

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER WILLOW HAVEN NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1301 NORTH 5TH STREET TONKAWA, OK 74653	
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.</p> <p>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 three (#2, #4, and #5) of five sampled residents reviewed for infection control. The facility failed to: a) Ensure staff members were thoroughly screened for all possible COVID-19 symptoms that are documented on the centers for disease control (CDC) website, and b) Ensure the residents were thoroughly monitored for all possible COVID-19 symptoms that are documented on the CDC website. The facility identified 34 residents lived in the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, .Screen all HCP (health care providers) at the beginning of their shift for fever and symptoms of COVID-19 . Actively take their temperature* and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace . 1. On 09/16/20 at 10:17 a.m., upon entry into the facility the administrator came to the door. She took the two surveyors' temperatures. She asked if the surveyors had a cough, shortness of breath, sore throat, or any respiratory symptoms. She did not ask all the possible COVID-19 symptoms. 2. The facility's resident screening forms had the temperature documented as taken once a shift. The form documented, If you have any symptoms of COVID-19, including cough or difficulty breathing. All the possible COVID-19 symptoms were not on the form. At 4:35 p.m., resident #2 was asked how the staff members screened her for possible COVID symptoms. She stated the staff took her temperature three times a day and checked her pulse saturation. She stated they asked her if she was breathing ok, had a headache, cough, and how was her appetite. She stated that was about all and then said maybe asked one or two other things. At 4:50 p.m., resident #4 was asked how the staff members screened him for possible COVID symptoms. He stated they asked her three times a day how she was feeling. He stated they are not real specific when they asked. At 5:00 p.m., resident #5 was asked how the staff members screened her for possible COVID symptoms. She stated the staff members obtained her vital signs at least three times a day. She stated at the beginning they did real good screening her but not so much now. On 09/16/20 at 6:00 p.m., licensed practical nurse (LPN) #1 was asked what were the possible symptoms of COVID-19. She stated nausea, vomiting, pain, headache, fever, fatigue, and shortness of breath. She did not state all the possible symptoms of COVID-19 as the CDC website documented. 3. The facility's employee screening forms had the temperature and documented, If you have any symptoms of COVID-19, including cough or difficulty breathing call your doctor do not work. The form did not include all the possible COVID-19 symptoms. The COVID screening forms for LPN #2, dated 07/06/20 through 09/16/20, did not have documentation if the LPN had COVID symptoms or not. The section on the form which documented, any symptoms and had the words yes/no. The yes/no had not been circled on the forms for everyday the LPN had worked. At 5:40 p.m., the administrator was asked how the staff members would know what all the possible COVID-19 symptoms were for when they completed their COVID screening forms. She stated the staff members had been educated multiple times on the possible COVID-19 symptoms. On 09/16/20 at 6:00 p.m., licensed practical nurse (LPN) #1 was asked what were the possible symptoms of COVID-19. She stated nausea, vomiting, pain, headache, fever, fatigue, and shortness of breath. She did not state all the possible symptoms of COVID-19 as the CDC website documented. She was asked who took the staff members' temperatures and screened the employees when they entered the building. She stated the director of nursing (DON) took the temperatures sometimes if she was in front of the facility. She stated the staff members just filled out their own screening forms. On 09/16/20 at 6:10 p.m., certified nurse aide (CNA) #1 when asked was not able to list all the possible COVID-19 symptoms. She stated the staff members took their own temperatures when they came to work and filled out their own screening forms. At 6:25 p.m., the DON was asked how often the employees' COVID screening forms were reviewed. She stated a few times a month by herself and her infection preventionist. When asked she stated they were reviewed for completeness and to check to ensure the staff had no temperatures. The DON was asked why the screening forms for LPN #2 had no documentation (yes or no circled) if the LPN had COVID symptoms from 07/06/20 through 09/16/20. She stated, I guess it's been awhile.</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.