

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>195575</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAK HAVEN COMMUNITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1515 HIGHWAY 107 CENTER POINT, LA 71323</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and Policy and Procedure review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections (COVID-19) by failing to ensure a CNA utilized PPE according to facility policy. The facility census was 81. Findings: Review of the facility's Personal Protective Equipment - Gloves Policy, revealed in part .The use of disposable gloves is indicated .When handling soiled linen or items that may be contaminated . Observation on 08/04/2020 at 9:11 a.m. of S2 CNA revealed she was standing in the 100 Hall by a laundry barrel. S2 CNA pressed the soiled linens down in a laundry barrel using an ungloved hand while she held the lid to the laundry barrel in her other ungloved hand. An interview was conducted on 08/04/2020 at 9:11 a.m. with S2 CNA. S2 CNA confirmed she did not have gloves on and she was used her ungloved hand to press down soiled linens prior to placing the lid on the barrel. She confirmed she should have worn gloves while handling the soiled linen and she did not. An interview on 08/04/2020 at 10:00 a.m. with S1 DON confirmed the facility's Personal Protective Equipment - Gloves Policy indicated that disposable gloves should be used while handling soiled linens. S1 DON confirmed S2 CNA should have donned gloves prior to handling soiled linens.		

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.