

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375511</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE PARK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6912 NORTHWEST 23RD STREET BETHANY, OK 73008</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews, and record reviews, it was determined the facility failed to ensure: a. residents were socially distanced during dining for seven (#1, 2, 3, 4, 5, 6, and #7) of 15 residents observed during the noon meal service. The administrator identified 12 residents who ate meals in the dining room; b. group activity attendees were socially distanced and wearing their face masks appropriately, in place and covering their mouth and nose, for nine of 11 residents observed during morning activities. The administrator identified 21 residents who attend group activities; and c. staff members wore their face masks in an appropriate manner for seven (CNA #1 (certified nurse aide), LPN #1 (licensed practical nurse), maintenance/floor technician, DON (director of nurses), and the administrator) of 12 staff members observed for appropriate PPE (personal protective equipment). The administrator identified 40 residents who resided in the facility. Findings: A CDC (Centers for Disease Control and Prevention) website article, updated 05/19/20, documented: .HCP (health care personnel) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others .Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. .Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility . Implement aggressive social distancing measures (remaining at least 6 feet apart from others) . Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene .Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas. .Considerations when restrictions are being relaxed include .Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate . On 06/16/20, the following observations were made: At 9:40 a.m., LPN #1 and an unidentified staff member were observed at the nurse's station with their surgical masks hanging off of their ears. Their noses and mouths were not covered. Nine residents were observed in the common area during a group exercise. Two residents were seated within a foot of each other in close proximity to the activities director. Two residents were observed sitting side by side on the couch. Five residents were observed with their masks off or pulled down below their nose and/or chin. There were no staff members observed to attempt to assist residents with their masks. At 9:45 a.m., the maintenance/floor technician staff member was observed restocking the vending machine. The vending machine was located in the small common area where the group activity was ongoing. The staff member's face mask was observed down below his nose. At 9:50 a.m., the screening staff member was observed to assist one resident with her mask who was attending the group activity. He then walked back to the front door. Four residents remained in the group activity with their masks off or below their mouth/nose. At 10:00 a.m., the maintenance/floor technician staff member was observed sweeping the floor with his face mask pulled down to his chin. His mouth and nose were not covered. At 10:08 a.m., eight residents were observed in the small common area in a group sing-along activity. There were two residents with their masks below their noses. One resident's mask was below his chin. The activity director continued with the activity and did not assist the residents. Other staff passing by, did not offer assistance or encouragement for proper use of face masks. At 10:10 a.m., the maintenance/floor technician was observed to pull his mask down several times, past his chin, to talk to nearby staff. At 10:16 a.m., CNA #1 was observed to pass snacks to six residents with her face mask below her nose. From 10:26 a.m. through 11:00 a.m., CMA #1 was observed with her face mask below her nose while she passed medications to several residents. At 10:45 a.m., the DON was observed to walk from her office to the bathroom and back with her face mask below her nose. The group activity continued. Three residents were observed seated less than six feet apart at a small round table. One resident was observed at the table, eating pudding, with his mask off. At 10:55 a.m., the administrator approached the surveyor in the resident hallway to have a conversation. Her mask was below her nose during the entire conversation. At 11:00 a.m., CMA #1 stated her face mask should cover her mouth and nose. She said, I forget. At 11:45 a.m., a meeting was held with the administrator, DON, and IP (infection preventionist). The DON stated the facility never ceased having group activities. She stated the residents should be socially distanced, at least six feet apart, and should have a face mask on. They were notified of the observations. The administration staff stated residents who required assistance with meals or were at a high risk for choking ate meals in the dining room. They stated the residents were seated no more than two at a table and at least six feet apart. They were asked how should staff and residents wear their masks. The DON stated everyone had been trained to wear their masks above their noses and covering their mouths. They were notified of the observations during the survey. At 12:30 p.m., the lunch meal was observed. Residents' #1, 2, 3, and #4 were seated side by side at a half circle table. There was only one to two feet of distance between each resident. One small round table had three residents, #5, 6, and #7, sitting no more than three feet apart. At 12:40 p.m., the administrator was notified of the observations during the lunch meal service. She acknowledged the concerns. At 2:35 p.m., the maintenance/floor technician was observed to walk from the maintenance closet to the break room without a mask. He then exited the break room, walked through the common area, and exited the facility without a face mask. At 2:45 p.m., the administrator, DON, and IP were notified of the maintenance/floor technician in the facility without a face mask on.</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.