

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EDMOND HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>39 EAST 33RD STREET EDMOND, OK 73013</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, record reviews, and interviews, it was determined the facility failed to: ~ implement infection prevention and control practices to prevent the potential development and transmission of COVID-19; ~ ensure residents were provided and wore face masks in the common areas of the facility; ~ ensure residents were encouraged to practice social distancing and staff did not place residents closer than six feet together; and ~ don appropriate PPE (personal protective equipment) prior to providing care for a resident on transmission based precautions for one (#1) of one resident observed on transmission based precautions. The IP (infection preventionist) identified one resident on transmission based precautions. The DON (director of nurses) identified 77 residents who resided in the facility. Findings: A CDC (Centers for Disease Control and Prevention) website article, updated 05/19/20, titled, CDC 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 . .Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility . Keep Your Distance to Slow the Spread .To practice social or physical distancing stay at least 6 feet (about 2 arms' length) from other people . On 06/22/20, the following observations were made in the facility: There were several residents in the front lobby area, near the nurse's station without masks on. There were eight residents observed in the small dining room less than six feet apart and without masks on. There were six residents in the small television area. Two sets of residents were observed side by side on the couches without masks on. Residents were observed to ambulate about the facility and interact with staff members and seat themselves less than six feet from other residents. There was only two residents observed with a face mask in place. Staff members were not observed to offer and encourage use of masks. Oftentimes, residents were observed placed less than three feet apart by staff in their wheel chairs or residents were observed to walk closely to other residents and staff members. There were no staff members observed to encourage residents to practice social distancing. At 9:20 a.m., the IP (stated resident #1 was on quarantine due to being a recent readmission from the hospital. She stated the resident was on droplet and contact precautions. At 10:30 a.m., CNA (certified nurse aide) #1 was observed to enter resident #1's room wearing only a cloth mask and gloves. She stated she needed to assist the resident with dressing. When she exited the resident's room, she was asked what care she had assisted the resident with. She stated she had helped the resident to dress in his shorts. She stated the resident was on isolation due to being a recent admission from the hospital. She stated she did not put on full PPE (gowns, gloves, face mask, eye protection, and gloves) unless the resident was incontinent. She was asked if she had close personal contact with the resident while assisting the resident with dressing. She stated she had. At 10:55 a.m., CNA #2 stated several residents preferred to watch television in the small common area. She stated only a couple of residents wear face masks. She stated resident #1 wore a face mask. She stated one other resident, whose mother made him a face mask will wear his mask because he likes it. She stated they tried to keep the residents spaced out. She stated often the residents were placed in the lobby after meals and waited their for activities and showers. At 11:10 a.m., a meeting was held with the administrator, DON, and IP. They were asked if residents had been provided face masks to wear when they were out of their rooms. The administrator stated the residents had been provided a mask and they were stored in the facility medication room in a bag labeled with each resident's name. She stated the residents were educated on the use of face masks and the ones who wanted one were provided one. They were notified residents should all be provided a mask and encouraged to wear a mask unless they were unable to tolerate them. The IP and the DON stated resident #1 was on droplet and contact precautions because he was a readmission from the hospital. They were asked what PPE was required when the staff provided direct care or close personal assistance. The IP stated staff should wear full PPE. They were notified of the interview with CNA #1. They acknowledged the concern. They were asked if residents were encouraged to socially distance. The DON stated this was not required if the facility did not have any positive COVID-19 cases. They were notified of the observations and the CDC guidance related to maintaining at least six feet of social distance between residents.</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.