

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2024
NAME OF PROVIDER OR SUPPLIER  Oakland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 737 North Highway Oakland, IA 51560	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49628</p> <p>Based on observations, staff interviews and policy review the facility failed to implement appropriate infection control practices to mitigate the spread of pathogens and diminish the risk of spreading SARS-CoV-2 (COVID-19) during an active outbreak. The facility reported a census of 48.</p> <p>Findings include:</p> <p>Observed on 12/23/24 at 9:25 AM upon entry into the facility a sign posted that stated all visitors must wear masks due to Covid.</p> <p>Observed on 12/23/24 at 9:30 AM Staff A, Dietary Cook, stood in the dining room, looked at the front door and back towards the nurses station and said Are we ready? Staff A proceeded to walk through the dining room, to the front door, opened the door, and led the Surveyor through a living room/dining room area, and down a hall to meet Staff G, Minimum Data Set (MDS) Coordinator/backup Infection Preventionist (IP). The total distance walked by Staff A was 100 feet. Staff A walked past 5 residents who were not wearing masks.</p> <p>Observed on 12/23/24 at 9:35 AM 14 rooms designated as being COVID-19 positive rooms with Personal Protective Equipment (PPE) hanging on the outside of each door. 3 residents were observed in the building to be wearing masks. Of the 3 only 1 resident had a mask on appropriately.</p> <p>Observed on 12/23/24 at 12:02 PM Staff F, Pharmacy Consultant, walked in the front door, through the dining room/living room area, and to the Supply Room. The staff walked past 4 residents who were eating lunch. The distance walked by Staff F was approximately 50 feet.</p> <p>Observed on 12/23/24 at 12:19 PM Staff F seated in the Supply Room with the door open with the refrigerator door open without wearing a mask. Staff G was observed walking out of the Supply Room, pulling the door closed behind. Staff G returned to the room and educated Staff F on the door remaining closed if not wearing a mask.</p> <p>Observed on 12/23/24 at 2:35 PM no signage posted at the entrance of the facility indicating it was in COVID-19 outbreak status and recommendation for use of masks.</p> <p>On 12/23/24 at 9:45 AM Staff B, Licensed Practical Nurse (LPN), stated there were a lot of COVID-19 positive residents within the facility and the facility had agency staff working due to facility hired staff (Core Staff) being off.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/23/24 at 9:50 AM Staff G stated the facility census was 48 with 22 residents testing positive for COVID-19. The staff stated the facility went into outbreak status on 12/16/24. Staff G stated the most recent testing was completed on 12/23/24 with only 1 resident testing positive. The staff stated there had been 9 staff who tested positive and there had been several agency staff working. Staff G stated through contact tracing it was determined the outbreak began with a staff member. Staff G stated there had been 1 hospitalization and no deaths since the outbreak. The staff stated there were 3 residents with dementia who will not stay in their rooms, and were encouraged to wear masks when outside of their rooms.</p> <p>On 12/23/24 at 11:00 AM Staff A stated staff should be wearing a mask at all times and all PPE when entering a COVID-19 positive room.</p> <p>On 12/23/24 at 11:42 AM Staff D, Certified Nursing Assistant (CNA), stated staff are required to wear N95 mask, face shield, gloves, and gown when entering a COVID-19 positive room. Staff D stated individuals with COVID-19 had PPE hanging on the outside of the doors, and individuals who required Enhanced Barrier Precautions (EBP) had PPE hanging on the inside of their doors. The staff stated regular masks were mandatory throughout the building</p> <p>On 12/23/24 at 11:51 AM Staff C, CNA, stated when entering a COVID-19 positive room staff were required to wear N95 mask, gown, gloves, and face shield. The staff stated outside of the positive room staff were required to wear a mask at all times.</p> <p>On 12/23/24 at 12:09 PM Staff H, Housekeeping Assistant, stated she cleans the COVID-19 positive rooms last and wears N95 mask, face shield, gown, and gloves when cleaning these rooms. The staff stated the PPE is put on before entering, and taken off before exiting the positive rooms. Staff H stated masks are required at all times in the building.</p> <p>On 12/23/24 at 12:30 PM Staff E, Registered Nurse (RN), stated when entering a COVID-19 positive room staff need to wear N95 mask, face shield, gown, and gloves. The staff stated there had been a shortage of N95 masks and the staff had doubled on surgical masks when entering the COVID-19 positive rooms. Staff E stated staff were to wear regular masks at all times.</p> <p>On 12/23/24 at 1:15 PM Staff G stated the staff have been required to wear masks since a week ago, when outbreak first began. The staff stated the facility could encourage visitors and 3rd party contractors/consultants to wear masks, but cannot force them. Staff G stated she had not posted the sign on the door indicating visitors were required to wear masks, and did not know who had.</p> <p>On 12/23/24 at 1:30 PM the Administrator stated all facility staff were expected to wear masks when in COVID-19 outbreak status. The Administrator further stated she would expect visitors and consultants to wear masks, but cannot force them.</p> <p>The facility document, Novel Coronavirus COVID-19, revised 8/13/24 revealed the facility should reference the Center for Disease Control (CDC) Guidelines for precautions to mitigate transmission.</p> <p>The facility document, Respiratory Illness Management Policy, revised 9/4/24 revealed appropriate precautions will be initiated and discontinued based upon symptoms and diagnosis as per CDC guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility document, Visitation Guidelines, revised 9/4/24, revealed visual alerts will be posted at the entrance on current recommendations for infection control practices.</p> <p>The CDC document, Infection Control Guidance: SARS-CoV-2 dated 6/24/24, provided guidance to healthcare settings including nursing homes in the United States. The document revealed facilities should post visual alerts ensuring everyone is aware of the infection prevention and control (IPC) in the facility and current recommendations. The document further revealed source control measures included use of well-fitting masks that cover the mouth and nose, and prevent the spread of respiratory secretions when individuals were breathing, talking, coughing, or sneezing. The document disclosed source control may be implemented more facility-wide targeting higher risk areas or resident populations. The document also revealed those working in a facility experiencing an outbreak the universal use of source control may be discontinued as a mitigation measure once no new cases have been identified for 14 days.</p>		