STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375575	A. BUILDING _____ B. WING _____	10/13/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAKEVIEW NURSING & REHAB	**607 WOODLAND AVENUE EUFAULA, OK 74432**

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 0727 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.** Based on interview and record review, it was determined the facility failed to ensure: a) the services of a registered nurse were used for at least eight consecutive hours a day, seven days a week; and b) a registered nurse was designated to serve as the director of nursing on a full-time basis. This had the potential to affect all 32 residents residing at the facility. Findings: The State Operations Manual, Appendix PP - Guidance for Surveyors for Long Term Care Facilities, 483.35(b) Registered nurse documented, .the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week .the facility must designate a registered nurse to serve as the director of nursing on a full time basis . On 10/13/20, during entrance conference, the administrator informed the surveyor the RN/DON had resigned, his last day was 10/9/20. On 10/13/20 at 2:20 p.m., the administrator was asked why there was no RN listed on the staffing for the day. She stated the RN resigned. She was asked when was the last day a registered nurse provided services in the facility. She stated Friday, 10/9/20. She stated the RN that usually worked weekends had not been working. She was asked who was responsible to ensure the facility utilized the services of a registered nurse at least eight consecutive hours a day, seven days a week. She stated she was responsible. She was asked how she ensured the DON's responsibilities were being completed. She stated the staff was working together to make sure everything was completed. She was asked who was responsible to ensure a registered nurse served as the DON on a full time basis. She stated she was responsible.
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 provide a safe environment to help prevent the development and transmission of COVID-19. The facility failed to ensure: a) gowns, face shields or goggles were worn in the rooms of quarantined residents; b) staff did not wear masks below their chins and below their noses; c) residents who were on quarantine status had appropriate precaution signage on their doors; and d) surgical masks were worn by all staff. The administrator reported seven residents were in isolation on the COVID-19 unit, five residents were quarantined on droplet precautions, and 32 residents resided in the facility. 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 .HCP should wear a facemask at all times while they are in the facility . The State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities, F880, 483.80 Infection Control, Implementation of Transmission-Based Precautions documented, .When a resident is placed on transmission-based precautions, the staff should implement the following: Clearly identify the type of precautions and the appropriate PPE to be used; Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering .Make PPE readily available near the entrance to the resident's room . On 10/13/20 at 9:15 a.m., upon entrance to the facility, the following observations were made: a) one staff member wearing a cloth face covering in the lobby area; b) one staff member was walking into the dining room with a surgical mask below her nose; c) one staff member was in the hallway without a mask on; d) two staff members were assisting a resident in a quarantine room and were not wearing appropriate PPE. On 10/13/20 at 9:25 a.m., CNA #3 was asked why she was not wearing a face mask. She stated she was getting a new mask, she had been in with another resident and her mask was soiled. On 10/13/20 at 9:30 a.m., CNA #3 was asked about the proper PPE to donn when entering a quarantine room. She stated she was aware to use full PPE but it had been a crazy day. On 10/13/20 at 9:31 a.m., CNA #1 was asked why she was wearing her face mask below her nose. She stated she had been to the restroom and she didn't pull her mask back up until she entered the dining room. On 10/13/20 at 9:40 a.m., on 100 Hall, two resident rooms were observed to have signage on the doors with no PPE supply station. One room had signage indicating quarantine and one room had signage indicating isolation. On 10/13/20, at 10:00 a.m., CNA #2 was asked why the resident in room [ROOM NUMBER] was quarantined. She stated she the resident in room [ROOM NUMBER] was not on quarantine, that she was aware of. On 10/13/20 at 10:10 a.m., housekeeping staff was observed in a room with signage indicating isolation on the door, without appropriate PPE. She did not have on gown or face shield. When she exited the room, housekeeper #1 was asked why she was in an isolation room without appropriate PPE. She stated she was not used to the room being on isolation, the resident had just returned from the hospital. On 10/13/20 at 10:15 a.m., a staff member, located in the lobby, conducting entrance screening, was again observed to have on a cloth face mask. She was asked why she was wearing a cloth face mask. She stated she was hired a week ago and had worn a cloth mask since hire. She stated when she was hired she was told to wear a mask but was not told it had to be a surgical mask. On 10/13/20 at 10:30 a.m., housekeeping staff was observed in a resident's room, with signage indicating isolation, without proper PPE. The housekeeping supervisor was asked about the use of proper PPE in resident rooms on isolation precautions. She stated the housekeeper was new, the resident had been gone from the facility, and she would do more education with her staff. At this time a PPE station was observed being set up outside the resident's room. On 10/13/20 at 2:45 p.m., LPN #1 was asked if the signage on the door of resident room [ROOM NUMBER], regarding the dates of isolation, was accurate. She stated no, the resident just returned from the hospital last night. She was asked who was responsible for the isolation and quarantine signage posted on a resident's door. She stated the DON had been responsible.
F 0882 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	Based on interview, it was determined the facility failed to ensure there was a designated infection preventionist who would be responsible for the facility's infection prevention and control program. This had the potential to affect all 32 residents residing at the facility. Findings: The State Operations Manual, Appendix PP - Guidance for Surveyors for Long Term Care Facilities, 483.80(b) Infection preventionist documented, .The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP . On 10/13/20, during entrance conference, the administrator informed the surveyor the Infection Preventionist had resigned, his last day was 10/9/20. On 10/13/20 at 2:20 p.m., the administrator was asked if had an infection preventionist on staff. She stated no. She was asked how she ensured the activities of the infection prevention and control program were being completed. She stated the staff was working together to make sure everything was completed. She was asked who was responsible to ensure the facility had an infection preventionist who would be responsible for the facility's infection prevention and control program. She stated she was responsible.

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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