

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375440</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNSET ESTATES OF PURCELL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>915 NORTH 7TH AVENUE PURCELL, OK 73080</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0684  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review the facility failed to ensure a comprehensive assessment of one (R1) of two residents (R 1, R 2) records reviewed which was symptomatic and tested COVID 19 positive received appropriate medical intervention and care in a timely manner and in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices provided. This failed practice resulted in an Immediate Jeopardy for one (R1) expired residents which had the potential for serious harm, negative outcome and death for 13 residents who were not currently positive for COVID-19. The Administrator was informed of the Immediate Jeopardy condition on [DATE] at 9:29 a.m. The census was 47 Findings: An interview conducted on [DATE] at 9:45 a.m. with the Adm. when asked if there were any COVID positive or presumptive COVID cases currently in the facility stated, Yes, we have 21 residents who have tested positive for COVID and 34 staff that tested positive for COVID. The Adm. further stated there were 2 resident deaths due to COVID, we received the first COVID positive test on [DATE]. The resident had fever and shortness of breath. The Administrator was asked how are residents and/or staff handled if they exhibited symptoms of COVID (fever, chills, SOB), stated, They were sent to the ER. The Adm. also stated all residents and employees were tested on [DATE], and that she also contracted COVID 19 as well as the DON, We were out sick for 3 weeks with COVID. An interview conducted on [DATE] at 10:10 a.m. with DS1 when asked if any dietary staff were COVID symptomatic or called in sick stated, Two staff that were recently on duty tested positive and were quarantined. During an interview conducted on [DATE] at 8:00 a.m. with the Adm., stated the DON is the facility Infection Control Preventionist began work at the facility in April. An interview conducted with the DON-ICP on [DATE] at 3:15 p.m. when asked why R1 was not sent to the emergency room when the resident began exhibiting early, consistent signs and symptoms of COVID 19 (fever, chills, decreased O2 levels) stated, I wasn't going to send her out until I received a doctor's order. The DON-ICP further stated when asked if the physician came in to the facility to evaluate the resident stated, No, he may have done a telehealth visit but I'm not sure. I was out sick myself with COVID for 3 weeks. The DON-ICP further stated, R1 was the first COVID positive resident and then it was a domino effect. An interview conducted with the Clinical Director (CD) on [DATE] at 4:50 p.m. regarding R1 exhibiting early symptoms of COVID beginning on [DATE] and not being sent to the hospital for further treatment stated, The outcome would not have been any different. The CD further stated, We were taught to not send residents to the hospital until their O2 Sat drops. This writer discussed high risk factors associated with contracting COVID 19 (age, nursing home resident and comorbidities) as rationale to send the resident to hospital for further treatment and symptom management. The CD stated, I understand. Resident #1 Review of the resident Admission Record revealed the resident was a [AGE] year old female resident admitted to the facility on [DATE] with the following [DIAGNOSES REDACTED]. Review of the Progress Notes revealed the following: [DATE] 1927 Orders Administration Note: Gave Tylenol Tablet 325 mg 2 tabs due to fever of 102.2 charge nurse aware. [DATE] 1938 [MEDICATION NAME] Tablet 4 mg. Give 1 tablet by mouth every 6 hrs as needed for N/V Health Status Note [DATE] 0147 O2 90%</p> <p>RA documented in the Vital Sign electronic note. (Normal oximeter readings usually range from [DATE]%. [DATE] 0149 Upon entering room, res is resting in bed with eyes closed. Tremors note to BUE and jaw. I asked if this is normal for her, she says, It's just that I'm really, really cold. This is the coldest I've ever been. VS WNL [DATE] 0300 Temp @ 102.4 Admin. PRN Tylenol 325 mg x2 PO elevated temp. [DATE] 0419 Temp @ 100.8. Tremors noted to jaw when res attempts to speak. Physician notified. [DATE] 0730 O2 Sat 83% (Values under 90% are considered low. Mayo Clinic) [DATE] 0903 Resident complains of feeling cold. T 100.0 Tylenol given per orders O2 Sat 94% on room air very talkative, denies wanting to eat. [DATE] 1340 Resident complained of feeling cold Temp. 101.3, Tylenol given per orders. [DATE] 1624 O2 sat 84% [DATE] 1658 resident noted with temperature 100, v/s taken wnl. Denies headaches at the moment but c/o chills, awaiting for UA results, notified dr. for new orders for labs for resident, still awaiting for doctors response, Resident has no medication for fever for the moment last prn dose of Tylenol was provided at 1330, waiting for doctor to give new orders. t 100.0 O2 sat 91%. [DATE] 1703 I called doctor's office back and got the service exchange, spoke to (staff) and left a message for doctor to call me back, still waiting for doctor to call me back. [DATE] 1729 Orders- Administration Note: PRN Administration was: Ineffective Health Status Note 23:45 Resident noted with fever during shift and chills, O2 was to be initiated because resident O2 Sat were [DATE]% doctor made aware, gave new orders for cbc to be done in the morning, resident refused dinner. c/o chills, fevers are 100.8, resident takes her prn Tylenol q6hrs but seems to be ineffective, doctor made aware. [DATE] 23:54 b/p [DATE] p 102 t 101.7 r 18 O2 Sat 85% [DATE] 02:22 Tylenol 325 mg 2 tablets by mouth every 6 hrs as needed for knee pain; med given for temp [DATE] 4:43 at 2 am temp 101.7 prn Tylenol was given 4 am temp rechecked and was 99.5 [DATE] 08:33 Tylenol 325 mg T 101.1 [DATE] 09:30 Administration Note: PRN was: Effective T 99.0 [DATE] 10:30 Administration Note: [MEDICATION NAME] 800 mg by mouth every 4 hours as needed for pain/elevated temp. T 101.0 [DATE] 11:07 Health Status Note:</p> <p>Resident temp at 0744 101. Administered Tylenol and [MEDICATION NAME] at alternating times, Resident has productive cough, sputum is yellow tinged. Lungs with wheezes in bilateral lower lobes. CXR obtained report indicates multi-focal bilateral infiltrates. Dr. made aware of findings via telephone call to office. CXR results faxed. Awaiting further instructions at this time, Labs drawn and [DATE] 11:24 Administration Note: [MEDICATION NAME]. 800 mg given [DATE] 12:34 Health Status Note: SPO2 85% O2 @ 3.5L/NC Dr. notified and ordered resident be sent to (sic) hospital. [DATE] 22:21 Health Status Note: call received from PMH with an update, Resident is not expected to make it through the night [DATE] 06:18 Health Status Note: Call from (sic) with PMH stating resident passed away at 5:40 am this morning. Review of the Facility Listing Report dated [DATE] revealed resident list of 45 annotated with the letter P (positive) and N (negative) for the COVID test results. Thirty-one of forty-seven residents were listed as P and 13 listed as N. Review of the Facility Pandemic COVID-19 (formerly Novel [MEDICAL CONDITION]) Plan dated [DATE] revealed in part; Monitoring Activities: If a resident requires a higher level of care or the facility cannot fully implement the recommended precautions, the resident should be transferred to another facility that is capable of implementation; Direct care providers will receive additional education to include but not limited to identification of residents/staff ill with acute respiratory symptoms and fever, prevention and transmission According to the Centers for Disease Control and Prevention ([DATE]), anyone can have mild to severe symptoms. Older adults and people who have underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID 19 illness. CDC further states the symptoms of COVID 19 may appear [DATE] days after exposure to [MEDICAL CONDITION] and people with the following symptoms may have COVID 19: Cough Shortness of breath or difficulty breathing *Fever *Chills Muscle pain Sore throat New loss of taste or smell Other less common symptoms have been reported, including gastrointestinal symptoms like *nausea, *vomiting, diarrhea Coronavirus Disease 2019 (COVID-19) Symptoms of Coronavirus <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a> [DATE]</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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F 0684  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1)</p> <p>At 11:44 a.m., an acceptable plan of removal was provided by the administrator. The plan of removal documented, Plan of Removal [DATE] 10:36 am Failure to accurately assess and take action to seek immediate medical attention 1. In-service/Educate nurses, CMA and CNA's on S/S of COVID-19 including but not limited to cough, shortness of breath, elevated temperature, chills, muscle pain, sore throat, loss of taste or smell, decreased appetite, and gastrointestinal symptoms (nausea, vomiting, and diarrhea). 2. In-service/educate licensed nurses when a change of condition occurs (including elevated temperature and decreased oxygen saturation levels) to notify physician and document correspondence on the clinical record. 3. Re-educate/re-inservice licensed nursing staff on completing respiratory assessments/screens on every resident every shift including but not limited to obtaining a oxygen saturation level, temperature, and listening to lung sounds. 4. Re-educate/re-inservice licensed nursing staff to contact the Director of Nursing and/or Administrator in the event that the residents physician or Medical Director does not wish to transfer a resident to the hospital with a worsening of symptoms and/or signs and symptoms of distress. The education/in-servicing will be completed no later than [DATE] at 3:00pm. On [DATE], interviews were conducted with a total of seven direct care and licensed nursing staff who worked different shifts. The staff verified they had been in-serviced regarding the components documented in the plan of removal and they understood the information provided. The IJ was removed as of [DATE] at 3:00 p.m., when all components of the plan of removal had been completed.</p>		