

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER GREGSTON NURSING HOME, INC.		STREET ADDRESS, CITY, STATE, ZIP 711 SOUTH BROADWAY MARLOW, OK 73055	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, it was determined the facility failed to notify a resident's family of significant change and decline in the resident's condition, including transfer to a quarantine unit, for one (#1) of three residents reviewed for notification. The facility reported 11 residents with significant changes in the previous 30 days and seven residents who required quarantine for signs/symptoms or possible exposure to COVID-19. Findings: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A quarterly assessment, dated 05/29/20, documented the resident was moderately impaired with cognition. The assessment documented the resident required moderate to extensive assistance with most ADL's. A care plan, dated 06/16/20, documented the resident had chronic pain related to [MEDICAL CONDITION], was treated for [REDACTED]. A progress note, dated 07/07/20, documented the resident was crying from back and shoulder pain. The note documented the physician was notified. The physician informed staff to assess if the pain was new or chest pain, and to send the resident to the emergency room if indicated. The note documented the resident denied chest pain and the physician gave an order for [REDACTED]. The note documented the resident was afebrile and was placed on oxygen for shortness of breath. The note documented other vital signs were within normal limits, labs were obtained as ordered, and a COVID assessment was completed. The note documented the physician instructed staff to watch the resident closely and report to him the following day. The note did not document family was notified. A progress note, dated 07/10/20 at 9:46 a.m., documented the resident continued to complain of back and hip pain, which the resident reported was related to arthritis. The note documented the resident had wheezes to the upper lobes of her lungs, cough, and congestion. The note documented labs were received and faxed to the physician. The note documented vital signs were stable with an oxygen saturation of 95% on 2L/NC. A progress note, dated 07/10/20 at 1:52 p.m., documented the resident would be tested for COVID-19 and moved to a quarantine room until results were obtained. The note documented the physician was notified and agreed. The note did not document family was notified. A progress note, dated 07/14/20 at 10:51 a.m., documented the resident was noted to have a large, round, reddened area to the back. The resident reported it had shown up a couple of weeks previous and had been causing pain. A note later on the same day documented a new physician order [REDACTED]. A progress note, dated 07/15/20 at 3:26 a.m., documented the resident was showing signs of [MEDICAL CONDITION], was restless, and quite anxious. The note documented vital signs were stable with oxygen saturation of 95% on 2L/NC. The note documented the resident had started the antibiotic. The note did not document family was notified. A progress note, dated 07/15/20 at 10:02 a.m., documented the nurse had been called to the resident's room at 8:45 a.m. where the resident had been found to be unresponsive. The note documented the resident was assisted to bed and oxygen increased. The note documented, 911 in building at the time of the resident's passing at 8:51 a.m. The note documented family was notified and arrived to resident's room at 9:15 a.m. A progress note, dated 07/17/20 at 7:50 a.m., documented the physician notified the facility of the resident's negative COVID test and the physician believed the resident had suffered a [MEDICAL CONDITION]. The note documented the resident's family was notified of these findings. On 08/06/20 at 3:15 p.m., the DON reported the resident began to have symptoms so the decision was made to move her to the COVID/quarantine unit while awaiting test results. The DON stated although the resident was not feeling well, it was not considered a significant change in the resident's condition. On 08/06/20 at 4:00 p.m., the ADM reported the resident was their own person and staff might not have notified the family for this reason. The ADM was asked if the resident wasn't feeling well, would staff still expect the resident to be responsible for calling their family. The ADM stated staff probably should have called family to update them on the resident's status and make them aware the resident had been moved to the COVID/quarantine unit.</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.