

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER Coweta Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30049 East 151st Street South Coweta, OK 74429	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure enhanced barrier precautions were provided during incontinent care and failed to ensure hand hygiene was performed during incontinent care for one (#7) of two sampled residents reviewed for incontinent care.</p> <p>The DON identified 16 residents on enhanced barrier precautions and 39 residents who required incontinent care.</p> <p>Findings:</p> <p>A facility policy titled Enhanced Barrier Precautions, reviewed 05/15/24, read in part, .Examples of High-Contact Resident Care Activities requiring Gown & Glove Use for EBP .Changing Briefs or Toileting .</p> <p>A facility policy titled Incontinent Care, reviewed 07/21/22, read in part, .Remove Soiled Brief .Cleanse Perineal Area .Remove Soiled Gloves, Perform Hand Hygiene & Apply Clean Gloves .Apply Clean Brief and Clothing .</p> <p>Resident #7 had diagnoses which included gastrostomy status and acute respiratory failure.</p> <p>On 10/15/24 at 11:19 a.m., CNA #2 was observed providing incontinent care to Resident #7 with the assistance of CNA #3. Neither staff member was observed wearing a gown. CNA #2 was observed to remove the soiled brief, cleanse the perineal area, and apply a clean brief. They did not change gloves or perform hand hygiene after they cleaned the perineal area.</p> <p>On 10/15/24 at 12:32 p.m., LPN #1 stated EBP and hand hygiene should be observed during incontinent care.</p> <p>On 10/15/24 at 12:39 p.m., CNA #2 stated they should have been wearing a gown and they should have changed gloves before putting the clean brief on Resident #7.</p> <p>On 10/15/24 at 12:42 p.m., CNA #1 stated proper infection control techniques should be used during incontinent care.</p> <p>On 10/15/14 at 12:55 p.m., the DON stated that gloves should be changed before a clean brief was placed on a resident and EBP should be followed.</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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