

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER ANADARKO NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 300 WEST WASHINGTON ANADARKO, OK 73005	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined the facility failed to ensure the appropriate personal protective equipment was worn by staff during the provision of care to residents in a quarantine whose COVID-19 status was unknown, ensure residents who received services outside the facility were quarantined and ensure precautions were posted to alert staff of the need for appropriate personal protective equipment (PPE). The facility identified 68 residents resided in the facility, two residents were in quarantine and two residents received outside [MEDICAL TREATMENT] services. 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 . On 06/16/20 at 9:40 a.m., licensed practical nurse (LPN) #1 was asked if they had any residents quarantined. She stated they had two quarantined due to being readmitted from the hospital. She was asked if they had any residents who received outside [MEDICAL TREATMENT] services. She stated they had two residents who went out to [MEDICAL TREATMENT] three times a week. She was asked if they were quarantined. She stated they were not. At 9:50 a.m., the two quarantined residents' rooms were observed. One of the residents had a drawer outside the room with gloves, gowns and shoe covers. The other resident did not have a drawer with PPE. Neither room had signage to alert staff to the precautions of the quarantine. Staff were observed wearing face masks and gloves to care for residents. LPN #1 was asked what PPE staff utilized to care for the quarantined residents. She stated, Masks. She was asked if staff wore gowns. She stated, I can't tell you if they use gowns. LPN #1 was asked how staff knew if a resident was quarantined. She stated, Just communication. She was asked when a resident would be placed on quarantine. She stated if they were a new admit, a re-admission or had symptoms. She was asked why the [MEDICAL TREATMENT] residents weren't quarantined. She stated, We haven't been quarantining for that. At 10:25 a.m., the administrator was made aware of the above. He acknowledged the findings.</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.