STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375530	A. BUILDING _____ B. WING _____	**10/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CORN HERITAGE VILLAGE AND REHAB OF WEATHERFORD	**801 NORTH WASHINGTON WEATHERFORD, OK 73096**

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 0580 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility failed to notify the resident's physician an order for [REDACTED]. Findings: Resident #3 had [DIAGNOSES REDACTED]. On Sunday the 4th, 1+ [MEDICAL CONDITION] was documented on day, evening and night shift. On Monday the 5th, 2+ [MEDICAL CONDITION] was documented on day shift, 1 was documented on evening shift and +3 was documented on night shift. On Tuesday the 6th, 3+ [MEDICAL CONDITION] was documented on day, evening and night shift. On Wednesday the 7th, 2+ [MEDICAL CONDITION] was documented on day shift. The October 2020 LNAR documented, Weigh resident every day shift . On Sunday the 5th and Wednesday the 7th, an X was documented for Wt (weight) and a 9 was coded. The Chart Code documented the 9 indicated other/see progress note. An order note, dated 10/02/2020 at 12:12 p.m., documented, This nurse spoke with PCP (primary care physician) regarding resident testing positive. He stated, Is he showing any symptoms? This nurse explained that resident was short of breath yesterday with exertion and has 1-2+ [MEDICAL CONDITION] over the past week or more. This nurse explains that resident has been off his [MEDICATION NAME], and that was thought to be the reason for the [MEDICAL CONDITION] and shob (shortness of breath). However, once we were notified that resident was positive, the shob could be from COVID. PCP states to continue to monitor resident that he does not want to do anything at this time, but to let him know if his respiratory symptoms get worse of (sic) if he is unable to maintain is (sic) SPo2 (oxygen saturation). An order administration note, dated 10/05/2020 at 10:35 a.m., documented, Weigh resident .every day shift .PT (patient) on quarantine weight not monitored at this time . An order administration note, dated 10/07/2020 at 10:38 a.m., documented, Weigh resident .every day shift .PT on quarentine (sic) . On 10/07/20 at 2:55 p.m., the director of nursing was asked if the resident had an order for [REDACTED]. She stated, They have not since the first. She was asked if the physician was notified. She stated, I don't show where we notified the physician.
F 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility failed to monitor daily weights as ordered for one (#3) of one sampled resident reviewed for care of residents in isolation with COVID-19. The facility identified one resident was currently positive for COVID-19 and resided in the COVID-19 unit in the facility. Findings: Resident #3 had [DIAGNOSES REDACTED]. The resident tested positive for COVID-19. The October 2020 licensed nusing administration record (LNAR) documented, Weigh resident every day shift . On Sunday the 5th and Wednesday the 7th, an X was documented for Wt (weight) and a 9 was coded. The Chart Code documented the 9 indicated other/see progress note. An order note, dated 10/02/2020 at 12:12 p.m., documented, This nurse spoke with PCP (primary care physician) regarding resident testing positive. He stated, Is he showing any symptoms? This nurse explained that resident was short of breath yesterday with exertion and has 1-2+ [MEDICAL CONDITION] over the past week or more. This nurse explains that resident has been off his [MEDICATION NAME], and that was thought to be the reason for the [MEDICAL CONDITION] and shob (shortness of breath). However, once we were notified that resident was positive, the shob could be from COVID. PCP states to continue to monitor resident that he does not want to do anything at this time, but to let him know if his respiratory symptoms get worse of (sic) if he is unable to maintain is (sic) SPo2 (oxygen saturation). An order administration note, dated 10/05/2020 at 10:35 a.m., documented, Weigh resident .every day shift .PT (patient) on quarantine weight not monitored at this time . An order administration note, dated 10/07/2020 at 10:38 a.m., documented, Weigh resident .every day shift .PT on quarentine (sic) . On 10/07/20 at 2:55 p.m., the director of nursing was asked if the resident had an order for [REDACTED]. She stated, They have not since the first. She was asked why the weights weren't obtained. She stated, Because he is on isolation. Our scale is not portable.
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, record review and staff interviews, it was determined the facility failed to maintain Center of Disease Control and Prevention (CDC) guidelines to aide in the prevention and spread of COVID-19 by failing to ensure: ~ an isolation policy for COVID-19 positive residents was created, ~ infection control surveillance audits were completed for housekeeping staff, ~ staff social distanced while on lunch break and not wearing a mask, ~ the reuse of personal protective equipment (PPE) was not contaminated, ~ hand hygiene was performed when doffing PPE and ~ residents were screened for signs and symptoms of COVID-19 for three (#1, 2, and #3) of three sampled residents reviewed for COVID-19. The facility identified 64 residents who resided in the facility. Findings: The CDC guidance titled, Responding to Coronavirus (COVID-19) in Nursing Homes, dated 04/30/20, documented: All facilities should adhere to current CDC infection prevention and control recommendations, including universal source control measures .screening of residents and HCP (health care personal) .Ensure HCP practice source control measures and social distancing in the break room and other common areas (i.e., HCP wear a facemask and sit more than 6 feet apart while on break) . The CDC guidance titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 06/03/20, documented, Doffing (taking off the gear): .Training and practice using your .healthcare facility's procedure is critical. Below is one example of doffing .Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle .Perform hand hygiene . The CDC guidance titled, Preparing for COVID-19 in Nursing Homes, dated 06/25/20, documented: .Facilities should assign at least one individual with training in IPC (infection prevention and control) to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices . On 10/07/20, the facility provided a monitoring plan for infection surveillance and adherence to ICP and PPE practices, undated. It documented, Residents will continue to be monitored by their Charge Nurse for temperature, shortness of breath, cough, sore throat, diarrhea, body aches, or any other new symptoms; at least twice a day .These will be monitored by the Director of Nursing of the Infection Preventionist (IP) Nurse .Infection Preventionist will complete audit to ensure adherence to IPC and PPE practices three times a week on housekeeping staff members .Resident screening and temperatures will be reviewed each day to ensure compliance .Infection

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.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) Preventionist will perform random screening to ensure staff is using appropriate PPE in quarantine rooms .Administrator or director of nursing (DON) shall review IPC audits weekly to ensure compliance . The facility provided resident screening forms from 09/22/20 to 10/06/20. Screening forms were for 7:00 a.m. to 3:00 p.m. shift only. The screening forms documented a temperature and if residents had signs and symptoms of COVID-19. Resident #1 and #2 were only screened on 10/06/20. At 10:40 a.m., on the COVID unit, certified nursing assistant (CNA) #3 was observed to come out of an empty room next to resident #3's room. She was wearing KN95 and surgical mask. She was asked to demonstrate how she would don PPE to go in and assist the resident with a transfer. She stated she would wash her hands, then get the hanging isolation gown on the back of the resident's door and put it on. She was asked if she reused the gown. She stated she did unless it was soiled. A sheet of plastic was observed hanging in front of the resident's entry way. CNA #3 was observed to move the plastic back and grab the gown off the door, touching the clean side inside the gown and the contaminated the outside of the gown, and put it on. She was not observed to perform hand hygiene prior to demonstration. She opened the first drawer of PPE dresser outside of the resident's room. She grabbed a white cloth mask and placed over her KN95 and surgical mask then closed the drawer. She opened the last drawer of the dresser and picked up face shield and placed it on. She stated she would put gloves on then go in the room. CNA #3 was asked how she would doff PPE. She stated she would come out of the room, remove the gloves and throw them away. She stated she would take off her face shield and clean with alcohol wipes and sit face shield aside to dry. She stated she would remove the gown and hang it back on the resident's door. She was asked when would perform hand hygiene while doffing PPE. She stated after she took off everything. CNA #3 was observed touching the contaminated outside of the gown with her ungloved hands multiple times. CNA was observed to go behind the plastic and hang the isolation gown on the back of resident's door. At 11:05 a.m., three staff members were observed eating lunch and talking with each other while sitting at the same table in the dining room. Two staff members were sitting at each end of the table. One staff member was sitting on the side of the table, between the two staff members. They were observed sitting within six feet of each other and were not wearing masks. At 11:09 a.m., the DON was asked if there were any more resident screening forms for resident #1. She stated, This is all I have. At 11:30 a.m., CNA #1 was asked if the staff members she was eating lunch with were six feet apart. She stated, No, in my defense I was there first. At 11:50 a.m., the DON was asked what the staff had been instructed to do in regards to having lunch together. She stated, The two tables in the dining room are six feet apart on both ends. She was asked what she would do if she saw three staff members sitting at the same table, less than six feet apart, eating lunch. She stated she would intervene and educate them. At 12:50 p.m., the DON was asked what PPE the staff reused for taking care of COVID-19 positive residents. She stated the disposable gown is reused and face shield or goggles were cleaned each time with alcohol pads or disinfectant wipes. She was asked when are staff to perform hand hygiene when doffing PPE with COVID-19 positive residents. She stated as the staff exit the room, they remove gloves and sanitize. Exit the room, remove face shield or goggles, sanitize, remove gown and hang it up, sanitize. Then they go wash their hands after. At 2:15 p.m., the DON was asked how often she is auditing the resident screening forms. She stated, Normally I do this daily, but I have been in this office for two weeks. At 2:35 p.m., the IP was asked to provide infection control surveillance audits for housekeeping. She only provided audits from 07/03/20 to 09/22/20. Out of the 13 weeks, from 07/03/2020 to 10/03/2020 the audits documented 21 out of 39 were not completed. She was asked if she was completing the housekeeping audits three times a week, she stated No, She stated the administrator or DON reviews the audits for completion. The DON and IP were notified there were multiple audits not completed. They were asked if the DON or administrator had been reviewing the audits. The IP stated, Yes. The DON stated the IP updates her verbally. She was not aware there were missing infection control surveillance audits for housekeeping. At 3:25 p.m. the DON was asked if staff didn't sanitize before they removed isolation gown and placed it on the door to be reused, would the gown be contaminated. She stated if the staff member didn't sanitize between removing PPE, then yes it would be contaminated. At 4:03 p.m., the DON was asked if there was an isolation policy for COVID-19 positive residents. She stated, No, but there should be. At 4:12 p.m. the DON was asked for the screening documents for resident #2. She stated it was the form with resident #1. She was asked if resident #2 was only screened on 10/06/20 for 7:00 a.m. to 3:00 p.m. shift. She stated, Yes, I already provided education to staff. The DON was made aware of the above and acknowledged the findings.
F 0886 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, it was determined the facility failed to ensure: ~ a physician's order was obtained to conduct COVID-19 testing for two (#1 and #3) of three sampled residents; and ~ COVID-19 testing was completed in accordance to CMS and CDC guidance when a resident complained of signs and symptoms consistent with COVID-19 for one (#3) of three sampled residents reviewed for COVID-19. The facility identified 64 residents who resided in the facility. Findings: The CDC guidance titled, Symptoms of Coronavirus, dated 05/13/20, documented: People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness .People with these symptoms may have COVID-19: .Fever or chills .Cough .Shortness of breath or difficulty breathing .Fatigue .Muscle or body aches .Headache .New loss of taste or smell .Sore throat .Congestion or runny nose .Nausea or vomiting .Diarrhea . Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by [MEDICAL CONDITION] .Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis . The CMS QSO 20-38-NH document, dated 08/26/20, documented: .Residents who have signs or symptoms of COVID-19 must be tested . While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with CDC guidance . The CDC guidance titled, People Who Live in a Nursing Home or Long-Term Care Facility, dated 09/11/2020, documented: In some cases, older adults and people of any age with underlying health conditions may have symptoms that are not typically seen in others, or they may take longer than others to develop fever and other symptoms . Resident #1 had a [DIAGNOSES REDACTED]. She was tested for COVID-19 on 09/30/2020 and 10/07/20. On 10/07/20 at 10:35 a.m., the Director of Nursing (DON) was asked to show where the physician's order for weekly testing was documented for resident #1. She stated, We got verbal orders last week, but I haven't put them in here, I need to do that. At 10:45 a.m., the DON stated, I called all physicians on 09/08/20 to get an order for [REDACTED]. On 10/02/20 I called all the families and PCPs to notify about testing on 10/07/20. No physician's order was written for COVID-19 testing. Resident #3 had a [DIAGNOSES REDACTED]. This nurse explained pt voiced, I don't know if i am trying to get the flu or what. I just don't feel well and i don't have an appetite. Pt also voiced that he has been having jerky movements to his arms and has a hard time picking up drinks and things because his arms shake. PCP nurse voices she will let pcp know and to collect a UA (urine analysis) for now per pcp . Facility wide testing was completed on 09/30/20. This resident tested positive for COVID-19. On 10/07/20 at 3:20 p.m., licensed practical nurse #1 was asked how the resident was on 09/22/20. She stated he hadn't been feeling good over the last week. She stated he felt like the flu was coming on and didn't have an appetite and wasn't hungry. She stated his oxygen saturation and temperature was completed daily and nothing was abnormal. She stated he didn't complain of cough or anything. She was asked what are signs and symptoms of COVID-19 in the elderly. She stated shortness of breath, cough, fever, drainage, loss of taste or smell, increased respirations, body aches and diarrhea. She was asked what are signs and symptoms of the flu. She stated nausea and vomiting, diarrhea, body aches, fever and sore throat. She was asked if the symptoms the resident complained about could have been signs of COVID-19. She stated, I guess it could be. At 3:25 p.m., the DON was asked if a resident felt they were coming down with the flu and had no appetite, should they have been tested for COVID-19. She stated they should have asked for a COVID-19 test.