

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OR SUPPLIER SOUTH LAFOURCHE NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 146 E. 28TH STREET CUT OFF, LA 70345		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted on 05/04/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Total Residents: 96</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

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F 884 SS=F	<p>Reporting - National Health Safety Network CFR(s): 483.80(g)(1)(i)-(ix)(2)</p> <p>§483.80(g) COVID-19 reporting. The facility must--</p> <p>§483.80(g)(1) Electronically report information about COVID-19 in a standardized format specified by the Secretary. This report must include but is not limited to-</p> <ul style="list-style-type: none"> (i) Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19; (ii) Total deaths and COVID-19 deaths among residents and staff; (iii) Personal protective equipment and hand hygiene supplies in the facility; (iv) Ventilator capacity and supplies in the facility; (v) Resident beds and census; (vi) Access to COVID-19 testing while the resident is in the facility; (vii) Staffing shortages; (viii) The COVID-19 vaccine status of residents and staff, including total numbers of residents and staff, numbers of residents and staff vaccinated, numbers of each dose of COVID-19 vaccine received, and COVID-19 vaccination adverse events; and (ix) Therapeutics administered to residents for treatment of COVID-19. <p>§483.80(g)(2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weekly to the Centers for Disease Control and Prevention 's National Healthcare Safety Network. This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general</p>	F 884		6/8/20	

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06/08/2020

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F 884	Continued From page 1 public. This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to report complete information about COVID-19 to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) during a seven-day period that reporting was required by regulation. The CDC submitted data from the NHSN to the Centers for Medicare and Medicaid Services (CMS). Based on review of that data, CMS determined that between 06/01/2020 and 06/07/2020, the facility did not report complete information to NHSN about COVID-19 in the standardized format and frequency as specified by CMS and the CDC. This failure to report has the potential to cause more than minimal harm to all residents residing in the facility.	F 884			

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06/15/2020

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F 884	<p>Continued From page 1 public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to report complete information about COVID-19 to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) during a seven-day period that reporting was required by regulation.</p> <p>The CDC submitted data from the NHSN to the Centers for Medicare and Medicaid Services (CMS). Based on review of that data, CMS determined that between 06/01/2020 and 06/14/2020, the facility did not report complete information to NHSN about COVID-19 in the standardized format and frequency as specified by CMS and the CDC. This failure to report has the potential to cause more than minimal harm to all residents residing in the facility.</p>	F 884			

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F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted on 08/13/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Total Residents: 88</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted on 09/03/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended Practices to prepare for COVID-19. Total Residents: 77	F 000		
F 689 SS=J	Complaint Survey # LA00055387. Tags F689 and F726 were cited as a result of this complaint. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews and observation, the facility failed to ensure 1 (Resident #3) of 8 sampled residents were free from accident hazards by failing to ensure there was a system in place for inspecting mechanical lift sling pads, used on mechanical lifts, to ensure they were free from rips, tears, frayed edges, and/or holes prior to use. This deficient practice resulted in an Immediate Jeopardy on 05/26/2020 at 11:21 a.m. for Resident #3, when during a transfer from the bed	F 689	Past noncompliance: no plan of correction required.	9/18/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/22/2020

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F 689	<p>Continued From page 1</p> <p>to the wheelchair with the use of a mechanical lift, the lift sling pad ripped from the seam and broke resulting in the resident falling to the floor. At the time of the resident's fall, the facility did not have a system in place to ensure the lift sling pads were free of holes and in good repair. After the fall, the resident complained of pain to the left stump. On 05/27/2020, after continuing to complain of pain to the left stump area, a mobile x-ray was ordered. The x-ray results revealed the resident had a non-displaced fracture of the proximal left fibula.</p> <p>The facility implemented actions which were completed prior to the State Agency's completion of its investigation, thus it was determined to be a Past Noncompliance citation.</p> <p>Findings:</p> <p>Review of the Manufacturer's guidelines for use of the Reusable Full-Body Patient Sling used for Resident #3 revealed, in part, sling maintenance best practices included, in part, the following:</p> <ol style="list-style-type: none"> 1.) Check condition before each use. If there is any fraying or visible wear and tear, do not use; 2.) Reusable slings should be replaced every six (6) months. <p>Review of the facility's Policy and Procedure titled Lifting Machine, Using a Mechanical (lift) revealed the following:</p> <ol style="list-style-type: none"> 1.) Steps in Procedure - make sure that all necessary equipment (slings, hooks, chains, straps, and supports) is on hand and in good condition. 2.) Sling Care - discard any worn, frayed, or ripped slings. 	F 689			

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F 689	<p>Continued From page 2</p> <p>Review of the record revealed Resident #3 was admitted to the facility on 10/12/2017 with diagnoses which included, in part, Type 2 Diabetes Mellitus, Left Below the Knee Amputation (BKA), and Right BKA.</p> <p>Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/18/2020 revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 14 (score of 13-15 indicated cognitively intact). Resident #3 required extensive assistance with bed mobility and transfers, and had impaired mobility to her upper and lower extremities bilaterally. Resident #3 had one fall with major injury since her last admit/reentry/prior assessment.</p> <p>Review of Resident #3's record revealed a care plan was developed with an onset date of 10/12/2017 which identified Resident #3 with impaired mobility related to Left and Right BKA, limited Range of Motion (ROM), was blind, and used a mechanical lift. One approach included to evaluate the use of assistive devices for transferring from bed to chair. Resident #3 was further identified at risk for falls with an onset date of 10/12/2017 due to impaired mobility, left and right BKA, and limited ROM. A revision was made to include a fall with injury on 05/26/2020. Two new approaches dated 05/27/2020 were added which included x-ray mobile care left stump, and referred to orthopedic MD and splint applied per orders.</p> <p>Review of Resident #3's nurse's notes revealed, in part, the following: 05/26/2020 at 11:21am - The nurse was called to the room by the Certified Nursing Assistant</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>(CNA). Upon assessment, the resident was found sitting upright on the floor. The CNA stated that Resident #3 fell during transfer with the mechanical lift. Upon assessment, the sling pad was found to have one of the clips ripped from the seam. A small abrasion was noted to Resident #3's left limb. The site was cleansed and a bandage was applied to the area. Resident #3 complained of pain at a level 4 on a scale of 10.</p> <p>05/26/2020 at 2:10pm - Resident #3 complained of pain to her left stump.</p> <p>05/27/2020 at 10:24am - Resident #3 complained of left stump pain related to yesterday's fall. Received a verbal order for a mobile x-ray to her left stump.</p> <p>05/27/2020 at 4:00pm - Received x-ray. Result is for non-displaced fracture of the proximal left fibula.</p> <p>Review of Resident #3's Physician's orders revealed an order with a start date of 01/31/2020 for Norco 5-325mg tablet, administer one (1) tablet by mouth every six (6) hours as needed for pain.</p> <p>Review of Resident #3's May 2020 Medication Administration record revealed, in part, Resident #3 received Norco 5-325mg tablet by mouth on the following dates:</p> <p>05/26/2020 - 3 doses, times and initials illegible. 05/27/2020 - 3 doses, times and initials illegible. 05/28/2020 - 2 doses, times and initials illegible. 05/29/2020 - 2 doses, times and initials illegible. 05/30/2020 - 4 doses, times and initials illegible. 05/31/2020 - 4 doses, times and initials illegible.</p> <p>Review of Resident #3's mobile x-ray results dated 05/27/2020 revealed, in part, the x-ray was</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>indicated for pain and trauma, and was positive for non-displaced fracture of the proximal left fibula.</p> <p>Review of CNA in-service training record dated 05/27/2020 revealed documentation of in-service training regarding lift pad inspection prior to use. Training included before placing a resident on a lifter pad, assure pad is in proper working order (no rips, holes, frayed edges or seams that are not intact). If lifter pad is not in proper working order, discard and notify CNA Supervisor to issue a new one to the resident.</p> <p>Review of a CNA monitoring tool revealed documentation of lift pad inspections which were conducted on 05/28/2020, after Resident #3's fall on 05/26/2020. Further review revealed pads were numbered one (1) through eleven (11). Further review revealed pads nine (9) and ten (10) were identified with holes.</p> <p>In an interview on 08/25/2020 at 2:00pm, Resident #3 stated she fell from the mechanical lift when a strap on the sling pad ripped. Resident #3 was unable to recall the date of the accident. Resident #3 stated her leg was in pain. When her pain did not diminish, Resident #3 stated they did an x-ray, and her leg was broken. Resident #3 stated she continued to be "nervous" when staff used the mechanical lift. Resident #3 stated she continued to have discomfort in her left leg. Observation at this time revealed Resident #3 lying in bed, with a night shirt on and her lower limbs exposed. Resident #3 had BKA amputations bilaterally. No apparent signs of trauma to Resident #3's exposed limbs.</p> <p>In an interview on 08/25/2020 at 3:15pm, S6CNA</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>Supervisor confirmed Resident #3 fell from the mechanical lift on 05/26/2020 when the mechanical lift sling pad ripped as she was being transferred from the bed to the wheelchair. S6CNA Supervisor stated since Resident #3's fall, she now inspected the pads monthly for rips, tears, and frayed edges. S6CNA Supervisor further stated after Resident #3's fall on 05/26/2020, employees were in-serviced to inspect pads for wear and tear prior to each use. S6CNA Supervisor further stated she was unaware of the manufacturer's recommendations of replacing sling lift pads every 6 months. S6CNA Supervisor further stated that upon inspection of the remaining sling lift pads in use on 05/28/2020, two (2) sling lift pads, #9 and #10 were identified with holes. S6CNA Supervisor confirmed these two (2) pads, pads numbered 9 and 10, were in circulation for use on residents between 05/26/2020 through 05/28/2020. S6CNA Supervisor stated pads #9 and #10 were discarded on 05/28/2020. S6CNA Supervisor further stated she was unable to inspect the mechanical lift sling pad used for Resident #3 on 05/26/2020 because it was discarded by staff after Resident #3's fall. S6CNA Supervisor confirmed she was not inspecting mechanical lift sling pads for rips, tears, frayed edges and/or holes monthly prior to Resident #3's fall and injury on 05/26/2020.</p> <p>In an interview on 08/28/2020 at 10:30am, S3CNA stated she and S4CNA were transferring Resident #3 from her bed to her wheelchair with a mechanical lift. When they lifted her, the sling pad ripped near the corner, and Resident #3 fell to the floor. S3CNA was shown a manufacturer's picture of the sling lift pad which was provided to this surveyor by the facility, and pointed to an</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>upper corner of the sling pad where it ripped. S3CNA stated Resident #3 complained of pain to her left knee. S3CNA further stated Resident #3 complained of leg pain the following day, at which time an x-ray was done and her "knee" was broken. S3CNA stated she was unsure of the manufacturer's recommendations for time frames of pad replacements. S3CNA stated she received in-service training after Resident #3's fall, which included instructions on inspecting mechanical lift sling pads for any defects prior to use.</p> <p>In an interview on 08/31/2020 at 11:16am, S4CNA stated on 05/26/2020, she was assisting S3CNA with transferring Resident #3 from her bed to a wheelchair using a mechanical lift. After Resident #3 was placed in the sling lift pad and lifted, they turned her to put her in the chair. One of the sling lift pad straps near Residents #3's shoulder ripped, and she tumbled out of the sling onto the floor. S4CNA stated Resident #3 later complained of pain to her left leg. S4CNA stated they always looked at the pads prior to use, but now, the inspection is more detailed. Any fraying, tearing, ripping, or any imperfections must be reported immediately, and they are not to use the sling. S4CNA stated she received in-service training regarding inspecting lift pads after Resident #3's fall. S4CNA stated she was unsure of the manufacturer's recommendations for time frames of pad replacements.</p> <p>In an interview on 08/31/2020 at 9:41am, S1Director of Nursing (DON) stated prior to Resident #3's fall on 05/26/2020, staff were to inspect all mechanical lift sling pads prior to use for holes, frayed edges, tears and/or rips. If any holes, tears, rips, and/or frayed edges were</p>	F 689			

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F 689	<p>Continued From page 7</p> <p>identified, the pad was not to be used. After Resident #3's fall on 05/26/2020, the facility initiated a plan to inspect all mechanical sling lift pads prior to each use, and a monthly inspection by S6CNA Supervisor for wear and tear. S1DON stated she was unable to provide documented evidence of when the pad used on Resident #3 on 05/26/2020 was first purchased, or put out into circulation for use. S1DON stated she was unaware of the manufacturer's recommendations to replace sling lift pads every six (6) months.</p> <p>In an interview on 08/31/2020 at 10:03am, S2Corporate Nurse stated mechanical lift sling pads were replaced as needed. S2Corporate Nurse confirmed she was unaware of the manufacturer's recommendations of replacing lift sling pads every six (6) months.</p> <p>There was no documented evidence and the facility presented no documented evidence of systemic processes for monitoring mechanical lift sling pads for defects and/or excessive wear and tear prior to Resident #3's fall on 05/26/2020.</p> <p>Observation of sampled Resident #4 on 08/31/2020 at 12:23pm revealed Resident #4 was observed being transferred using a mechanical lift and mechanical lift sling pad from her wheelchair to her bed. Observation further revealed 2 staff members inspected the pad prior to use, and it had no rips, tears, holes, or frayed edges.</p> <p>The facility has implemented the following actions to correct the deficient practice effective 05/28/2020 at 8:00am:</p> <p>1.) On 05/26/2020, the lift pad used during transfer of identified Resident #3 was discarded</p>	F 689			

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F 689	Continued From page 8 and replaced with a new one. 2.) On 05/27/2020, CNA staff were educated by S1DON on the importance of inspecting lifter pads before placing a resident on the pad to assure they are in the proper working order. If not in proper working order, CNA is to discard the pad and notify S6CNA Supervisor to issue a new pad. Staff are to always use two (2) people when using a mechanical lift to ensure none of the other 14 residents who could potentially use mechanical lift transfer assistance were affected. 3.) On 05/28/2020, all lifter pads in the facility were numbered. S1DON developed a monitoring tool to ensure lifter pads are in proper working order and implemented by S6CNA Supervisor. Any pads noted with issues were discarded. All old pads were discarded and an order was placed to increase inventory. All newly purchased pads will be numbered upon being put into use. 4.) S6CNA Supervisor will conduct visual inspections of lifter pads monthly, and document findings on the monitoring tool. Any pads noted with issues will be discarded and replaced. 5.) Date of Compliance: 05/28/2020.	F 689			
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required	F 726		10/16/20	

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F 726	<p>Continued From page 9 at §483.70(e).</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a Certified Nursing Assistant (CNA) used a mechanical lift with 2 staff members as required per facility policy which resulted in a resident sustaining a fall. This deficient practice was identified for 1 (Resident #4) of 5 sampled residents, and had the potential to affect any of the 17 residents who required mechanical lift transfers. The facility census was 77 as documented on the facility's resident census list. Findings: Review of the facility's Policy and Procedure titled Lifting Machine, Using a Mechanical (lift) revealed, in part, at least two nursing assistants are needed to safely move a resident with a mechanical lift.</p>	F 726	<p>F 726 COMPETENT NURSING STAFF</p> <ol style="list-style-type: none"> 1. Resident #4 was uninjured from a fall while on the stand-up lift on 06/17/2020. On 06/18/2020, S7CNA was trained on proper use of mechanical lift including requiring 2 staff members. 2. Any resident being transferred using mechanical lift could be affected. The facility will ensure a CNA uses a mechanical lift with 2 staff members as required per facility policy. 3. On 06/18/2020, the CNA Supervisor educated CNAs on proper mechanical lift use including requiring 2 staff members. On 06/18/2020, a Transferring Using a Mechanical Lift Skills Competency 		

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F 726	<p>Continued From page 10</p> <p>In an interview on 08/28/2020 at 10:20am Resident #4 stated that while on the stand up lift, she fell off of it and the staff that did it did not know what she was doing.</p> <p>Review of Resident #4 Incident Report dated 06/17/2020 at 6:30pm revealed, in part, the resident was uninjured from a fall while on the stand up lift.</p> <p>Review of a written statement by S7Certified Nursing Assistant (C.N.A) dated 06/17/2020 revealed, in part, as S7C.N.A was lifting Resident #4 up in the lifter the Resident #4 complained of her back hurting. Resident #4 was lowered back down at the edge of her chair and the resident slid off her chair onto the floor. The resident's leg was pressed up against her chair and the lifter.</p> <p>In an interview on 08/28/2020 at 10:15am, S6C.N.A. Supervisor stated that the stand-up lift secures the resident with the belts so she did not see how the resident could have slipped out of the stand-up lift. She further stated S7C.N.A did not have any training on the lift so we trained her the next day on 06/18/2020. She further stated S6C.N.A should have had two staff present when lifting Resident #4.</p> <p>In an interview on 08/31/2020 at 10:25am, S1Director of Nursing stated that the incident of the fall occurred from the resident on a stand up lift and the C.N.A. should of have had two staff at the time and there was only one. She stated she was not sure if the belt under the resident's arms was not attached or it was during the time when the C.N.A. was transferring the resident over to her bed when the fall occurred.</p>	F 726	<p>Checklist was developed and implemented to ensure satisfactory competency. The CNA Supervisor or designee will complete the competency checklist on current CNA staff then upon hire and annually thereafter.</p> <p>4. The CNA Supervisor or designee will conduct visual observations on CNAs using mechanical lift to ensure 2 staff members are used to safely transfer a resident. Results of observations will be recorded on a QAPI monitoring tool. Any issues noted will be corrected at time of discovery and any follow up re-education of staff conducted as needed. Monitoring will occur on 10 residents weekly for 8 weeks and then as deemed necessary by the QAPI team. Results of monitoring will be reviewed at next scheduled QAPI meeting, to determine effectiveness.</p> <p>5. Compliance Date: 10/16/20</p>		

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F 726	Continued From page 11 In an interview on 08/31/2020 at 2:18pm, S7C.N.A stated she was using the stand-up mechanical lift by herself and the resident slid off the lift as she was raising the lift up.	F 726			

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F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted on 09/18/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Total Residents: 77</p> <p>Complaint #LA00055940. No deficiencies cited as a result of this complaint.</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.