

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER FAIR HAVENS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure disinfection of equipment used for multiple residents, properly don and doff personal protective equipment and perform hand hygiene properly. The facility also failed to implement infection control while providing therapy care residents to prevent and/or contain COVID-19. These failures impact all 95 residents residing in the facility. Findings include: The facility's Policy and Procedure for Suspected or Confirmed Coronavirus (COVID 19), dated 9/14/2020, documents it is the policy of the facility to minimize exposures to respiratory pathogens and implement interventions to prevent and/or mitigate the spread of COVID 19. All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements. Healthcare personnel who enter the room of a patient with suspected or confirmed COVID infection should adhere to Standard Precautions and use of a facemask, gown, gloves and eye protection. Implement Transmission-based Precautions (COVID 19) Droplet and Contact with the door closed for 14 days from onset of symptoms or when the nasal swab was collected. Implement isolation to designated room/unit per plan. Dedicated or disposable patient-care equipment should be used. If equipment is used for more than one resident, it will be cleaned and disinfected before use on another resident. Staff will use appropriate Personal Protective Equipment (PPE) when interacting with residents. Per Centers for Disease Control (CDC) ensure all staff wear a facemask while in the facility. Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 infection. If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. Hand hygiene is to be completed using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. The facility will reinforce strong hand-hygiene practices, transmission based precautions, appropriate utilization of PPE, PPE Sequencing and cleaning and disinfection. This policy also documents the facility will provide adequate work supplies to disinfect the work areas frequently. The facility's Infection Prevention and Control Manual Don and Doffing of Personal Protective Equipment, dated 3/30/2020, documents when removing gloves, staff are to take care not to contaminate hands. On 9/21/2020, the following facility staff were observed not properly wearing their mask: Face mask positioned under their nose (not covering): 10:25am and again at 1:30pm, V4, Certified Nursing Assistant (CNA). 10:35am, V5, Cook, and V6, Assistant Dietary Manager, were sitting in the dining room preparing silverware and napkins for resident use throughout the facility. On 9/21/2020 at 1:22pm, V11, CNA, walked out of R5's room with V11's hands on R5's wheelchair with R5 seated in the wheelchair. V11's face mask was positioned under V11's chin. V11 moved V11's face mask to position the mask over V11's nose and mouth using V11's hand without performing hand hygiene. At 1:30pm, V11 pulled V11's face mask away from V11's face, and was drinking a personal beverage at the nurse's station. On 9/21/2020 at 10:43am, V7, CNA, took R1's mask and repositioned the mask from under R1's mouth to over R1's mouth and nose, by touching the front of the mask without performing hand hygiene or donning gloves. On 9/21/2020 at 1:20pm, V10, CNA, was on a resident hall sitting in the hall with V10's mask not in place. V10's mask was hanging by one ear loop from one ear straight down, with other ear loop hanging down towards V10's shoulder. On 9/21/2020, the following facility staff were observed to be sitting on the beds of residents while providing therapy and/or documenting on the electronic device: 10:30am V15, Occupational Therapist (OT), sitting on the bed of R4 2:03pm, V12, Speech Therapist (ST), sitting on the bed of R2 On 9/21/2020, V12 proceeded to provide therapy to R11 and R10 after sitting on the bed of R2, who is COVID positive and on the COVID positive unit. V2, Director of Nursing (DON), confirmed this information. On 9/21/2020 at 2:29pm, V13, CNA, used the portable vital sign machine in and out of R6, R7, R8, and R9's rooms without sanitizing in between each resident use. At 2:38pm, R3 was found on the floor in the hall. V16, CNA, took the contaminated vital sign machine from the hall and used it to obtain vital signs for R3. V16 removed V16's contaminated gloves improperly by pulling the fingers of one glove and removing that glove and proceeding to pull the fingers of the other glove with V16's un-gloved fingers. V16 then opened a door on the COVID positive unit with V16's contaminated hands without performing hand hygiene. On 9/21/2020 at 3:00pm, V8 and V17, Licensed Practical Nurse (LPN's), entered the COVID 19 positive unit. V8 and V17 did not don gowns prior to entering the COVID positive unit. V8 and V17 walked down the hall prior to turning around to go back out of the COVID positive unit to don gowns. V17 returned to V17's assignment which was on another non-COVID 19 hall in the facility. On 9/23/2020 at 2:20pm, V2, DON, stated all staff are supposed to wear a facemask at all times while in the facility. If a staff member needs to remove their face mask, they should excuse self from unit or step in to the restroom before removing. Staff are to cover nose and mouth with the mask at all times while in the facility. V2 stated staff should use hand sanitizer and wash hands. V2 stated if a staff member needs to assist a resident with adjusting their mask, the staff member should don gloves and place the mask up to the position where it needs to be. V2 stated when staff remove their gloves they need to perform hand hygiene. V2 stated staff should adjust with the loops and pull it up not by the face/front of the mask where they would come in contact with secretions. V2 stated staff should not be sitting on a resident's bed, especially with COVID infections at this time. V2 stated staff are to disinfect any multi-use equipment in between each resident use. V2 stated staff need to disinfect and allow time to air out and not just go from one resident to the next. The facility's Room Assignment sheet, dated 9/21/2020, documents 95 residents reside in the facility.</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.