

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER BOYCE MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1600 EAST HIGHWAY HOLDENVILLE, OK 74848	
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, 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. The facility failed to ensure: a) face shields were worn over surgical masks in the rooms of quarantined residents, b) gowns used for personal protective equipment (PPE) were not reused for quarantined residents, c) staff did not wear surgical masks below their chins, below their noses, and wore a mask while in the facility. The administrator (adm) reported there were no residents who were COVID-19 positive, five residents were quarantined on droplet precautions, and 51 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 .HCP should wear a facemask at all times while they are in the facility . 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, .Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use . 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 . On 06/22/20 at 8:55 AM, an observation was made of LPN #1 standing near the nurse station without a mask on. Other staff members were near by and a resident was behind her. At that time certified nurse aides (CNA) #1 and #2 were walking down Hall Two together towards the nurse station with their mask worn below their chins. At the same time the social service director was walking towards the nurse station from Hall One with her mask below her nose. The adm was present and stated, They know their masks should be pulled up. On 06/22/20 at 9:16 AM through 10:42 AM, during a tour of the facility five residents were observed to be on droplet precautions. The PPE stations outside the residents' doors did not contain goggles or face shields. On 06/22/20 at 9:46 AM, CNA #1 was observed to enter a quarantined room without a shield over his surgical mask. On 06/22/20 at 10:15 AM, CNA #3 was asked if face shields or goggles were worn in the rooms of the quarantined residents. She stated shields and goggles were not worn. On 06/22/20 at 10:30 AM, gowns were observed hanging on some of the quarantined residents' doors. CNA #3 was asked why the gowns were hanging on the doors. She stated the gowns were being reused if not soiled. On 06/22/20 at 1:46 PM, CNA #2 was observed, at the nurse station next to another staff member, talking with his mask under his chin. On 06/22/20 at 3:32 PM, CNAs #4 and #5 were observed to hang their gowns on the door of a quarantined resident's door. The CNAs did not wear face shields or goggles in the room. On 06/22/20 at 4:35 PM, the adm was interviewed related to the facilities PPE and infection control procedures. She stated she knew the staff were reusing gowns, but thought it was ok. She stated she was not aware of the need for face shields or goggles.		

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.