

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>375406</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOLDEN OAKS VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5801 NORTH OAKWOOD ROAD ENID, OK 73703</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and staff interviews, it was determined the facility failed to ensure staff cleaned re-usable personal protective equipment (PPE) to include face shields between residents who were quarantined due to new admission or with unknown COVID 19 status. Findings: The director of nursing identified ten residents quarantined. The Center for Disease Control guidance titled, Coronavirus Disease 2019 (COVID-19), documented, .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may 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. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission) .All recommended PPE should be worn during care of residents under observation; this includes use of 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 . On 08/25/20 at 10:30 a.m., the director of nursing (DON) identified seven residents in one quarantine area with unknown COVID 19 status and three in another quarantine area with unknown COVID 19 status. She was asked what PPE staff utilized in the quarantine areas. She stated staff used N95s, gloves, gowns and face shields. She was asked if they were re-using any PPE. She stated they were re-using face shields. The DON was asked how staff were cleaning the face shields. She stated they were cleaning them with Microkill. At 12:09 p.m., staff members were observed going in and out of resident rooms on a quarantine unit for residents with unknown COVID 19 status. Staff were not observed removing and cleaning face shields between residents. The DON was asked how staff cleaned the face shields. She stated staff clean as needed with Microkill. She was asked if staff were cleaning the face shields between resident rooms. She stated, No. At 12:35 p.m., a therapist and therapy student were observed with face masks on and each had a face shield in a paper bag. They were observed to don gown and gloves from a drawer outside of a resident's room and don the face shields from the paper bags. At 12:55 p.m., they therapist and student were observed exiting the resident's room. They had on face shields and face masks. They were observed removing the face shields and placing them back in the paper bags. The therapist was asked how long they used their face shields. He stated three to four days. He was asked if they were using brown bags to store them. He stated they were. He was asked how they cleaned the face shields. The therapist stated they had disinfectant spray in the therapy gym. He was asked how frequently they used the disinfectant spray to clean the face shields. He stated they used it at the end of the day. He was asked if it was possible for the face shields to be contaminated if they weren't being cleaned between residents. He stated, Yes. At 1:30 p.m., the DON was made aware of the observations. She acknowledged the findings.</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.