

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER SEQUOYAH EAST NURSING CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 701 SOUTH TAYLOR ROAD ROLAND, OK 74954	
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	Provide and implement an infection prevention and control program. Based on observation and interview, it was determined the facility failed to implement proper infection prevention and control practices related to reuse of PPE to prevent the transmission of COVID-19. The facility identified 44 residents who reside at the facility with 30 of those residents currently residing on the COVID-19 unit. On 09/01/20 at 12:10 p.m., the surveyor entered the covid unit and observed washable gowns hung on the back of each resident's door. On 09/01/20 at 12:15 p.m., CNA #1 stated the washable gowns were hung on the back of each door and used by staff during that shift. She stated the gowns were changed out every shift and taken to the laundry to be washed. On 09/01/20 at 12:25 p.m., RN #1 stated the washable gowns were placed on back of each resident's doors at the beginning of each shift and changed out at the end of each shift. On 09/01/20 at 1:30 p.m., LPN #1 was asked how PPE, specifically gowns were utilized on the COVID unit. She stated before their shift each staff member would have a washable gown placed on the back of the door in each resident's room. She stated the gown was reused by that staff member throughout the shift unless it became soiled. She was asked how the washable gowns were placed on the door. She stated they were hanging side by side. She was asked if the gowns were touching each other. She stated yes, probably. She was asked how she ensured infection control while reusing gowns that had been worn and hung side by side on the back of a resident's door. She stated she could not say for sure, she relied on the nursing staff. She was asked if she monitored staff activity related to infection control on the COVID-19 unit. She stated yes. She was asked if she had observed the practice of staff hanging washable gowns on the back of the resident's door, side by side, and reusing them. She stated yes.		

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.