

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GRAND LAKE VILLA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>103 HAR-BER ROAD GROVE, OK 74345</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>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 four (#1, #2, #3, and #4,) of four sampled residents reviewed for infection control. The facility failed to: a) Ensure staff did not remove contaminated items from a resident (#1) in quarantine's room and discard the items to a common area. b) Ensure staff posted signage regarding residents (#1, #2, #3, and #4) instructions for isolation/quarantine and placed personal protective equipment (PPE) for use close to the residents' rooms. There were 69 residents in the facility. Findings: 1. Resident #1 was identified to be quarantined/isolated for 14 days due to he left the facility three times weekly for [MEDICAL TREATMENT]. On 06/23/20 at 11:35 a.m., the housekeeping supervisor was observed to enter resident #1's room with a biohazard waste can. She was wearing a mask. No other PPE was observed to be worn. She stayed in the resident's room approximately one to two minutes and exited the room carrying a food tray with dishes on it. She was asked about the tray. She stated it was the resident's used breakfast tray. She took the tray down the 500 hall and then to the dining room. She placed the tray on an open cart next to the dietary/kitchen door. Residents were present in the dining room at the time. At 1:20 p.m., the dietary manager was asked what the process was for food trays for resident's who were quarantined/isolated. She stated they used disposable containers to serve them and they were discarded in the residents rooms. She was informed of the observation and stated it was overlooked. She stated she usually wrote on the meal ticket to give those residents disposable containers. At 1:30 p.m., the director of nursing (DON) was asked how resident's in quarantine received meal trays. She stated they should receive disposable paper products. She was informed of the observation. She stated it should not have happened and was an infection control issue. 2. On 06/23/20 at 11:20 a.m., a tour of each hall was conducted. The four quarantine/isolation room doors/area were observed. There was no signs posted regarding the type of isolation or any instructions regarding required PPE outside the rooms for residents #1, #2, #3 and #4, who were identified by the facility as being quarantined for [MEDICAL TREATMENT], new admissions, and hospitalization s. There was no PPE observed to be placed close to residents rooms who were quarantined on the 500 hall. At 1:30 p.m. the DON was asked why the rooms were not posted with the quarantine/isolation precautions and PPE placed close by. She stated, I don't know. We just haven't done that.</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.