STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375402	A. BUILDING _____ B. WING _____	**06/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILLCREST MANOR NURSING CENTER	**1210 SOUTH 6TH STREET BLACKWELL, OK 74631**

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 -** Many	**Provide and implement an infection prevention and control program.** Based on observation and interview, it was determined the facility failed to: ~ ensure appropriate personal protective equipment was worn by staff during the provision of care to five of five quarantined residents whose COVID-19 status was unknown; and ~ ensure residents who were in quarantine had not used the same toileting facilities with residents who were not in quarantine to prevent the transmission of COVID-19. The facility identified five residents who resided in the facility and were in quarantine. 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 N-95 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 . On 06/22/20 at 10:15 a.m., the DON was asked who resided in the quarantine rooms in the facility. The DON stated there were three residents in quarantine in the LTC unit who were returns from the hospital and two in the skilled nursing unit who were new admissions. At 10:20 a.m., a staff member was observed entering a quarantine room on the LTC unit wearing a gown, gloves and surgical mask. The staff member was not wearing a N-95 mask, or a face shield or goggles. The PPE cabinet outside the resident's room was observed to have gowns, gloves, surgical masks and shoe covers. No N-95 masks and no face shields or goggles were observed with the PPE supplies in the cabinet. At 10:22 a.m., the residents with rooms on the LTC unit were observed to share the toileting facilities. It was observed that three residents in quarantine rooms shared toileting facilites with residents who were not in quarantine and whose COVID-19 status was negative. At 10:25 a.m., observations were made of the quarantine rooms in the skilled nursing unit. Staff were observed in the hallways wearing surgical masks. The PPE cabinets outside the resident's room were observed to have gowns, gloves, surgical masks and shoe covers. No N-95 masks and no face shields or goggles were observed with the PPE supplies in the cabinet. The DON was asked if N-95 masks and faceshields or goggles were worn by staff when caring for residents in quarantine. He stated, No. At 10:30 a.m., the administrator and the DON were asked what residents were placed in quarantine. They stated residents who had left the facility and returned and all new admissions. They stated if the residents had no signs or symptoms of illness after 14 days they would be released from quarantine. The administrator and DON were asked why full PPE including N-95 masks and face shields or goggles were not used in the quarantine rooms if the COVID-19 status of the residents was unknown. They stated newly admitted residents had been tested for COVID prior to discharge from the hospital so their status was known. The administrator were asked what the incubation time was for COVID. They stated 14 days. They were asked why the residents were required to be quarantined. The DON stated to be monitored for signs and symptoms of illness. The administrator and DON were asked if residents who had returned from the hospital or a physicians appointment had been COVID tested before re-entry. They stated, No. They were asked why the staff was not wearing appropriate PPE if the resident's COVID status was unknown after a potential exposure. The DON said, Oh. The administrator and DON were asked what was done about the toileting facilities shared by residents who were in quarantine with residents who were not in quarantine. They stated the toileting facilities were cleaned with a disinfectant after use by a resident who was in quarantine. They were asked if they knew everytime a resident had used the toilet. They said, No." They were asked if a toileting facility might not be cleaned and disinfected after use by a resident in quarantine. The DON stated, Yes, correct. The DON was asked if the facility had practiced adequate infection control. He stated, No.

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.