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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145380 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/12/2020 |
| NAME OF PROVIDER OF SUPPLIER LUTHERAN CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 702 WEST CUMBERLAND ALTAMONT, IL 62411 | |
| 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 | Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure all non-essential staff were restricted from the facility at this time. This failure has the potential to affect all 55 residents residing in the facility. Findings Include: In a non-dated article published by the Centers for Disease Control, reviewed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html on 6/11/20, and titled Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities (LTCFs) states: Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser). On 06/11/20 at 8:40 AM, V14 (Beautician) was observed styling R1's hair in the facility's beauty shop. Although V14 was observed wearing a face mask, R1 was not. V14 stated that she tried to put a mask on R1, but she refused to allow it as R1 has dementia and at times has behaviors. V14 was observed as being in direct contact with R1. A written statement provided by V1 on 6/11/20 states, (Facility Name) Salon closed on 3/12/20. Reopened on 6/1/20. On 6/11/20 at 11:30 AM, V1 (Administrator) confirmed that V14 returned to work on 06/08/20. V1 stated she was under the impression that facilities were now able to resume beauty shop services. V1 stated she would immediately go to the beauty shop and tell V14 to leave. V1 clarified that although the facility beauty shop was considered open on 6/1/20 as written in her statement, V14 did not begin to provide beauty shop services in the facility until 6/8/20. The Facility Census report dated 6/11/20 documents 55 residents reside at 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.