

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 195501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER HARVEST MANOR HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 839 NORTH RANGE AVENUE DENHAM SPRINGS, LA 70726	
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 - Some	Provide and implement an infection prevention and control program. Based on observations and interviews the facility failed to ensure staff maintained CDC recommended guidelines for COVID-19 prevention, by failing to ensure staff implemented universal use of facemasks while in the facility as evidenced by observations of 3 (S3D, S4D, and S5D) staff improperly wearing masks while in the kitchen. Findings: On 06/30/2020 at 10:29 a.m., an observation was made of S3D. S3D was standing in the kitchen near the entrance with her mask improperly placed below her nose with nares exposed. On 06/30/2020 at 10:32 a.m., an observation was made of S4D with a mask improperly placed on the chin with the mouth and nose exposed in the kitchen. S4D was walking past an uncovered pan of baked corn bread. S4D stated she pulled the mask down to adjust it. On 06/30/2020 at 10:32 a.m., an observation was made of S5D placing meal tickets on lidded disposable meal trays. S5D had her mask pulled down to her chin with her nose and mouth exposed. An opened pan of baked cornbread was sitting on the counter next to S5D. S5D stated the mask kept falling down and fogged her glasses. S5D stated she could not breathe with the mask. On 06/30/2020 at 12:39 p.m., an interview was conducted with S2DM. S2DM was notified of the above observations. S2DM stated staff should wear masks properly placed over the nose and mouth at all times in the facility. On 06/30/2020 at 12:39 p.m., an interview was conducted with S1ADON. S1ADON was notified of the above observations. S1ADON stated staff should wear masks properly placed over the nose and mouth at all times 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.