

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER VILLAGE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1709 SOUTH MAIN BROKEN ARROW, OK 74012	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews, record review, the facility failed to implement the Center for Disease Control/Centers for Medicare and Medicaid (CDC/CMS) guidelines for infection control procedures to prevent the transmission of COVID-19 for six (#1, #2, #3, #4, #8, and #9) of 45 residents reviewed for Covid-19 infection control. The facility identified 45 residents lived in the facility and one resident was on transmission based precautions. 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 . Hand Hygiene Guidance . The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications . Immediately before touching a patient . Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices . Before moving from work on a soiled body site to a clean body site on the same patient . After touching a patient or the patient's immediate environment . After contact with blood, body fluids, or contaminated surfaces . Immediately after glove removal . Environmental Cleaning and Disinfection . Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas . Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment . Use an EPA-registered disinfectant from List Nexternal icon on the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-2. Ensure HCP are appropriately trained on its use . Dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Assign dedicated HCP to work only in this area of the facility . 1. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A quarterly assessment, dated 04/01/20, documented the resident was moderately impaired for daily decision-making, had delusions, required limited assistance with activities of daily living (ADLs), and was occasionally incontinent of bowel and bladder. The care plan, dated 04/07/20, documented the resident's need for ADL assistance along with care interventions. Nurse notes, dated 05/13/20, documented the resident was sent to the hospital. Nurse notes, dated 05/28/20, documented the resident was sent from the hospital to a hospice facility. Nurse notes, dated 06/10/20, documented the resident returned to the nursing home. The readmission screen, dated 06/10/20, documented the resident was oriented to person only, was incontinent, and required total assistance for ADLs. On 06/12/20 at 9:15 AM, the administrative assistant and director of nurses reviewed a map of the facility and identified the Covid-19 isolation rooms for residents positive with Covid -19. They identified the location of a resident (resident #1) who returned from the hospital and was on Covid-19 quarantine/precautions. On 06/12/20 at 11:20 AM, the resident was observed from the doorway. The resident was lying quietly in bed on her back and was groomed. The room was dimmed and did not have odors. A biohazard box was inside the doorway. A sign for transmission-based-precautions was not posted and personal protective equipment (PPE) was not placed outside the doorway. On 06/12/20 at 11:30 AM, certified nurse aide (CNA) #1 stated the resident was on isolation but was not able to state what type of precautions were to be used. The CNA stated he did provide personal care for the resident that morning and wore a mask and gloves. The CNA stated he did not wear a gown. On 06/12/20 at 12:45 AM, the director of nurses (DON) was asked to provide infection control monitoring records and the policy for transmission-based-precautions. The DON stated she did not have documented monitoring of the staff for infection control procedures and was not able to provide the policy for transmission-based-precautions. 2. On 06/12/20 at 11:00 AM, the facility set up for residents requiring quarantine/precautions was observed. One resident on precautions was located on the Northern Lights hall. A room in the common area across from the nurse station was prepared for a resident returning from the hospital after surgery who would require quarantine/precautions. Two rooms at the end of the Southern Plains hall were set aside for residents with Covid-19. The DON and charge nurse were interviewed. The nurses stated the same staff who cared for the general resident population would also care for the residents on Covid-19 precautions. They stated they did not have a specific area for residents who were on quartile precautions and did not have dedicated staff to care for them. The nurses were not able to state the procedures staff were to use when caring for both residents on quartile and those who were part of the general resident population. 3. On 06/12/20 at 10:50 AM, CNA #3 stated shared equipment was to be disinfected before and after use. The CNA opened the door to the shower room where the lifts were stored. The Hoyer lift had a sling wrapped around the top arm of the lift and the surfaces of the lift were covered with dusty dirt debris. The sit to stand had the safety belt wrapped around the top of the stand. The stand was covered with dusty dirt debris. The CNA stated the sling and the belt were shared and the equipment was not clean. 4. On 06/12/20 at 11:50 AM, meal mass on Western Hills hall was observed. CNA #2 served a meal to resident #2. The CNA touched the bedside table and the chair and left the room. The CNA did not perform hand hygiene. The CNA served a tray to resident #9 and moved her walker before leaving the room. The CNA did not perform hand hygiene. The CNA served a meal to resident #3, rubbed the resident's shoulder and left the room. The CNA did not perform hand hygiene. CNA #2 served a meal to resident #4 and touched her. The CNA left the room and did not perform hand hygiene. The CNA served a meal to resident #8, left the room, and did not perform hand hygiene. On 06/12/20 at 12:05 PM, the CNA stated hand hygiene was to be performed when leaving a resident's room. 5. On 06/12/20 at 10:15 AM, a tour of the resident halls was completed. Two box fans were on each hall and were turned on high. A ceiling fan was on at the central nurse desk. The nurse staff stated Covid-19 spread by droplets and did not think about spreading Covid-19 by the use of fans.</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.