal assistance with upper body dressing and lower body dressing and partial/moderate assistance with eating, oral hygiene, and personal hygiene.</p> <p>Observation on 08/05/2024 at 9:09 a.m. of Resident #2's door revealed signage for Enhanced Barrier Precautions.</p> <p>Observation on 08/05/2024 at 10:44 a.m. of Resident #2's door revealed signage for Enhanced Barrier Precautions.</p> <p>Observation on 08/05/2024 at 11:07 a.m. of Resident #2's door, accompanied by S1 RN Infection Preventionist, revealed signage for Enhanced Barrier Precautions. Interview at that time with S1 RN Infection Preventionist confirmed the resident was on Transmission Based Precautions and the signage was not the appropriate signage.</p> <p>#R1</p> <p>Review of #R1's clinical record revealed an admitted [DATE] with diagnoses which included: COVID-19, Rhabdomyolysis, Cerebral Infarction, Unspecified Dementia, and Unspecified A-fib.</p> <p>Review of #R1's Progress Notes revealed in part .</p> <p>07/30/2024 Resident placed in isolation due to positive COVID test Author: S1 RN Infection Preventionist</p> <p>Review of #R1's Care Plan with target date of 09/23/2024 revealed in part . COVID precautions. Interventions: COVID testing per DHH guidelines. Isolation precautions if positive test or symptomatic.</p> <p>Review of #R1's Admission MDS with an ARD of 06/25/2024 revealed a BIMS score of 4. #R1 required substantial/maximal assistance with toileting hygiene, upper body dressing, lower body dressing, and personal hygiene. #R1 required partial/moderate assistance with oral hygiene.</p> <p>Observation on 08/05/2024 at 9:05 a.m. of #R1's door revealed signage for Enhanced Barrier Precautions.</p> <p>Observation on 08/05/2024 at 10:49 a.m. of #R1's door revealed signage for Enhanced Barrier Precautions.</p> <p>(continued on next page)</p>

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 08/05/2024 at 11:06 a.m. of #R1's door, accompanied by S1 RN Infection Preventionist, revealed signage for Enhanced Barrier Precautions. Interview at that time with S1 RN Infection Preventionist confirmed #R1 was on Transmission Based Precautions and the signage was not the appropriate signage.		