

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145774</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAVANA HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>609 NORTH HARPHAM STREET HAVANA, IL 62644</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> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review the facility failed to ensure protective apparel was worn in the laundry while handling soiled linens and hand hygiene was performed following removal of soiled gloves and before handling clean linens. These failures have the potential to affect all 48 residents in the facility. Findings include: A Laundry/Linen Handling policy dated 12/7/18 states as its purpose, To limit the transmission of pathogenic microorganisms in contaminated linen. This policy further states, Gloves and other appropriate protective apparel should be worn by laundry personnel while sorting soiled linen. A Removing Gloves policy dated 12/17/18 instructs for staff to wash their hands following the removal of soiled gloves. On 6/17/20 at 9:55a.m. V13 (Laundry Supervisor) stated that laundry aides are supposed to wear protective gowns and gloves while handling soiled laundry and linens in the laundry room. On 6/17/20 from 10:15a.m.-10:30a.m. V14 (Laundry Aide) was in the laundry room washing soiled laundry and folding clean laundry. V14 pointed to a bin containing laundry which was visibly soiled with dark brown stains and stated she was getting ready to place it in the washer. V14 stated she did not need to wear a clothing protector to handle this soiled laundry. V14 applied gloves, but no clothing protector, then transferred the soiled laundry into the washer. V14 removed her soiled gloves then walked into the clean laundry room and without performing hand hygiene, V14 picked up a clean towel, held it against her uniform then folded it. While V14 was folding the clean laundry, V14 verified she did not perform hand hygiene after removing the soiled gloves used to handle the soiled laundry. V14 stated, I figured if I had gloves on then I didn't need to wash my hands. A Resident Census and Condition of Residents form dated 6/18/20 and signed by V18 (Minimum Data Set Coordinator) documents that at the time of the survey 48 residents resided in the facility.		
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.