

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAHARPE DAVIER HEALTH CARE CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>101 NORTH B STREET LA HARPE, IL 61450</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, record review and interview the facility failed to use complete Personal Protection Equipment (PPE) for two or three residents (R1 and R2) reviewed for infection control practices for residents with unknown COVID-19 status in the sample of three. Findings include: The Centers for Disease Control and Prevention (CDC) 6/22/2020 guidance documents, Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. HCP (Health Care Provider) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. The facility policy for COVID-19 Control Measure last revised 5/2/2020 documents a New admissions and re-admissions whose COVID status is unknown, should be placed in a private room and all recommended COVID-19 PPE (Personal Protective Equipment) should be worn during care of residents under observation, which included an N95 respirator, or face mask if the respirator is not available, eye protection, gloves and gown. Residents are to remain in a private room under observation for 14 days. On 6/24/20 at 10:21 am and 10:25 am R1 and R2 had isolation set up on their bedroom doors which included: gloves, surgical masks, gowns, shoe coverings, and garbage bags. There were no N95 masks, goggles, or face shields in the set up. On 6/24/20 at 11:22 am, V2 (Director of Nursing/DON) added disposable face shields to both R1 and R2's isolation set up. On 6/24/20 at 11:30 am, V6 (Certified Nursing Assistant/CNA) stopped at R2's door with a surgical mask already in place, applied gloves, gown and a face shield and entered R2's room. There were no N95 masks in the isolation set up on R2's door. On 6/24/20 at 11:25 am, R1 stated the staff wear the blue (surgical) masks, a gown and gloves when they come into her room. R1 stated no one has come into her room with goggles or a face shield on since she has been in the facility. On 6/24/20 at 11:05 am, R3 stated all the staff are wearing the blue (surgical) masks and he has not seen anyone wearing gowns, goggles or face shields since he has been in the facility in January. On 6/24/20 between 11:05 am and 11:15 am, V6 and V7 (CNAs) stated they wear surgical masks when going into R1 and R2's room. V6 and V7 also stated the disposable face shields were just placed in R1 and R2's isolation supplies on their doors today and have not been used prior to this time. On 6/24/2020 at 10:45a.m. V2 stated, The residents (R1 and R2) are in isolation for medical care outside the facility. They were recently treated at an outside healthcare facility and returned to this facility. They are in a private rooms. The staff use gloves, gowns and a surgical mask (covering mouth and nose) while they are providing care. No eye covering. Currently staff are using washable gowns, surgical masks and gloves. V2 stated, There is not eye protection for the staff to use in the isolation rooms. V2 stated, There are some N95 masks in the facility now. I am assured that there is more available for our use if there is an outbreak.</p>		

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.