

|  |  |  |   |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>375417</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                       | (X3) DATE SURVEY COMPLETED<br><b>09/16/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WESTHAVEN NURSING HOME</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1215 SOUTH WESTERN<br/>STILLWATER, OK 74074</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b><br/> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/> Based on observation, interview, and record review, it was determined the facility failed to implement their infection control program to prevent the potential spread of infection for three (#4, 5 and #6) of six sampled residents. The facility failed to ensure: a) staff changed gloves and completed hand hygiene as required; b) staff had the correct disinfectant available to clean non-disposable non-dedicated resident care equipment to kill COVID-19; and c) the staff and visitors were thoroughly screened for all possible symptoms of COVID-19. Findings: The Center for Disease Control guidance titled, Preparing for Covid-19 in Nursing Homes, Reinforce adherence to standard IPC (infection prevention control) measures including hand hygiene and selection and correct use of personal protective equipment (PPE). Remove and discard gloves before leaving the patient room or care area and immediately perform hand hygiene. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policy. Refer to list N on the EPA (environmental protection agency) website for EPA registered disinfectants that have qualified under EPA's emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-CoV-2. Screen all HCP (health care providers) document absence of symptoms consistent with Covid-19. 1. On 09/16/20 at 10:55 a.m., certified nurses aide (CNA) #1 was in resident #5's room. The CNA was wearing personal protective equipment (PPE) including gloves. She left the room and went down the hall without removing gloves or performing hand hygiene. The CNA picked up a box in the hall and then a plastic tray from the hall; she went to the break room with the her gloves on. The CNA did not remove her gloves or sanitize her hands when she left resident #5's rooms. At 11:05 a.m., housekeeper #1 was in room [ROOM NUMBER]. He was wearing full PPE including gloves. The housekeeper left the room and touched the keypad with his gloved hands to open the outside door, he went outside and then came back in and returned to room [ROOM NUMBER] and continued to clean the room. The housekeeper did not remove his gloves or sanitize his hands when he left room [ROOM NUMBER] prior to touching other surfaces outside of the resident's room or perform hand hygiene and put on new gloves after returning to the resident room. At 11:45 a.m., the director of nursing (DON) stated the staff should remove their gloves and sanitize their hands upon leaving the residents' room. 2. At 11:08 a.m., licensed practical nurse (LPN) #2 obtained resident #4's finger stick blood sugar. She wiped the glucometer with a SaniDate cleaning wipe and placed it in the drawer of the cart. She stated she was not sure of the contact time because it was a new product. The LPN read the label and stated the contact time was 5 minutes. The SaniDate cleaning wipes were not found on the List N on the EPA website for use against [DIAGNOSES REDACTED]-CoV-2. Cleaning instructions for the glucometer provided by the facility documented, The following products are validated for disinfecting the EVENCARE G2 Meter: Dispatch Hospital Cleaner Disinfectant Towels with Bleach .Medline Micro-Kill+ Disinfecting, Deodorizing Cleaning Wipes with Alcohol .Clorox Healthcare Bleach Germicidal and Disinfectant Wipes .Medline Micro-Kill Bleach Germicidal Bleach Wipes . At 11:38 a.m., certified medication aide (CMA) #1 stated she used hand sanitizer to disinfect a blood pressure cuff because she did not have any disinfectant. The medication cart on the unit did not have any disinfectant wipes or sprays available for the staff to disinfect non-disposable, non-dedicated care equipment. The CMA stated she did not have access to a housekeeping cart or closet to obtain the disinfectant. At 4:01 p.m., the regional nurse reviewed the container of SaniDate. She stated the label did not document it could be used to kill [DIAGNOSES REDACTED]. The EPA List N was reviewed with the director of nursing and assistant director of nursing (ADON). The SaniDate Wipes were not on the list approved for use against COVID-19 At 5:29 p.m., the ADON stated the staff member should have called to request more disinfecting wipes. She stated there was a nurse assigned to stock supplies daily and she was not sure why the disinfectant was not stocked. 3. On 09/16/20 at 10:24 a.m., the COVID-19 screener did not ask the surveyor about fatigue, diarrhea, and runny nose or congestion upon entrance to the facility. The screening forms for the staff and visitors did not document the staff had been screened for fatigue, diarrhea, and runny nose or congestion. At 3:32 p.m., the regional nurse stated she checked the Centers for Disease Control (CDC) website for the symptoms and the staff/visitor screening forms needed to be updated to add fatigue, diarrhea, and runny nose or congestion.</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.