

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 37E261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER HIGHER CALL NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 407 WHITEBIRD AVENUE QUAPAW, OK 74363	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, it was determined the facility failed to follow CDC Interim Infection Prevention and Control recommendations for patients/residents with suspected or confirmed Coronavirus disease 2019 (COVID-19) in healthcare settings and ensure staff who enter the room of a patient/resident with known or suspected COVID-19 adhered to standard precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection during the provision of care to residents quarantined and ensure personal protective equipment (PPE) precautions were posted. The facility identified four (#1, #2, #3, and #4) residents, who were quarantined. The administrator identified 39 residents resided in the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .HCP (health Care Provider) 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 . The State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities, documented, When a resident is placed on transmission-based precautions, the staff should implement the following: Clearly identify the type of precautions and the appropriate PPE to be used; Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering .Make PPE readily available near the entrance to the resident's room . On 06/29/20, at 10:15 a.m., the facility identified four residents in quarantine isolation for admissions and re-admissions to the facility. At 11:20 a.m., a tour of the facility was conducted. Resident #1, who was identified by the facility as being quarantined due to re-admission from a hospital on [DATE], did not have a sign posted near her door which indicated she was quarantined/isolated and what precautions were to be used. There was no PPE placed near the resident's door or visible in the hallway. Three other residents (#2, #3, and #4) who resided on the quarantined hall did not have signs posted regarding they were in quarantine/isolation and what precautions were to be used. At 1:40 p.m., housekeeper #1 was asked if any residents on the 100 hall were in quarantine. She stated no. She stated resident #1 had been to the hospital but was not on quarantine as far as she knew. At 1:50 p.m., certified nurse aide (CNA) #1 was asked if any residents on the 100 hall were in quarantine. She stated no. She stated resident #1 had been out to the hospital but was not in quarantine. She was asked if the resident needed assistance with care. She stated yes. She was asked how she provided care for the resident. She stated she wore her mask and gloves and washed her hands. She was asked where the gowns and face shields were kept. She stated they were not kept in the area but there were some in a supply closet down the hall. At 2:00 p.m., The director of nurses (DON) and the administrator were asked about the isolation/quarantined residents not having signs posted with information regarding the type of isolation and precautions to use. The administrator stated it was an oversight. They were asked how the staff were made aware of the residents quarantined. The DON stated the charge nurse should have informed them at shift change. They were asked about the lack of PPE for resident #1. The administrator stated it should have been there and it would be fixed. She was informed staff should be utilizing full PPE due to the quarantined residents unknown status to maintain infection control. She acknowledged it was an infection control issue.</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.