

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375558	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER THE HIGHLANDS AT OWASSO		STREET ADDRESS, CITY, STATE, ZIP 10098 N 123 E AVE OWASSO, OK 74055	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 3 (#1 through #3) of 4 sampled residents reviewed for infection control. The facility failed to: ~ Ensure environmental protection agency (EPA) N list sanitizers were used to clean the facility floors. ~ Ensure staff changed gloves and sanitized their hands when delivering meals between residents. The director of nursing identified 86 residents lived in the facility. Findings: Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices. Environmental Cleaning and Disinfection .Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment .Use an EPA-registered disinfectant from List Nexternal icon on the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-2. Ensure HCP are appropriately trained on its use . The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: . Immediately before touching a patient . Before performing an aseptic task . Before moving from work on a soiled body site to a clean body site . After touching a patient or the patient's immediate environment . After contact with blood, body fluids, or contaminated surfaces . Immediately after glove removal . 1. On 07/22/20 at 9:27 a.m., the housekeeping supervisor was asked what she used to clean the floors in the facility. She stated she used multi surface neutral cleaner and she added a little bleach with it. She was asked for the environmental protection agency registration number for the floor cleaning product. She stated there was no environmental protection agency registration number on the bottle. She was asked if she knew if the floor cleaning product was on the environmental protection agency N list. She stated no. At 11:07 a.m., regional director was asked if the floor cleaner used by the facility was on the environmental protection agency N list. He stated no. He stated facility staff had been instructed to use the current floor cleaner by the chemical company the facility used for cleaning products. The regional director was asked if the current floor cleaner used by the facility killed the [MEDICAL CONDITION]. He stated no. 2. On 07/22/20 at 11:46 a.m., a staff member was observed to push a cart with styrofoam containers and styrofoam drink cups. The staff member was observed to put gloves on without sanitizing her hands. She sorted through several styrofoam containers to identify the resident's lunch she needed to deliver. She identified resident #3's lunch and drink and took it in the resident's room and placed it on the resident's over bed table. She came out of the resident's room, did not change her gloves or sanitize her hands, and picked up resident #1's lunch and drink. The staff member knocked on the resident's door and used the door handle to enter the resident's room. The staff member put the resident's lunch on their over bed table and exited the room. She came out of the resident's room, did not change her gloves or sanitize her hands. The staff member picked resident #2's lunch and drink off of the cart and entered the resident's room. The staff member placed the resident's lunch on her over bed table. The staff member moved items around on the resident's overbed table in order to allow the resident to access her lunch. The staff member was asked by the resident to move the head of her bed up. The staff member raised the resident's head of bed using her gloved hands. The staff member came out of the resident's room, did not change her gloves or sanitize her hands. The staff member came back to the cart to obtain the next resident's lunch. The staff member was asked what her job was at the facility. She stated she was a hospitality aid. She was asked when she changed her gloves and sanitized her hands when she was delivering meals. She stated she changed her gloves and sanitized her hands after she had delivered all of the residents' meals. She stated no one had told her when she should change her gloves or sanitize her hands. At 12:23 p.m., the director of nursing was asked when staff should change their gloves and sanitize their hands when delivering meals. She stated staff members should sanitize their hands and put gloves on before entering a resident room. She stated they should remove their gloves and sanitize their hands when leaving a resident room. The director of nursing was asked who trained the hospitality aides regarding infection control. She stated the certified nurse aids.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.