

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 37E624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER CALLAWAY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1300 WEST LINDSEY SULPHUR, OK 73086	
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>Based on observation, interview, and record review, it was determined the facility failed to maintain an infection control program and implement measures to provide a safe environment to help prevent the development and transmission of COVID-19 for four (#1, 2, 3, and #4) of four residents sampled for infection control. The facility failed to ensure: a) staff did not wear cloth face coverings. b) gowns, gloves, face shields or goggles were worn in the rooms of quarantined residents. c) residents who were on quarantine status had precautionary signage on their doors and personal protective equipment (PPE) readily available near the entrance of their doors. d) residents who were on quarantine status did not have a roommate. The administrator (adm) reported there were no residents who were COVID-19 positive, three residents were on quarantine status, and 58 residents resided in the facility. Findings: The Center for Disease Control guidance titled, Preparing for COVID-19 in Nursing Homes documented, Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .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. " " .HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others .Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required .Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility . The State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities, F880, 483.80 Infection Control, Implementation of Transmission-Based Precautions documented, .When a resident is placed on transmission-based precautions, the staff should implement the following: Clearly identify the type of precautions and the appropriate PPE to be used; Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering .Make PPE readily available near the entrance to the resident's room . On 07/16/20 at 10:35 AM, a laundry staff member was observed delivering laundry to resident rooms and wearing a cloth face covering. On 07/16/20 at 10:39 AM, a dietary staff member was observed wearing a cloth mask in the kitchen and later when in the facility's hallways. On 07/16/20 at 10:47 AM, certified nurse aides (CNAs) #1 and #2 were observed wearing cloth face coverings. During the survey residents were observed out of their rooms. Residents were not observed to wear masks. The residents were well spaced. On 07/16/20 at 10:51 AM, during an interview with the laundry staff member and housekeepers #1 and #2, the staff members stated they did not know of any residents being on quarantine status at that time. On 07/16/20 at 11:03 AM, during a tour of the laundry, a laundry staff member stated there were not any surgical face masks in the laundry. She stated she wore a cloth mask while handling the dirty laundry. She stated there were goggles in the laundry but no face shield. On 07/16/20 at 11:30 AM, during a tour of the facility, CNA #3 stated resident #3 was a new admit. She stated full PPE was not worn in the resident's room. She stated only masks were worn in the rooms of any of the quarantined residents. The resident was not observed in her room at this time. The resident did not have any signage on her door or PPE available nearby. The adm provided a list of residents who had been readmitted and/or newly admitted in the last two months. Eleven residents were on the list. The list documented residents #1, 2, and #3 were admitted in the last 14 days. On 07/16/20 at 11:54 AM, the adm was interviewed concerning no identification of the quarantined residents' rooms and of the staff not wearing PPE while caring for the residents. She stated she thought quarantining residents meant keeping them in their rooms away from other residents. She stated the staff had not been wearing PPE while caring for the quarantined residents. She stated the staff know who is on quarantine and didn't know signage was necessary. She stated she did not know staff should not wear cloth masks. She stated only three of the residents in the facility would wear their facemasks while out of their rooms. On 07/16/20 at 12:14 PM, resident #2 was observed in a room by himself. Precaution signage was not on the resident's door. PPE was not observed available nearby. On 07/16/20 at 12:15 PM, resident #1 was observed in a room with resident #4. No privacy curtains were observed in the room. The residents were sitting approximately three feet away from each other. Precautionary signage was not on the resident's door. PPE was not observed available nearby.</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.