

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375102	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER CIMARRON NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 905 BEALL ROAD KINGFISHER, OK 73750	
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 record review and staff interviews, it was determined the facility failed to ensure routine COVID-19 screens had been conducted for three (#1, 2 and #3) sampled residents reviewed for infection control. The facility identified 57 residents resided in the facility and two staff members were currently positive for COVID-19. Findings: 1. Resident #1 had [DIAGNOSES REDACTED]. Progress notes reviewed for August and September 2020, documented temperature checks 12 times. There was no documentation of routine screenings for signs and symptoms of COVID-19. Temperature logs for August and September documented the resident's temperature was taken 27 days. A respiratory illness COVID-19 line list documented the resident had been tested for COVID-19 on 09/16/20 and the result was positive. 2. Resident #2 had [DIAGNOSES REDACTED]. Temperature logs for August and September documented the resident's temperature was taken 27 days. A respiratory illness COVID-19 line list documented the resident had been tested for COVID-19 on 09/24/20 with a positive result. 3. Resident #3 had [DIAGNOSES REDACTED]. Progress notes reviewed for August and September 2020 did not document vital signs had been assessed. Temperature logs for August and September documented the resident's temperature was taken 29 days. On 09/30/20 at 11:03 a.m., licensed practical nurse (LPN) #2 was asked how staff conducted resident screens for COVID-19. She stated they checked for fever, cough, shortness of breath and sore throat. She stated they took temperatures twice daily. She was asked when they conducted the screens for signs and symptoms. She stated she assessed the residents when she took their temperatures. She was asked if that information was documented on paper or in the computer. She stated, We don't really have something to document on other than the temperature logs. At 11:35 a.m., registered nurse #1 was asked how staff conducted resident screens for COVID-19. She stated when she goes room to room she would ask the residents if they had any signs and symptoms and listen to their lungs. She was asked if she documented those screens. She stated she did not, but she would pass information to the following nurse in report. At 11:35 a.m., the corporate nurse was asked how staff were instructed to screen residents for COVID-19. She stated they were conducting temperature checks every shift. She was asked about screening residents for signs and symptoms of COVID-19. She stated she would have to ask. She was asked if the staff documented screenings. She stated she knew they had a form. At 1:00 p.m., the corporate nurse was asked the policy for assessing residents. She stated they were to assess twice a shift with vital signs and respiratory status. She was asked if staff had informed the facility they had nowhere to document screens. She stated, No. She was informed the facility had not been conducting routine COVID-19 screens.</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.