STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375520	A. BUILDING _____ B. WING _____	**06/25/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTHWEST NURSING CENTER	**2801 NORTHWEST 61ST STREET OKLAHOMA CITY, OK 73112**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 residents residing in quarantine whose COVID-19 status was unknown. The facility identified five residents who resided in the quarantine hall of the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, .Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices .Make necessary PPE available in areas where resident care is provided . .Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .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 . On 06/25/20 at 8:55 a.m., observations were made of the quarantine hall. There was no PPE observed for the staff to use for resident care. The ADON was asked why the residents had been in quarantine. She stated due to new admissions, re-admissions, or [MEDICAL TREATMENT] treatments outside the facility. The ADON was asked what PPE was worn by staff when direct care was provided to the residents. She stated masks and gloves. The ADON was asked if the facility had other PPE, including gowns and face shields. She stated yes, it had been stored in another area. The ADON was asked why the staff had not been in full PPE, including gowns and face shields, when care was provided to residents whose COVID-19 status was unknown. The ADON stated that was how they had been instructed.

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