STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375109	A. BUILDING _____ B. WING _____	06/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HERITAGE VILLA NURSING CENTER	1244 WOODLAND LOOP DRIVE BARTLESVILLE, OK 74006

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 -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined the facility failed to implement their infection control program to prevent the potential spread of infection for seven (#1, #2, #3, #4, #5, #6, and #7) of seven sampled residents. The facility failed to: a) Ensure staff and contractors were thoroughly screened prior to entering the facility. b) Ensure residents were thoroughly screened daily. c) Ensure staff completed hand hygiene as required. d) Ensure staff members used personal protective equipment (PPE) appropriately on the quarantine hall. e) Ensure the floor cleaner used in the facility was a EPA N list cleaner. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, .Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .HCP (health Care Provider) 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 . 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 . The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: . Immediately before touching a patient . Before performing an aseptic task . Before moving from work on a soiled body site to a clean body site . After touching a patient or the patient's immediate environment . After contact with blood, body fluids, or contaminated surfaces . Immediately after glove removal . Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices. Environmental Cleaning and Disinfection .Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment .Use an EPA-registered disinfectant from List Nexternal icon on the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-2. Ensure HCP are appropriately trained on its use . 1. On 06/11/20 at 9:25 a.m., after the surveyor entered into the first door dietary staff member #1 came and asked if the surveyor wanted their shoes sanitized. Dietary staff member #1 was told to do whatever she would do to anyone that was coming into the facility. She sprayed the surveyor's shoes and took the surveyor's temperature. No screening questions or symptoms were asked by the staff member. Dietary staff member #1 opened the second door and let the surveyor into the facility. At 9:28 a.m., the administrator was asked how the facility screened their employees before they entered the facility. He stated their temperatures were checked and asked questions. The administrator said, have you been out of the country the last 14 days. The administrator was asked for the current and past screening logs. He returned with that day's screening log and the last few weeks. The screening logs documented the temperatures were to be checked three times per shift. There was no symptoms or other questions to be asked on the forms. There was no documentation of the staff members potential symptoms or any questions to ask. He stated, It looks like we haven't been asking the questions. He was asked when the staff quit asking the questions. He stated he would have to check with his infection nurse. At 9:48 a.m., the administrator returned and stated they stopped doing the questions of shortness of breath (SOB), cough, or fever on 04/07/20. He was asked besides employees who else was allowed in the building. He stated the therapist, psych doctor, and medical director. He stated they were not being asked any questions or about symptoms either. 2. On 06/11/20 at 10:34 a.m., certified medication aide (CMA) #1 took multiple gloves out of a glove box and put them in her left pant pocket. At 11:18 a.m., the staff members on the quarantine hall had isolation gowns on in the hallway. CMA #1 was observed to enter the room of resident #3 and administered a medication to the resident. The CMA then took her gloves off, reached around and under her isolation gown, took a pair of gloves out of her uniform pant pocket, and put the gloves on. The CMA assisted the resident to the bathroom then opened the resident's closet doors. Then with the same gloves on touched her N95 mask, took off her gloves, then reached around and under her isolation gown, took out some hand sanitizer, and sanitized her hands. The CMA then reached around and under her isolation gown and took gloves out of her uniform pant pocket. At 12:05 p.m., CMA #1 had the same isolation gown (as above the observation) on in the hallway, put gloves on her hands, and entered the room of resident #2. The CMA administered the by mouth medication/(s) to the resident. Then opened a liquid bottle of medication with the dropper and administered the liquid medication via dropper to the resident into the resident's mouth. The CMA replaced the dropper back into the bottle, left her gloves on, and left the resident's room. The CMA with her gloved hands reached around and under her isolation gown to get the medication cart keys and unlocked the medication cart. The CMA then opened the medication cart and put the liquid medication bottle into the medication cart and then removed her gloves. She then reached around and under her isolation gown and pulled the hand sanitizer out of her uniform pocket. 3. On 06/11/20 at 10:57 a.m., certified nurse aide (CNA) #1 had gloves on. She pulled up the mask of resident #4 to cover her nose, without washing/sanitizing her hands, pulled up the mask of resident #5 to cover his nose, and then without washing/sanitizing her hands pulled up the mask of resident #6 to cover her nose. The CNA then went into the room of resident #7. The CNA then took some gloves out of a box, in the resident's room, and put the gloves in her pocket. She then removed the resident's garbage out of his room and placed the garbage bag in the soiled linen room. After the above observation the CNA #1 was asked when she should have washed/sanitized her hands. She stated between the residents when she adjusted their masks. She stated she had washed her hands when she took the garbage bag into the soiled utility. At 11:53 a.m., housekeeper #1 was observed coming out of the room [ROOM NUMBER] on the quarantine hall. The housekeeper with an isolation gown on left the hall with her gown on and without washing/sanitizing her hands. At 2:11 p.m., housekeeper #1 was asked why she did not sanitize her hands before leaving the quarantine (COVID) hall (unit). She stated she washed her hands right after she left the unit, in room [ROOM NUMBER]. At 2:22 p.m., the DON stated the staff member should have washed/sanitized her hands after adjusting each residents' masks. She stated the staff members should not have been putting gloves in their uniform pockets for use. She stated staff members should not be going around and under their isolation gowns, into their pockets, to get hand sanitizer or gloves. She stated the resident's liquid medication bottle should not have been taken into the resident's isolation room. 4. On 06/11/20 at 1:35 p.m., the housekeeping supervisor when asked stated Neutral Cleaner, Stride Citrus HC, cleaner was used on the floor. An EPA registered number was not posted on the bottle. At 3:12 p.m., the housekeeping supervisor returned to the surveyor and stated the floor cleaner did not have a sanitizer in it. She stated the facility had changed from the Virex six months ago. At 2:00 p.m., the director of nursing (DON) was asked if the quarantine hall rooms would be considered isolation rooms. She stated yes. She was asked why the staff members were wearing their isolation gowns in and out of other residents' rooms. She stated that they had asked and asked about that. She stated the staff members were doing what their corporation told them to do. At 2:04 p.m., the administrator stated they had no shortage of personal protective equipment, like gowns. At 2:06 p.m., the DON was asked where the residents' screening for possible COVID symptoms would be documented. She stated in the residents' electronic health records (EHR). She stated each resident should have a

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 -** Many	(continued... from page 1) physician's orders [REDACTED].#1, #2, and #3, documented to check the temperature and auscultate lungs. To notify the physician, DON, and administrator if the temperature was greater than 100 degree Fahrenheit every shift for preventative. There was no documentation the residents were asked if they had any other symptoms of COVID (sore throat, nausea .)