STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375429	A. BUILDING _____ B. WING _____	**06/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TEMPLE MANOR NURSING HOME	**100 WEST GREEN AVENUE TEMPLE, OK 73568**

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, interview, and record review, it was determined the facility failed to maintain an infection control program and implement measures to properly prevent and/or contain COVID-19 in quarantined residents for two (#1 and #2) of two residents reviewed for quarantine precautions. The facility failed to wear appropriate PPE with quarantined residents. The facility reported two residents were quarantined for possible exposure to COVID-19 and 38 residents resided in the facility. 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 . The facility reported no confirmed positive cases of COVID-19 in residents or staff. The ADM reported resident #1 was admitted on [DATE] and was quarantined as a new admission, in addition to requiring quarantine related to [MEDICAL TREATMENT] treatments. The ADM reported resident #2 was readmitted on [DATE] following a hospital stay. On 06/24/20 at 12:50 p.m., the ADM and IP staff were interviewed regarding PPE use with quarantined residents. They reported staff members were using masks and gloves only with quarantined residents. When asked about availability of PPE supplies, they reported the facility had a good supply of gowns, face shields, and N95 masks which had been fit-tested to employees. The ADM reported they were not aware the use of full PPE was required when providing care for quarantined residents. On 06/24/20 at 1:30 p.m., a tour of the facility was conducted. Quarantined residents were not identified with signage. PPE was observed to be stored in a storage closet in the hallway and not readily available to staff.

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