

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER PURCELL CARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 801 NORTH 6TH STREET PURCELL, OK 73080	
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>Based on observation, interview, and record review, 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 for three (#2, 9, and #13) of four residents sampled for infection control. The facility failed to ensure: a) cloth masks were not worn by direct care staff, b) hand hygiene was performed between encounters with residents, and c) face shields were worn while caring for residents on the COVID-19 unit. The administrator (adm) reported seven residents were COVID-19 positive and 33 residents resided in the facility. Findings: A CDC document, titled Preparing for COVID-19 in Nursing Homes documented, .Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings .HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use .eye protection . Hand Hygiene .HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE. HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. On 06/03/20 at 8:40 AM, CMA #1 was observed on North hallway with a cloth mask which was positioned below her nose. The CMA was asked at that time if she had been told she needed to wear a surgical mask. She stated she had not been told to wear a surgical mask. On 06/03/20 at 9:00 AM, CMA #1 was observed behind nurse station on North/South hall with cloth mask below her nose. Another staff member was heard telling her to pull up her mask at that time. On 06/03/20 at 9:21 AM, CMA #1 was observed on the South hall preparing crushed medications and then took them in a cup to resident #2. The CMA was observed to feed the resident the crushed medications with a spoon. The CMA exited the room, went back to the cart, looked through the medication records, and proceeded to prepare the next resident's medication. Hand hygiene was not observed during this observation. On 06/03/20 at 9:36 AM, CNA #1 was observed on the COVID unit without a face shield. The CNA stated she did not wear a face shield because it would fog up. On 06/03/20 at 9:59 AM, CMA #1 was observed to lock and leave her medication cart, which was parked at the beginning of the South hall, and walk the length of the hallway into the last room on the right. The CMA handed a cup of medications to resident #13. The CMA was observed to leave the resident's room, touch the hallway railing about midway down the hall, and then proceeded to the medication cart. The CMA began thumbing through the residents' medication records. The CMA then walked back down the hall to resident #9's doorway and spoke to the resident. The resident's call light was on. The CMA then went back to the medication cart and began to remove medication out of the cart and punch out medications into a cup. The CMA then locked the cart and took the medications into resident #9's room and gave him the cup of medications. The CMA then left the room and touched her masked while walking back to the medication cart. The CMA touched medication records while she looked at the records, then opened the cart and removed cards of medication and began to punch medications for the next resident. Hand hygiene was not observed during this observation. On 06/03/20 at 10:12 AM, CMA #1 was interviewed related to hand hygiene. She said she was trained to perform hand hygiene when hands were dirty. She was then asked if that was the only time. The CMA said hand hygiene was to be performed between residents. She stated she did not like to use the dispensers in the resident rooms, which were located immediately inside the residents' doors. She stated she used the hand gel on the cart. The clear hand gel container on the cart at that time was observed to be empty. The CMA stated she needed to get another container of hand gel. The CMA was informed hand hygiene had not been observed during the observation. The CMA had no reply and did not leave at that time to obtain hand sanitizer. On 06/03/20 at 11:30 AM, the assistant director of nursing (ADON) stated the staff were wearing shields on the COVID unit but had stopped recently since the residents were not having any symptoms. On 06/03/20 at 11:30 AM, the adm stated he had plenty of shields and the staff on the COVID unit should be wearing them. The adm stated the CMA was a new staff member, but had been in-serviced on hand hygiene. He said hand hygiene should always be performed between residents. He stated all staff, except office staff, should wear surgical masks.</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.