

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER Burford Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 505 South 7th Street Davis, OK 73030	

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>30875</p> <p>Based on observation, record review, and interview, the facility failed to use enhanced barrier precautions for two (#13 and #25) of two sampled residents identified with the need for enhanced barrier precautions.</p> <p>Findings:</p> <p>The DON identified nine residents with the need for enhanced barrier precautions.</p> <p>A Multidrug-Resistant Organisms policy, read in part, .Appropriate precautions will be taken when caring for individuals known or suspected to have infection with a multi-drug resistant organism .Note: Infection means that the organism is present and is causing illness. Colonization means that the organism is present in or on the body but it is not causing illness .</p> <p>A Personal Protective Equipment policy, read in part, .Personal protective equipment appropriate to specific task requirements is available at all times .All tasks do not involve the same type or degree of risk, and therefore will not all require the same kind or extent of protection .</p> <p>1. Resident #13 had diagnoses which included Alzheimer's, depression, and high blood pressure.</p> <p>Resident #13's plan of care, dated 05/28/24, documented an alteration in skin integrity AEB a pressure wound to the coccyx and indwelling catheter.</p> <p>Resident #13's physician order, dated 10/13/24, documented to change treatment to coccyx/sacrum to cleanse with NSS, pat, dry, apply collagen to wound beds, cover with Calcium Alginate, and cover with dressing every day and as needed for soiled or drainage.</p> <p>On 10/31/24 at 10:20 a.m., LPN #1 was observed to perform wound care for Resident #13. There was no signage observed for EBP and no PPE kit was observed to be available for EBP.</p> <p>On 10/31/24 at 10:34 a.m., the DON was asked to submit the EBP policy and procedure. They presented the policy for multidrug-resistant organisms and reported they did not have an EBP policy.</p> <p>On 10/31/24 at 10:35 a.m., LPN #1 was asked about EBP. The LPN reported they had some residents on precautions last week, but no one at this time was on precautions.</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>34333</p> <p>2. Resident #25 had diagnoses which included, acute respiratory failure, dementia, chronic kidney disease, and chronic obstructive pulmonary disease.</p> <p>Resident #25's care plan, dated 07/17/24, documented the resident was at risk for alteration in nutritional status and required tube feedings. The care plan documented to check for high residual and to check PEG tube placement before meds, flushes, and feedings.</p> <p>On 10/31/24 at 2:10 p.m., LPN #1 was observed to administer Resident #25 their scheduled tube feeding as ordered. No EBP signage was observed and no PPE kit was observed to be available for EBP.</p> <p>On 10/31/24 at 2:38 p.m., the DON was asked for the facility's EBP policy. The DON reported they had used precautions with a particular resident the previous week. The DON was asked if they were talking about TBP and they stated yes. The DON was unaware of the need for EBP and reported they did not have a policy.</p>		