

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER HILL NURSING HOME, INC.		STREET ADDRESS, CITY, STATE, ZIP 808 NORTHWEST M L KING AVENUE IDABEL, OK 74745	
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, interview, and record review, it was determined the facility failed to implement their infection control program to prevent potential spreading of Covid-19 infection for all staff and residents. The facility failed to: a. ensure staff members who were positive for Covid had not returned to work before their isolation period was completed, b. ensure residents and staff who were positive for Covid had been reported to Oklahoma State Department of Health (OSDH)/Long Term Care Division (LTC). Findings: The facility identified a census of 37 residents. 1. On 09/22/20 a registered nurse (RN) had a Covid rapid test and the test result was positive. On 09/28/20 a second Covid rapid test was performed and the test was negative. On 09/29/20 at 8:15 a.m., the RN was observed at the front nurses station in the facility. On 09/29/20 at 10:55 a.m., the Infection Preventionist (IP) reported the RN had requested the first positive test on 09/22/20 due to having a headache and was nauseated. The IP reported the RN was tested outside in the parking lot and went home immediately. The IP reported the RN called and requested a second test on 09/28/20 due to no longer having symptoms and wanted to return to work. The IP reported the second test was performed in the parking lot and was negative. The IP reported the RN was allowed to return to work on 09/29/20. The IP reported there was no other confirmatory tests performed. The IP reported the RN should not have been allowed to have returned to work. On 09/29/20 at 11:16 a.m., the IP reported the RN had already left the facility. On 09/29/20 at 12:15 p.m., the Director of nursing (DON) reported being aware of both tests performed on the RN and thought it was sufficient for the RN to have returned for work. The DON reported the RN was not assigned to resident care. The DON reported there were no other confirmatory test performed to rule out the negative test. The DON reported the RN should not have been at work. On 09/29/20 at 3:00 p.m., the administrator reported the RN should not have been at work. 2. Covid tests were reviewed for residents and documented 10 residents had tested positive for Covid from 09/06/20 through 09/19/20. There were no documented reports to OSDH/LTC of infectious diseases. Covid tests were reviewed for staff and documented 10 staff had tested positive for Covid from 09/08/20 through 09/22/20. There were no documented reports to OSDH/LTC of infectious diseases. On 09/29/20 at 10:55 a.m., the IP reported the infectious disease reports had not been faxed to OSDH/LTC. On 09/29/20 at 11:15 a.m., the DON reported the infectious disease reports had not been faxed to OSDH/LTC.		
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.