

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER MEDICALDOWES DEWEY		STREET ADDRESS, CITY, STATE, ZIP 430 BARTLES ROAD DEWEY, OK 74029	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined the facility failed to implement their infection control program to prevent the potential spread of infection for 3 (#1 through #3) of 6 sampled residents reviewed for infection control. The facility failed to: a) ~ Ensure infection control tracking and trending was completed. b) ~ Ensure staff sanitized/changed gloves when delivering meals. ac) ~ Ensure environmental protection agency (EPA) N list sanitizers were used to clean the facility floors. d) ~ Ensure staff were aware of contact times for facility cleaners. e) ~ Ensure staff members were thoroughly screened for all possible COVID-19 symptoms documented on the centers for disease control (CDC) website; and f) ~ Ensure residents were thoroughly monitored for all possible COVID-19 symptoms documented on the CDC website. The administrator identified 41 residents lived in the facility. Findings: The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: . Immediately before touching a patient . Before performing an aseptic task . Before moving from work on a soiled body site to a clean body site . After touching a patient or the patient's immediate environment . After contact with blood, body fluids, or contaminated surfaces . Immediately after glove removal . Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices. Environmental Cleaning and Disinfection .Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Use an EPA-registered disinfectant from List Nexternal icon on the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-2. Ensure HCP are appropriately trained on its use . 1. On 08/13/20 at 10:00 a.m., the director of nursing was asked for the facility infection control documentation. At 2:00 p.m., the director of nursing was asked if she had completed the facility tracking and trending documentation. She stated she had been using a spread sheet to keep track of infections in the facility. She stated she had not had time to complete the facility infection control tracking and trending. 2. On 08/13/20 at 12:09 certified nurse aid #1 was observed to have gloves on. She knocked on resident #1's door and used the door knob to open the resident's room door and asked the resident what he would like to drink. She came out of the resident's room and went to the drink cart and without changing her gloves or sanitizing she poured the resident's tea and took it back into the resident's room and closed the door. She did not change her gloves or wash her hands. The certified nurse aid was observed to come back to the drink cart and poured two cups of red liquid and a cup of clear liquid and placed the drinks on resident #2's over bed table. She went to the cart, without changing gloves or sanitizing her hands and picked up a small styrofoam container into resident #1's room and placed it on the resident's over bed table and left the room. The certified nurse aid went to the cart and picked up a large styrofoam container and without changing her gloves or sanitizing took the container to resident #3's room. She placed the container on the resident's over bed container and then opened the container and began cutting up the resident's food. The certified nurse aid came out of the resident's room and removed her gloves and left the area. She was not observed to sanitize or wash her hands after the leaving the hall. At 12:30 p.m., certified nurse aid #1 was asked when she should change her gloves and sanitize her hands when delivering meals. She stated she should change her gloves and sanitize between each resident. She was asked why she had not done so. She stated she was in to big of a hurry. At 1:02 p.m., the director of nursing was asked when staff should change their gloves and sanitize their hands when delivering meals. She stated staff should change their gloves and sanitize their hands between each resident. 3. On 08/13/20 at 10:07 a.m., housekeeper #1 was asked to see the EPA N list number on the container. The housekeeper was asked if he knew the cleaners used in the facility must have an EPA number and kill COVID 19. He stated he was not aware of the EPA numbers or whether the cleaners killed COVID 19. At 10:12 a.m., the housekeeping supervisor/administrator were asked about the facility floor cleaner. The administrator stated they had been using a general floor cleaner because using Virex made the floors sticky. She stated they felt the floors could not really be sanitized. She stated they had used Virex which was on the EPA N list when they had a resident in isolation but had not used it throughout the facility. 4. At 2:10 p.m., housekeeper #1 was asked if he was aware of the contact times for the facility cleaners. He stated no. 5. The director of nursing was asked how she ensured the staff screening document and the residents' COVID symptom assessments had the complete list of COVID symptoms. She stated their corporate office updated the employee screener. She stated she was not aware the screener or the resident symptom assessments did not contain a complete list of COVID symptoms.</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.