

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Miami Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Street Northeast Miami, OK 74354	

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 appropriate hand hygiene was performed during catheter care for one (#1) of three residents reviewed for catheter care.</p> <p>The DON identified five residents with catheters in the facility.</p> <p>Findings:</p> <p>An undated facility policy titled Procedure for Indwelling Urinary Catheters, read in part, .Catheter care will be provided periodically throughout the day .Staff will assist the resident to [their] room, provide privacy and provide care consistent with techniques that prevent cross contamination .</p> <p>Resident #1 had diagnoses which included quadriplegia and neuromuscular dysfunction of the bladder.</p> <p>On 10/17/24 at 10:32 a.m., catheter care was observed for Resident #1. CNA #1 was seen to don gloves, cleanse around the area of the catheter and without changing gloves or performing hand hygiene, then touched the resident's table and computer keyboard. LPN #1 was observed to don gloves, cleanse the area around the catheter with a 4x4, place the soiled 4x4 in the trash can, touch the side of the trash can with their gloved hand, and then place a clean dressing on the catheter site without changing gloves or performing hand hygiene.</p> <p>On 10/17/24 at 10:45 a.m., CNA #1 stated they should have performed hand hygiene and changed gloves before moving from dirty to clean areas.</p> <p>On 10/17/24 at 10:55 a.m., LPN #1 stated they should have changed gloves before placing the clean dressing on Resident #1.</p> <p>On 10/17/24 at 2:15 p.m., the DON stated gloves should be changed during catheter care when moving from soiled to clean areas.</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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