

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375314</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MUSCOGEE (CREEK) NATION SKILLED NURSING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 EAST AIRPORT ROAD OKMULGEE, OK 74447</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  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 for seven (#1, 2, 3, 4, 5, 6, and #7) of seven residents sampled for infection control. The facility failed to ensure: a) staff wore gowns, gloves, and face shields or goggles while caring for residents who had been admitted in the last 14 days. b) residents who were newly admitted were quarantined for 14 days and did not room together. The director of nursing (DON) reported there were no residents who were COVID-19 positive, five residents had been admitted to the skilled unit in the last 14 days, and seven residents resided on the skilled unit in the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP 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. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission .Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility . On 07/13/20 at 9:40 AM through 10:10 AM, during a tour of the skilled unit, four female residents were observed to reside in a room together and three male residents were observed to reside together in another room. The facility had two rooms with four beds in each room. A certified nurse aide (CNA), an activity staff member, and two therapy staff members were observed going in and out of the two rooms without donning gowns, gloves, and eye protection. On 07/13/20 at 9:55 AM, the DON stated the residents were given a rapid COVID-19 test upon admit. She stated each resident was quarantined in the facility's isolation room until the test result was received then they were placed on the skilled unit. She stated the facility did not have enough rooms to put each resident in a different room. She stated the residents were usually at the facility for two to three weeks. On 07/13/20 at 10:20 AM, the administrator (adm) stated the residents received a COVID-19 test before being discharged from the hospital and then another upon admit to the facility. He stated if the tests were negative the resident would come off of quarantine at that time. He said he interpreted the CDC guidelines to say two negative tests were required to come off of quarantine.		
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.