

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER GLENWOOD SKILLED NURSING AND THERAPY		STREET ADDRESS, CITY, STATE, ZIP 1700 EAST 141ST STREET GLENPOOL, OK 74033	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to implement CDC/CMS guidelines for infection control procedures to prevent the transmission of COVID-19 for one (#3) of three residents reviewed for Covid-19 infection control. The facility identified 67 residents lived in the facility, six residents were on quarantine precautions, and three residents received [MEDICAL TREATMENT]. Findings: 1. Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A annual assessment, dated 07/14/20, documented the resident was independent for daily decision-making, required extensive assistance with activities of daily living, and received [MEDICAL TREATMENT]. The care plan, dated 07/27/20, documented the resident received [MEDICAL TREATMENT] and was on Covid-19 precautions. On 09/11/20 at 9:30 a.m., the administrator and director of nurses (DON) stated Black Gold hall (200 hall) was designated the hall for residents on quarantine precautions or who were Covid-19 positive. The DON stated two residents received [MEDICAL TREATMENT] and were living on the quarantine hall. On 09/11/20 at 12:00 p.m., the resident was in her room watching television. A sign for transmission based precautions was not posted on the resident's door. Personal protective equipment (PPE) was not outside the resident's room. On 09/11/20 at 12:00 p.m., certified nurse aide (CNA) #1 was observed serving meals to the residents. The CNA came out of room [ROOM NUMBER] and without washing or sanitizing her hands she picked up a meal and delivered the meal to resident #3. The CNA did not don gloves or a gown before entering the resident's room. The CNA touched and moved items on the bedside table. Then she placed the meal on the table. The CNA took hold of the bedside table and moved it into place for the resident. The CNA did not wash or sanitize her hands before leaving the room. The CNA picked up another meal from the meal cart and delivered the meal to the next resident. On 09/11/20 at 12:15 p.m., CNA #1 stated she washed her hands at the beginning and end of meal pass but not after each resident. The CNA did not know the resident was on precautions. On 09/11/20 at 1:35 p.m., the resident stated she went out of the facility for [MEDICAL TREATMENT]. The resident stated the staff had her wear a mask when she left the building. The resident stated some staff washed their hands before leaving her room and others did not. 2. On 09/11/20 at 10:45 a.m., certified medication aide (CMA) #2 was observed preparing a resident's medication. During the preparation the side shelf on the medication cart fell off and dumped the straws, spoons, cups and other supplies onto the floor. The CMA took the prepared medicine, picked up the plastic container off the floor, and went to the medication room. The CMA was observed restocking the plastic container. The CMA stated she had wiped the container. The CNA returned to the medication cart. The CNA picked up the items off the floor, placed them in a trash bag, and placed bag on the floor. Without washing or sanitizing her hands, she picked up the medicine cup and the water pitcher and went to the ice machine in the dining room. Without washing or sanitizing her hands, the CNA pressed the button on the ice machine and filled the water pitcher. The CMA returned to the medication cart. The CMA placed the water pitcher on the cart and picked up the trash bag. The CMA went to the soiled utility room opened the door and discarded the trash. The CMA returned returned to the medication cart and without washing or sanitizing her hands she, still holding the prepared medication cup, the CMA picked up multi-dose medication containers and went to a resident's room. Without washing or sanitizing her hands the CMA administered the oral medication. The CMA removed the cap on one of the multi-dose medication containers, handed it to the resident, and the resident administered the eye drop medication. On 09/11/20 at 11:00 a.m., CMA #2 stated hands were to be washed or sanitized before and after each medication pass, after handling dirty items like trash, or when hands were visibly soiled. The in-service records dated 03/19/20 documented the CMA was provided Covid-19 infection control training. The skills check-off in the CMA's employee record was blank. The PPE competency sheet, dated 08/05/20, was documented as completed. 3. On 09/11/20 at 11:35 a.m., a housekeeper was observed cleaning resident rooms. The housekeeper finished mopping the floor in room [ROOM NUMBER]. She returned the mop to the cart and without removing her gloves or performing hand hygiene, the housekeeper pushed the cart to room [ROOM NUMBER]. Without changing her gloves or performing hand hygiene, the housekeeper picked up cleaning spray and a clean rag, went into room [ROOM NUMBER], and started cleaning a bedside table. The housekeeper was not able to be interviewed.</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.