| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375109 | A. BUILDING _____ B. WING _____ | 10/06/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **HERITAGE VILLA NURSING CENTER** | **1244 WOODLAND LOOP DRIVE BARTLESVILLE, OK 74006** |

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<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Provide and implement an infection prevention and control program.**<br><br>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. The facility failed to: ~ Ensure disposable plates/cups were utilized for residents in quarantine whose COVID status was unknown and plastic reusable trays were not taken into a COVID positive resident's room during the noon meal. The facility identified 11 residents who resided on the quarantine hall whose COVID status was unknown and three residents who resided on the COVID hall who had tested positive for COVID-19; ~ Ensure hand hygiene was performed after touching face mask and face masks were worn appropriately; and ~ Ensure residents' oxygen saturation was obtained when screened for COVID-19 for four (#4, #5, #6, and #7) of seven residents who were reviewed for screening. Findings: The Centers for Disease Control guidance, titled Preparing for COVID-19 in Nursing Homes, dated 06/25/20, documented, .Actively monitor all residents upon admission and at least daily for fever .and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry . The Centers for Disease Control guidance, titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 07/15/20, documented, .HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process . The Centers for Disease Control guidance, titled Using Personal Protective Equipment, dated 08/18/20, documented, .Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin .Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap) .Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie) . 1. On 10/06/20 at 12:00 p.m., the noon meal trays for the quarantine/COVID hall were observed to contain two non-disposable plastic plates and seven non-disposable plastic cups. The CNAs were observed to deliver the meals to residents who were in quarantine. At 12:31 p.m., CNA #2 was asked why some residents who resided on the quarantine/COVID hall were served drinks in non-disposable plastic cups. She stated the kitchen prepared thickened liquids and health shakes in those cups. She stated the CNAs prepared drinks in styrofoam cups. At 12:33 p.m., LPN #1 was asked why some residents who were on the quarantine/COVID hall were served on non-disposable plates/cups. She stated she did not know. At 12:38 p.m., CNA #1 was observed to enter a room of a COVID positive resident carrying a plastic tray with the noon meal. At 1:12 p.m., the dietary manager was asked why some residents who were on quarantine/COVID hall were served on non-disposable plates. She stated they used regular plates for residents who were on a puree diet. She stated she did not want to take up room with multiple styrofoam bowels to separate the pureed foods. She was asked why some residents on the quarantine/COVID hall were served in regular non-disposable drinking cups. She stated she was afraid the residents would squeeze a styrofoam cup and spill the drink. She stated they used regular cups for health shakes and thickened liquids. At 2:09 p.m., the DON was asked why non-disposable plates and cups were utilized for some residents who were on the quarantine/COVID hall. She stated they were to all use disposable plates, forks, and cups. She was asked why the plastic tray was taken into the COVID positive resident's room when the meal was delivered. She stated she did not know. At 3:05 p.m., the infection preventionist was asked why non-disposable plates, cups, and plastic tray were utilized for some residents on the quarantine/COVID hall. She stated everything served to the residents on the quarantine/COVID hall was to be disposable. 2. On 10/06/20 at 9:05 a.m., the administrator was observed during the entrance conference to wear his N95 face mask with the bottom strap hanging below the chin instead of around his head. At 12:31 p.m., CNA #1 was observed to exit a resident room. She was observed to touch her N95 face mask multiple times with her bare hands, donned PPE, obtained a meal for another resident and deliver it. Hand hygiene was not observed after she had touched her N95 and before she delivered the meal to the other resident. At 12:33 p.m., the CNA was observed to again touch the N95 face mask during the meal service without sanitizing her hands. At 1:04 p.m., CNA #1 was observed to exit a residents room who resided on the quarantine section of the hall. Her mask was observed to be below her nose as she was touching the chin section of the face mask. At 1:06 p.m., she asked why she touched her N95 mask and had not sanitized her hands. She stated, As I am doing now? I didn't realize I did it. Random observations throughout the survey of the administrators N95 face mask revealed the bottom strap hung below his chin and was not around his head. At 2:09 p.m., the DON was asked how staff were monitored to ensure proper mask placement. She stated they monitored by conducting rounds and checking for mask placement. She was asked if staff were to sanitize their hands after touching their N95. She stated yes. At 2:18 p.m., the administrator was asked how staff were monitored to ensure proper placement of face masks. He stated they inserviced the staff and made rounds to ensure proper placement. He was asked why he had not utilized the bottom strap of his N95 mask to ensure proper placement. He put the bottom strap around his head and stated he had just put the mask on when he left his office. 3. On 10/06/20 at 9:05 a.m., during the entrance conference, the DON was asked where resident screening for COVID-19 was documented. She stated in the electronic record on the treatment record. Review of the electronic record revealed the following: ~ Resident #4's last pulse oximetry value was dated 03/02/20; ~ Resident #5's last pulse oximetry value was dated 09/10/20; ~ Resident #6's last pulse oximetry value was dated 05/06/20; and ~ Resident #7's last pulse oximetry value was dated 06/02/20. At 3:05 p.m., the infection preventionist was asked what the screening process for residents regarding COVID-19 consisted of. She stated the nurse assesses for symptoms, checked temperature, and auscultated lung sounds. She was asked if a pulse oximetry value was obtained. She stated they only obtained pulse oximetry values on the residents who were COVID-19 positive or in quarantine. She was asked why all residents pulse oximetry was not assessed during the screening. She stated if a resident was not in quarantine or isolation they obtained a pulse oximetry value only as needed. At 3:24 p.m., the DON was asked why a pulse oximetry value was not obtained on all residents as part of the screening process for COVID-19. She stated they only checked a resident's pulse oximetry if they were on oxygen or had a standing order. |
| F 0885<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | Based on interview and record review, it was determined the facility failed to ensure residents and resident representatives had been notified of positive COVID cases in the facility. This had the potential to affect all 66 residents who resided in the facility. Findings: On 10/06/20 at 9:05 a.m., during the entrance conference the administrator was asked who was responsible to notify residents and resident representatives of positive COVID cases in the facility. He stated the social services director notified residents and resident representatives. He was asked where the notification was documented. He stated in the progress notes. Review of the testing logs for residents and staff revealed positive results were detected on the following dates: ~ 09/22/20 one positive resident; ~ 09/23/20 one positive staff member; and ~ 09/28/20 two positive staff members. Review of the clinical records for resident #1, #2, and #3 did not reveal documentation the residents/resident representatives were notified of the positive staff member results on 09/23/20 and 09/28/20. On 10/06/20 at 2:18 p.m., the administrator was asked why residents/resident representatives had not been notified there were positive staff COVID tests on 09/23/20 and 09/28/20. He stated he thought the facility only had to |

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **375109** | A. BUILDING _____ B. WING _____ | **10/06/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **HERITAGE VILLA NURSING CENTER** | **1244 WOODLAND LOOP DRIVE BARTLESVILLE, OK 74006** |

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 0885<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Some | (continued... from page 1)<br>update residents and resident representatives weekly. He stated he was unaware they were to be notified by 5 p.m. the next calendar day. |