

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COMMUNITY HEALTH CARE OF GORE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>503 SOUTH MAIN STREET GORE, OK 74435</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on interview, it was determined the facility failed to ensure an infection preventionist responsible for the facility's infection prevention and control program was designated and a Covid-19 facility-wide infection prevention and control program, including standards, policies, and procedures were initiated for undiagnosed respiratory illness and Covid-19. The facility identified a census of 46 residents. Findings: The Center for Medicare and Medicaid Services (CMS) memo QSO-20-20-ALL, dated 03/20/20, documented facilities are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility. The CMS memo QSO-20-29-NH, dated 05/06/20, documented facilities were to have written standards, policy and procedures regarding infection control (in response to Covid-19). On 06/16/20 at 9:20 AM, the director of nursing (DON) reported the facility did not employ an infection preventionist and no staff had been trained through the Center of Disease Control (CDC). The DON reported there have been no training scheduled for the infection preventionist training through the CDC. The DON reported she was unaware of any policy and procedure changes which included Covid-19. The DON reported decisions were made without support of a Covid-19 specific policy. On 06/16/20 at 10:30 AM, the administrator reported the facility had not performed a Covid-19 facility assessment and had no updated policies and procedures which included Covid-19. The administrator reported he was unaware of the requirement for the policy and procedures to include Covid-19 and had not initiated a Covid-19 policy that was specific for the coronavirus. The administrator reported the facility did not employ an infection preventionist.		
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.