

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE HILLS LIVING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>411 NORTH WEST STREET MCALISTER, OK 74502</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 observation, interview, and record review, it was determined the facility failed to maintain an infection control program and implement measures to provide a safe environment to help prevent the development and transmission of COVID-19 for three (#1, 2, and #3) of three residents sampled for infection control. The facility failed to ensure: a) face shields or goggles were worn in the rooms of quarantined residents. b) staff did not wear masks below their chins and below their noses. c) residents who were on quarantine status did not room together. d) the facility used an environmental protection agency (EPA) registered disinfectant for use against [DIAGNOSES REDACTED]-CoV-2 to wipe down surfaces. The administrator (adm) reported there were no residents who were COVID-19 positive, three residents were quarantined on droplet precautions, and 66 residents resided in the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown.  Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. 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 . The Center for Disease Control guidance titled, How to Wear Cloth Face Coverings documented, .Wear your Face Covering Correctly .Put it over your nose and mouth and secure it under your chin. Try to fit it snugly against the sides of your face .Use the Face Covering to Protect Others. Wear a face covering to help protect others in case you're infected but don't have symptoms . The Center for Disease Control guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic documented, .Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. Refer to List Nexternal icon on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-CoV-2 . On 06/26/20 at 8:15 AM through 12:15 PM, while touring the resident hallways, one certified nurse aide (CNA) was observed with his mask down under his chin while talking to another staff member. Two CNAs were observed wearing their masks under their noses. Two housekeepers were observed wearing their masks below their noses. A laundry staff member was observed wearing his mask under his nose. On 06/26/20 at 8:20 AM, housekeeper #1 was observed sweeping and mopping resident rooms. The housekeeper was asked what product he used to wipe down surfaces. He pulled out the products from his cart which he said he used. The products were Clorox Urine Remover for Stains and Odors and Shine-up Furniture Polish. On 06/26/20 at 8:30 AM, the quarantine unit was observed. There were a total of three residents in the unit. Two male residents, #1 and #3, were sharing a room. The unit was comprised of five rooms. CNA #1 stated resident #1 received [MEDICAL TREATMENT] services. She stated resident #3 was being quarantined because of an unauthorized family visit outside while the resident was smoking and they were not wearing masks. On 06/26/20 at 8:35 AM, CNA #1 and CNA #2 stated they had not been wearing face shields or goggles while caring for the residents in the quarantined rooms. The CNAs were observed to wear gowns, gloves, and surgical masks into the rooms. CNA #1 looked in the PPE stations and could not find any shields or goggles. On 06/26/20 at 9:01 AM, housekeeper #2 was interviewed about the products he used to clean the facility. He pulled out from his cart the following products: Clorox Urine Remover for Stains and Odors, Shine-up Furniture Polish, and Lysol Neutra Air Sanitizing Spray. The EPA registered numbers could not be found on the urine remover or the furniture polish. The Lysol Neutra Spray had an EPA number of 777-101. The housekeeper stated he wiped down surfaces with the urine remover and sprayed the Lysol in the air and on the door knobs and light switches. On 06/26/20 at 9:16 AM, the infection preventionist (IP) was interviewed regarding the quarantined residents who were rooming together and staff not wearing their masks over their noses. She stated she had read something the day before about not rooming residents together who were on quarantine, but had not changed the rooms yet. She said the staff had been told to wear their masks over their noses. On 06/26/20 at 9:30 AM, the adm was interviewed regarding the products the housekeepers were using to wipe down the surfaces. She stated she would check on it and get back with the surveyor. On 06/26/20 at 11:30 AM, the adm stated she had removed the products from the housekeeping carts. She stated she had sent a staff member to the store to buy a product listed on the EPA 'N' list which would kill the [MEDICAL CONDITION]. On 06/26/20 at 12:01 PM, the IP stated she was not aware the staff were not wearing eye protection while caring for the residents on quarantine status. She stated they had shields and goggles in the facility. She stated she did remember the staff having a problem with the shields fogging up.</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.