

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Countryside Estates		STREET ADDRESS, CITY, STATE, ZIP CODE Highway 64 East Warner, OK 74469	
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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on record review and interview, the facility failed to ensure a qualified employee was assigned to perform the duties of infection preventionist in the facility. The DON identified 76 residents resided in the facility. Findings: A policy titled Infection Preventionist, dated 07/2016, read in part, The Infection Preventionist is responsible for coordinating the implementation and updating of our established infection prevention and control policies and procedures. A facility employment record, dated 07/22/26, showed the infection preventionist had been terminated on 07/22/26 and their last day worked was 07/20/26. On 07/22/26 at 5:20 p.m., the administrator stated their infection preventionist had resigned that morning (07/22/26) via an email. The administrator stated they had not assigned anyone to perform the duties of the facility infection preventionist at that time. On 07/28/26 at 10:21 a.m., the DON stated the former infection preventionist had abruptly resigned on 07/22/26. They stated they had not found anyone to accept the duties of the position as of 07/28/26. On 07/28/26 at 3:38 p.m., the administrator stated the position of infection preventionist had not been filled, and no one had taken on the duties of the position as of 07/28/26.		

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