

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER LANDMARK OF MIDWEST CITY REHABILITATION AND NURSIN		STREET ADDRESS, CITY, STATE, ZIP 8200 NATIONAL AVENUE MIDWEST CITY, OK 73110	
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 interview, it was determined the facility failed to ensure appropriate personal protective equipment practices were followed by staff who wore the same gown to provide personal care to residents whose COVID-19 status was unknown. The facility identified 23 residents who resided in the quarantine unit of the facility and whose COVID-19 status was unknown. 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 06/15/20 at 9:30 a.m., observations were made of the quarantine unit of the facility. Gowns were observed hanging on the doors at the front of the hall. At 9:32 a.m., CMA #1 was observed to remove her gown, lay it across the medication cart and exit the unit. At 9:35 a.m., the CMA was asked if she had been in any resident rooms prior to removing her gown. She stated, yes. She was asked if she wears the same gown in multiple resident rooms. She stated Yes, we have to. The CMA was observed to don the same gown from the medication cart and continue with her duties. At 9:40 a.m., LPN #1 was asked why the residents on the unit had been quarantined. She stated most of them had been exposed to a therapist who had tested positive for COVID-19 and some were residents who went out of the facility for routine [MEDICAL TREATMENT] treatments. The LPN was asked how often she changed her gown. She stated she would wear the same gown. If she had to leave the unit for any reason then she would remove the gown, hang it up then put it back on when she returned. She was asked if having worn the same gown while providing care from resident to resident, whose infectious disease status was unknown, would risk the spread of infection. The LPN stated, yes. CMA #1 was asked if she understood the risk to the residents. She stated yes, she had known the risk but they had been instructed to do it that way. LPN #1 was asked if they had been low on their PPE inventory. She stated, not that she had been aware of. At 9:48 a.m., the DON was asked if the staff who provided care in the quarantine unit should have worn the same gown with all the residents. She stated, no. The DON was informed of the staff's practice and that they stated they had been instructed to do so. She stated she had not been aware that was how they had done it. The DON stated she would not have ever instructed the staff on incorrect practices.</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.