

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER FAIRFAX MANOR		STREET ADDRESS, CITY, STATE, ZIP 282 COUNTY ROAD 6300 FAIRFAX, OK 74637	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure employees and vendors were actively screened upon entry to the facility, as recommended by the CDC during the COVID-19 pandemic, for three (LPN #1, CNA#1, and vendor #1) of three employees/vendors observed to enter the facility and screen themselves. This had the potential to affect all 26 residents who resided in the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes, dated 06/22/20, documented, .Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19 .Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace . A policy titled, Policy and Procedure Regarding Process Surveillance, dated 06/23/20, documented, .Staff and contractors are required to complete health screening, temperature check and hand hygiene at the entrance, immediately upon arrival . A form utilized by the facility for employee screening documented the following: ~ Attention: You must write in the times you took temps; ~ Employee Temperatures .every employee MUST check temps upon Arrival/Mid-Shift/End; and ~ Find your name, if you are not a regular employee: Please go to Non-Employee/Contract Page. On 06/29/20 at 1:30 p.m., the activity director was asked how he ensured infection control practices were maintained with activities. He stated by social distancing, maintaining small groups, and frequent hand/equipment sanitization. He stated he took his own temperature when he arrived to work, wrote it down, sanitized his hands, and began his shift. At 1:35 p.m., CNA #2 was asked what the screening process was for employees. She stated she obtained and documented her own temperature after she entered the facility, then sanitized her hands. She was asked who obtained staffs' temperature. She stated, We do our own. At 1:38 p.m., CMA #1 was asked what the screening process was for employees. She stated she sanitized her hands, filled out the form regarding symptoms, and documented her temperature. She was asked who obtained her temperature. She stated she obtained her own temperature. At 1:40 p.m., housekeeper #1 was asked what the screening process was for employees. She stated she sanitized her hands, donned a mask, and took her own temperature. At 1:42 p.m., LPN #1 was observed to enter the front door of the facility and stop at the table which had the thermometer and screening questionnaire. She was observed to sanitize her hands, obtain and document her temperature, and don a mask. She stated they completed their own screening. At 1:48 p.m., the dietary manager was asked what the screening process was for employees. She stated she entered the facility through the backdoor sometimes and walked through the kitchen and dining room to the front lobby area where the screening table was located. She stated she then donned a mask, obtained her own temperature, and documented on the form. At 2:13 p.m., the administrator and infection preventionist were asked what the process was for employee screening. The infection preventionist stated the employee entered the facility, sanitized their hands, donned a mask, obtained their temperature, and made sure they were not having any symptoms. The administrator stated, The charge nurse reviews the log for completeness. It's worked so far. At 2:17 p.m., a vendor was observed to enter through the front door of the facility with a dolly holding jugs of water. He was observed to fill out a questionnaire and attempted to take his temperature three times. He asked the administrator to assist him with the thermometer. The administrator stated he usually checked the vendors' temperature outside before they entered the facility. The vendor was asked what the procedure was for entrance into a facility during the pandemic. He stated the administrator had given him the code to the front door when it had changed a few months ago. At 3:03 p.m., CNA #1 was observed to enter the facility without a mask, walk past the table with the screening questionnaire, masks, and thermometer, and go to the time clock. She then walked down the center hall to the employee breakroom. She was asked what screening had been completed when she entered the facility. She stated, Nothing. I'm putting my stuff up then I'll do it. At 3:10 p.m., CNA #1 had completed the screening process and was asked why she had not completed the screening before entering the facility, including donning a mask. She stated, Well, when I'm late, even three minutes late, I don't think about that. At 3:20 p.m., the administrator was told of the above observations and was asked how the facility monitored to ensure all staff and vendors were screened and facemasks worn when entering the facility. He stated the charge nurses were supposed to monitor the forms but the employees obtained their own temperature and performed their own screening. He stated he had given the vendor the key pad code for the front door but did not know the dietary staff did not use the front entrance at times.</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.