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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375457 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/24/2020 |
| NAME OF PROVIDER OF SUPPLIER BETTY ANN NURSING CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1400 SOUTH MAIN STREET GROVE, OK 74344 | |
| 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 | <p>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 nine (#1, #2, #3, #4, #5, #6, #7, #8, and #9) of nine sampled residents. The facility failed to: a) Ensure employees 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 sanitized the mechanical lifts between resident use. e) Ensure staff used the appropriate PPE in their isolation/quarantine rooms and between residents. 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 06/24/20 at 10:30 a.m., the social services director (SSD) opened the door to the facility. The SSD took the surveyor's temperature and told the surveyor to complete the COVID-19: Employee and Visitor Screening Tool form. The screening tool asked about the signs of respiratory infection, new onset of cough, sore throat/shortness of breath for the possible symptoms of COVID-19. The tool did not address all the possible symptoms of COVID-19 that are documented on the CDC website. 2. At 11:59 p.m., certified nurse aide (CNA) #1 gave drinks to resident #3. The aide lowered the resident's overbed table and positioned the table in front of the resident. The CNA without washing/sanitizing her hands gave resident #4 his drinks. The CNA without washing/sanitizing her hands, exited the room, poured milk into a cup, and reentered the room of resident #3 and gave the resident the cup of milk. The CNA then without washing/sanitizing her hands exited the resident room and pushed the drink cart to the back assisted dining area. The CNA then without washing/sanitizing her hands she picked up the sippy style cup with her hand over the top of the cup (spout) and gave the cup to resident #5. 3. At 12:34 p.m., licensed practical nurse (LPN) #1 put on an disposable isolation gown and entered the room of resident #1. The nurse talked to resident #1 and then put her gloves on. The LPN did not have goggles or a face shield on. CNA #2 delivered a resident meal tray to the room. The LPN took the tray from the CNA. At 12:40 p.m., CNA #2 brought another meal tray to the room. The LPN took the tray from the CNA. At 12:56 p.m., the medical records (MR) staff member knocked at the door of resident #1 and #2. The LPN opened the door and took the gloves. At 12:57 p.m., the MR staff member was asked what she had given to the nurse. She stated a pair of gloves. At 1:22 p.m., LPN #1 was at the nurses station. She was asked why she did not wear goggles/face shield when she entered the isolation room of residents #1 and #2. She stated, there was not one outside the door. She was asked if a face shield was usually outside the residents' room door, She stated, yes it did not dawn on me. She was asked which resident was cared for first in the room. She stated she had assisted resident #1 with his meal first. She was asked after you assisted resident #1 with his meal what had she done. She stated she removed her gloves, washed her hands, and had the MR staff member to bring her more gloves. She stated she then assisted resident #2 with his meal. She was asked if she normally provided care to both residents at the same time in the same isolation room. She stated she did not come in contact with anything. She stated if she had provided care she would have changed her gown. 4. At 12:53 p.m., CNA #3 obtained the mechanical lift, from an alcove area, and took it into the room of resident #6. The CNA obtained the battery for the lift and entered the resident's room. At 12:58 p.m., three CNAs exited the resident's room. CNA #4 was asked what care had been provided the resident. She stated resident #6 had been provided personal care and had been layed down in bed. The CNA was asked if the CNAs had used the mechanical lift. She stated yes. CNA #1 pushed the mechanical lift down the hall and put the lift back in the alcove area where the mechanical lifts were parked. The staff members were not observed to clean/sanitize the mechanical lift after resident use. 5. At 1:04 p.m., CNA #4 pushed the sit to stand lift from the alcove area into the room of resident #7. Three CNAs entered the resident's room. At 1:11 p.m., CNA #1 pushed the sit to stand lift out of the resident's room and put the lift back in the alcove area where the mechanical lifts were parked. CNA #2 was asked if the sit to stand lift was used to transfer the resident to bed. She stated, yes. At 1:29 p.m., CNA #1 was asked why she had not washed/sanitized her hands after touching the overbed table of resident #3, provided drinks to resident #4, milk to resident #3, and prior to serving resident #5 his drink cup. She stated, she forgot. She was asked why the mechanical lift had not been sanitized after resident use. She stated because the staff can not have chemicals on the hall. She was asked why the sit to stand mechanical lift had not been sanitized after resident use. She stated, she had forgotten. She stated they had a disinfectant in the shower room to use. She stated it would be nice if they had a small area to put the disinfectant into. At 2:00 p.m., the isolation set up on the first hall was observed with the infection preventionist (IP). There were no goggles/face shields in the plastic rolling isolation set up container. There was a face shield resting on the hallway hand rail, between the hand rail and wall, outside of the resident room of residents #8 and #9. The IP was asked if the face shield should be stored on the hand rail. She stated, no. The assistant director of nursing came down the hallway from the back of the facility and stated there were now face shields on the back isolation cart. 6. The facility's COVID-19 resident screening tool documented to ask the residents if they had have nausea, vomiting, diarrhea, stomach, not feeling well, new cough, sore throat, or anything else to report. The tool had all the facility residents on the one form, per shift, per day. The form had documented the residents' temperature, respirations, pulse, and oxygen saturation percentage. The form did not address all the possible symptoms of COVID-19 as the CDC website listed. The facility's resident screening tools had no documentation on the forms if the resident had been asked the questions or not r/t possible symptoms of COVID-19. At 3:35 p.m., the administrator was asked why the facility was not screening all of their employees for all the possible symptoms of COVID-19. She stated, it was over looked. The administrator was asked if the facility COVID-19 resident screening tool form addressed all the possible symptoms of COVID-19. She reviewed the form and stated no and we need to update that form also. At 3:45 p.m., the director of nursing (DON) was asked if the staff had been monitoring the residents</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.

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| <p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>(continued... from page 1)</p> <p>for signs and symptoms of COVID-19. She stated, yes, on the resident screening tool. She stated they should ask the residents if they were having the possible symptoms of COVID-19, write No, on the form if the resident did not have symptoms. Random multiple dates of the residents' screening tools were reviewed. The form had mostly blanks under the area of some of the possible symptoms of COVID-19. The DON stated they should be documented, no, if the residents had no symptoms of COVID-19.</p> | | |