

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER GRACE SKILLED NURSING AND THERAPY JENKS		STREET ADDRESS, CITY, STATE, ZIP 711 NORTH 5TH STREET JENKS, OK 74037	
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.</p> <p>Based on observation and interview, it was determined the facility failed to maintain CDC guidelines to aide in the prevention and spread of COVID-19 related to: ~Staff's proper use of face masks; and ~Ensure guidelines regarding staffs' return to work were followed. The facility identified nine employees who returned to work after reported symptoms. This had the potential to affect all 129 residents who resided in the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, Using Personal Protective Equipment (PPE) Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears. An undated policy titled, Covid-19 Guidelines for Employees Returning to Work, documented, For facilities with NO positive or suspected COVID-19 residents, utilize the following test-based strategy, where testing is available, and exclude employees who have tested positive for COVID-19 from work until: ~ Resolution of fever without the use of fever-reducing medications and (sic) ~ Improvement in respiratory symptoms (e.g. cough, shortness of breath), and ~ Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected > 24 hours apart (total of two specimens). 1. On 06/09/20 at 10:28 a.m., CNA #2 was observed in a resident room standing at the resident's bedside. She was talking to the resident. Her mask was observed to be placed below her chin. The mask was not observed to cover her nose or mouth. She was asked why the facemask was not placed over her nose and mouth. She stated the resident could not hear her. At 1:08 p.m., LPN #1 was observed to walk past a nurses station and down the front part of a hall. Her mask was observed to be placed with her nose and mouth exposed. She was asked why her mask was not covering her nose and mouth. She stated it had been uncomfortable and she was adjusting it. At 1:10 p.m., CMA #1 was observed to stand at her medication cart in the hallway. Her mask was observed to not cover her nose. She was asked why her mask had not been positioned to cover her nose. She stated, Trying to breathe. At 1:15 p.m., CNA #1 was observed to walk to the smoking area on the North side where two residents were smoking. She took off her face mask, stood approximately a foot from a resident in a wheelchair, and talked to him. She opened the door to the facility and the resident came inside. The resident wore a mask which was positioned below his chin. CNA #1 was asked why she did not have a face mask on. She stated she had taken it off to smoke, noticed the resident needed to move closer to the designated smoking area, and approached him so he could hear what she was saying. At 1:17 p.m., dietary aides #1 and #2 were observed in the dining room standing approximately two to three feet apart/facing one another. Their masks were observed to only cover their mouths. Dietary aide #1 was asked why her mask was not positioned to cover her nose and mouth. She stated it was hard to breathe. Dietary aide #2 was asked why her mask was not positioned to cover her nose and mouth. She stated she had pulled the mask down for a few seconds. At 1:31 p.m., the DON was asked who was responsible to monitor staff to ensure face masks were properly worn and positioned in a manner which maintained infection control. She stated supervisors. She was asked how they monitored to ensure face masks were properly positioned. She stated they conducted rounds in the facility and they reminded staff how to wear face masks. 2. Review of the facility's Monthly Infection Report and the employees' time detail revealed the following: ~ LPN #3 called in with symptoms of nausea, vomiting, and diarrhea on 05/18/20. The report and time detail documented she returned to work on 05/25/20; ~ Dietary aide #3 was sent home on 05/22/20 with Temp on the monthly infection report. The report and time detail documented she returned to work on 05/26/20; ~ CMA #2 was sent home on 05/25/20 with with a documented temperature of 99.9 degrees and headache. The report and time detail documented the employee returned to work on 06/01/20; ~ CNA #3 was sent home on 05/26/20 with nausea and vomiting. The report and time detail documented CNA #3 returned to work on 05/29/20; ~ CNA #4 was sent home on 05/28/20 with nausea and vomiting. The report and time detail documented CNA #4 returned to work on 06/03/20; ~ CNA #5 was sent home on 05/29/20 with an unspecified temperature and nausea. The report and time detail documented she returned to work on 06/02/20; ~ Admission coordinator #1 was sent home on 06/01/20 with nausea, unspecified temperature, and vomiting. The report and time detail documented she returned to work on 06/04/20; and ~ CNA # 6 called in on 06/04/20 with sweating, body aches, nausea, and coughing. The report and time detail documented she returned to work on 06/08/20. Review of employee Covid-19 testing did not reveal the above listed employees had been tested during the above dated symptoms. On 06/09/20 at 12:10 p.m., the infection control preventionist (LPN #3) and the DON were asked what criteria had been met in order for employees with symptoms such as temperature, nausea, vomiting, diarrhea, body aches, coughing, and/or headache to return to work. The DON stated they had not utilized symptom-based or test-based criteria because they did not have any Covid-19 positive residents in the facility. She stated it was determined on a case by case basis. They were asked why admission coordinator #1 returned to work on 06/04/20 after she had experienced symptoms on 06/01/20. The DON stated the admission coordinator had not experienced respiratory symptoms so they allowed her to return to work after being symptom free for 72 hours. She stated admission coordinator #1 had food poisoning. They were asked where food poisoning as being the cause the of the symptoms was documented by a physician. The DON stated the admission coordinator reported food poisoning was the cause of the symptoms because she had experienced it in the past. The DON was asked what criteria had been met in order for CNA #6 to return to work on 06/08/20 after experiencing sweating, body aches, nausea, and coughing on 06/04/20. She stated the employee had not had respiratory symptoms. The DON stated if the employee had not had a cough, shortness of breath or a temperature they allowed the employee to return to work after 72 hours if symptoms subsided.</p>		
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.