

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HENSLEY NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>HIGHWAY 152, BOX 465 SAYRE, OK 73662</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews, it was determined the facility failed to: ~ implement infection prevention and control practices to prevent the potential development and transmission of COVID-19; ~ ensure appropriate transmission based precautions were implemented and all required PPE (personal protective equipment) was donned for close contact of a resident with unknown COVID-19 status for one (#1) of one sampled resident who had admitted to the facility in the last 14 days; The DON (director of nurses) identified one resident who had admitted to the facility in the last 14 days. ~ ensure residents were provided and encouraged to use face masks when out of their rooms; and ~ ensure staff wore face masks in an appropriate manner, covering their mouth and nose, for three (administrator, DON and LPN #1 (licensed practical nurse)) of ten staff members observed for appropriate mask use; The administrator identified 31 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 . Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility . A CDC website article, updated 06/22/20, titled, Preparing for COVID-19 in Nursing Homes, documented: .Reinforce adherence to standard infection prevention and control measures including hand hygiene . Make necessary PPE available in areas where resident care is provided . Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff .Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles) . Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission . On 07/15/20, the following observations and interviews were obtained. At 9:28 a.m., the DON and LPN #1 were observed at the nurse's station on the west hall. Both staff members had their surgical masks covering only their chins. The DON promptly escorted the surveyor to the administrator's office which was located next to the lobby area. The administrator was observed in her office without a mask on. There were five residents observed in the lobby area without masks on. At 9:42 a.m., resident #1 and another unidentified resident were observed ambulating the halls without masks on. There were no staff observed to provide the resident's with masks or redirect resident #1 to her room. The DON was observed in the administrator's office with her mask covering only her chin. At 9:55 a.m., three staff members were observed to place a mask on resident #1. CNA #1 (certified nurse aide) and LPN #1 and another unidentified staff member were observed to assist the resident back to her room. They used ungloved hands to touch the resident's arms, hands, and clothing. They walked with the resident up close to their sides. The staff members were only observed wearing surgical face masks. At 10:05 a.m., a resident was observed seated in his wheelchair outside of the whirlpool room. He was not wearing a mask. At 10:08 a.m., CNA #1 was observed exiting resident #1's room. She stated she had been in the resident's room holding her hand and arm and helping her ambulate around in her room. She stated the resident was not on any transmission based precautions that she knew of. She said, We don't need a gown or gloves to care for her. At 10:11 a.m., LPN #1 stated resident #1 admitted to the facility on [DATE]. She was asked if the resident was on any type of transmission based precautions. She stated the resident had a negative COVID test when she left the hospital. She was asked what PPE was required to care for the resident. She stated they always wore a mask and gloves if they were providing personal care. She stated they never had to wear a gown to care for the resident. She was then asked how should masks be worn by staff to ensure they prevent the potential for transmission of COVID. She stated masks should cover the mouth and nose. She stated it was not acceptable to wear a mask covering only your chin. At 10:20 a.m., one resident was observed asleep on a couch in the lobby area without a mask. Another resident was observed working on a puzzle in the lobby area without a mask. A third resident was observed in a geri-chair asleep without a face mask. At 10:42 a.m., a meeting was held with the administrator, DON, and the MDS (minimum data set) staff member. The administrative staff members reported they believed residents were not required to wear masks and they believed this was optional. They stated some residents were provided masks if they wanted one. They stated staff members should wear their masks covering their nose and mouths. They were notified of the observations. They were asked if residents who were newly admitted to the facility within the last 14 days required quarantine and droplet precautions. They stated they did require both. They acknowledged resident #1 was a newly admitted resident. They stated she liked to wander out of her room often and staff had to redirect her. They were notified she was observed outside of her room for several minutes and without a face mask. They were notified staff were observed to walk by the resident and not redirect her promptly. They acknowledged the concerns. They were asked what PPE was required for close contact with these residents. They stated staff should wear a mask and gloves if they were treating a wound or emptying a urinary catheter. They stated gowns should also be worn if there was bowel movement every where to clean up. They were asked if eye protection should be worn for close personal care. They stated yes. They were notified staff were required to wear gowns, gloves, masks, and eye protection if they were providing close personal care including transferring a resident from bed to chair, assisting a resident to dress, and during the provision of incontinent care. They were notified several staff members were observed touching the resident with out required PPE, including gloves, while assisting her to ambulate to her room and in her room. They were notified the staff assigned to care for the resident did not know the resident was on any type of transmission based precautions. They acknowledged the concerns.</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.