

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COMMUNITY HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1153 CHEROKEE STREET WAKITA, OK 73771</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and staff interviews, it was determined the facility failed to: ~ ensure routine COVID-19 screens and monitoring had been conducted for three (#1, 2 and #3) sampled residents reviewed for infection control; and ~ ensured staff required temperatures were obtained, logged and monitored. The facility identified 30 residents in the facility and six staff members were currently positive for COVID-19. Findings: A facility policy, titled Resident Evaluation &amp; Observation Report &amp; Staff Screening, documented, Resident and staff health and safety is of the utmost importance in combating COVID-19. The goal is to act promptly in identifying residents that may be showing early signs and symptoms of COVID-19 or any other illness and to act swiftly. Resident will be evaluated 3 times each day for signs and symptoms of COVID-19. Staff will be screened upon entering the building. Procedure, beginning in the morning, the residents will be evaluated using the Resident Evaluation &amp; Observation Report. Resident's temperature is taken and recorded each shift. In the evening, the second Resident Evaluation &amp; Observation Report will be filled out. Completed Resident Evaluation &amp; Observation Report will be turned into the Director of Nursing for tracking and evaluation. Staff will be screened upon entering building. Temperature will be taken. Staff temps will be logged on the daily temp log. Employee temperatures are required at least 2 times daily but encouraged to 3 times daily. Daily temperature logs for staff will be turned into the infection control Preventionist for tracking and evaluations. Resident #1 had [DIAGNOSES REDACTED]. The COVID-19 Resident Screening Tool for October 1st through 21st 2020, documented screening was conducted for resident 11 times out of 42 opportunities. Temperature log for October 1st through 21st 2020, documented resident temperature was monitored 22 times out of 63 opportunities. A surveillance tool for COVID-19 documented the resident had tested positive for COVID-19 on 10/18/20. Resident #2 had [DIAGNOSES REDACTED]. The COVID-19 Resident Screening Tool for October 1st through 21st 2020, documented screening was conducted for resident 22 times out of 42 opportunities. Temperature log for October 1st through 21st 2020, documented resident temperature was monitored 32 times out of 63 opportunities. Resident #3 had [DIAGNOSES REDACTED]. The COVID-19 Resident Screening Tool for October 1st through 21st 2020, documented screening was conducted for resident 15 times out of 42 opportunities. Temperature log for October 1st through 21st 2020, documented resident temperature was monitored 30 times out of 63 opportunities. A surveillance tool for COVID-19 documented the resident had tested positive for COVID-19 on 10/12/20. On 10/22/20 at 12:11 p.m.; the DON (director of nurses) was asked how staff conducted resident screening for COVID-19. She stated screening is done by the charge nurse at start of first and second shift the negatives are screened first, the exposed, and lastly the positives. She stated the residents are assessed for signs and symptoms related to COVID-19 to include respiratory changes, nausea, loss of taste and smell, increased temperature and lungs assessed. The DON stated she has been working the floor on the COVID unit and have been conducting the screening since 10/15/20. At 2:40 p.m., the IP nurse was asked how was staff was screened. She stated the staff screened each other at start of shift and temperature was taken at start of shift, midshift and at end of shift. The IP nurse was asked who monitored the temperature logs to ensure monitoring was conducted. She stated the nurse on each shift should be checking and should have caught the gaps. She stated the DON audits the residents and staff screening tool and temperature logs. At 4:13 p.m., the administrator was given the screening tools for the residents and the temperature logs of residents and staff members to review. She stated the resident screening tool were not done consistently. She stated the temperature logs for residents and staff could have been better. The administrator acknowledged screening and monitoring were not conducted consistently for staff and resident.</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.