STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375461	A. BUILDING _____ B. WING _____	**09/01/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
IGNITE MEDICAL RESORT NORMAN, LLC	**1050 RAMBLING OAKS DRIVE NORMAN, OK 73072**

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	**Provide and implement an infection prevention and control program.** Based on observation and interview, 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 anyone who entered the facility was actively screened by a staff member. The administrator (adm) identified 30 residents who resided in the facility. Findings: The Center for Medicare and Medicaid Services (CMS) guidance, titled COVID-19 Focused Survey for Nursing Homes, dated 05/08/20, documented: .6. Education, Monitoring, and Screening of Staff. Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness . On 08/31/20 at 11:30 a.m., the screening table had screening forms and equipment to screen anyone entering the facility. Upon entering the facility the facility director met the surveyor at the door and asked the surveyor to fill out the screening form and take her own temperature. On 08/31/20 at 11:40 a.m., the facilities director was asked if staff and anyone entering the facility were being actively screened by another staff member. He stated all the staff are not being actively screened at this time. He stated it happened sometimes, but not all the time. He stated anyone who entered the facility during normal business hours was screened by the receptionist. When asked who screened after normal business hours. He stated they did not have anyone to screen after normal business hours. On 08/31/20 at 11:55 a.m., the facility adm was asked if the staff and anyone entering the facility were being actively screened. She stated she would need to hire someone to sit at the desk to screen. She said she would use her receptionist during normal business hours.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE