

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER ANADARKO NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 300 WEST WASHINGTON ANADARKO, OK 73005	
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	Provide and implement an infection prevention and control program. Based on observation, record review and interview, it was determined the facility failed to ensure infection control procedures were in place to prevent the spread of COVID-19 for one of two smoking areas observed for infection control procedures. Findings: The Center for Disease Control guidance titled, Coronavirus Disease 2019 (COVID-19) Preparing for COVID-19 in Nursing Homes, documented. Implement aggressive social distancing measures (remaining at least 6 feet apart from others). Remind residents to practice social distancing. Remind HCP to practice social distancing, when in break rooms or common areas. On 08/06/20 at 8:45 a.m., upon arrival to the facility, thirteen residents were observed smoking on the covered porch without masks on. They were all observed to be sitting less than six feet apart. Some residents were observed to be sitting one to two feet apart. One staff was observed sitting in the area. At 9:00 a.m., the administrator was asked if the residents in the smoking area were sitting at least six feet apart to ensure social distancing. She stated no. She stated they had a difficult time getting them to spread out because the grass was wet and/or they did not want to sit out in the sun. She stated they had tried taking them out in smaller groups to spread them out, but the residents' exhibited behaviors when they did not get their usual smoke break times.		

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.