

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER MONROE MANOR		STREET ADDRESS, CITY, STATE, ZIP 226 EAST MONROE STREET JAY, OK 74346	
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.</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on behalf of the Centers for Medicare and Medicaid Services (CMS) on July 2nd, 2020. Total residents: 45 Based on observation, interview, and record review, it was determined the facility failed to: ~ ensure staffs' proper use of face masks; ~ ensure new admissions were quarantined for 14 days for three (#1, #2, and #3) sampled residents of nine new admissions whose records were reviewed; ~ ensure screening forms were up to date to include all symptoms of COVID 19. This had the potential to affect all 45 residents who resided in the facility. Findings: The Centers for Disease Control guidance titled, Preparation for Covid 19 in Nursing Homes, documented, .Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required . Creating a plan for managing new admissions and readmissions .Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP 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 can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission . Evaluate and manage healthcare personnel, .Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19 .Actively take their temperature and document absence of symptoms consistent with COVID-19 . 1. On 07/02/20 at 10:25 a.m., certified nurse aide #2 was observed to be wearing a surgical mask. She was asked who provided the surgical masks. She stated she had been given one surgical mask but had not wanted to continue to wear the same mask every day so she had purchased surgical masks of her own to wear. At 10:43 a.m., licensed practical nurse #1 was observed to wear a cloth mask. She was asked about her cloth mask. She stated she had only been given one surgical mask. She stated she used cloth masks now so she could take them home and wash them. At 12:00 p.m., the administrator was asked about the availability of personal protective equipment in the facility. She stated they had plenty of equipment but she had been saving it just in case they had a positive case. She was asked about the staff wearing cloth masks. She stated they had just wanted to wear their own masks. At 1:14 p.m., certified nurse aide #1 was observed to wear a cloth mask. She was asked about her cloth mask. She stated the facility had given her a paper mask in the beginning but she had not wanted to wear the same mask every day so she was wearing her own cloth mask. 2. On 07/02/20 at 9:30 a.m., the director of nursing was asked if the facility had any residents in quarantine. She stated they had nine residents on 300 hall who had been placed on quarantine because they had gone to the hospital or had otherwise left the building. At 10:00 a.m., three hundred hall was observed. There were no signs indicating any of the residents on the hall were in quarantine. There were no chests with personal protective equipment. The residents' doors were open to the hall. At 10:40 a.m., certified nurse aide #2 was asked if she had worked on the quarantine hall. She stated yes. She was asked what personal protective equipment she wore when caring for the residents in quarantine. She stated she just wore a mask and gloves. She stated she had not seen gowns, N95s or face shields. At 10:43 a.m., licensed practical nurse #1 was asked how she cared for the residents in quarantine. She stated she just wore masks and gloves. She stated there was no other equipment available. She stated the residents were not supposed to come out of their rooms unless they wore a mask. At 10:59 a.m., the director of nursing was asked about the residents in quarantine. She stated staff used masks and gloves when taking care of the residents. She stated they tried to keep the residents in their rooms. She stated they had not placed any signs or personal protective equipment outside of the resident rooms. She was asked if the residents in quarantine were cared for any differently than the residents who were not. She stated they were all treated the same except they did try to keep the residents who were in quarantine in their rooms. At 12:00 p.m., the administrator was asked about the quarantine residents. She stated they had all come back from the hospital with a negative test so she felt they were fine. She stated they had not used any contact or droplet precaution signs or any additional personal protective equipment. She stated she thought they had done a good job. She stated they had personal protective equipment in storage but were saving it in case they had a positive case. 3. A COVID-19 staff screening tool, undated, documented, .Do you have signs of a respiratory infection, such as fever, cough, shortness of breath or sore throat . On 07/02/20 at 12:00 p.m., the administrator was asked about the employee/visitor screening form. She stated they were still using the screening form they had put together originally. She stated the screen form had not been updated to include the new COVID 19 symptoms.</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.