

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Sunset Estates of Purcell		STREET ADDRESS, CITY, STATE, ZIP CODE 915 North 7th Avenue Purcell, OK 73080	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>43023</p> <p>Based on observation and interview, the facility failed to ensure equipment was maintained in good repair in the laundry room.</p> <p>MDS Coordinator #1 identified 56 residents resided in the facility.</p> <p>Findings:</p> <p>On 11/14/24 at 11:21 a.m., a tour of the laundry room was conducted. Behind washing machine #2 water was observed on the floor coming out from under the machine. A blanket and a small rug were observed on the floor against the wall behind the washing machine. Both items were observed to be wet.</p> <p>On 11/14/24 at 12:04 p.m., Laundry #1 reported the washing machine had been leaking for about one week. They reported it happened about this time every year. They were asked about the blanket and rug on the floor behind the washing machine. They reported they did not know there was anything on the floor.</p> <p>On 11/14/24 at 1:25 p.m., the administrator reported they had not been told the washing machine was leaking.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>43023</p> <p>Based on record review and interview, the facility failed to accurately complete a level I PASRR for one (#14) of one resident sampled for PASRR.</p> <p>MDS Coordinator #1 reported 56 residents resided in the facility.</p> <p>Findings:</p> <p>Res #14 admitted with diagnoses of major depressive disorder and delusional disorder.</p> <p>A PASRR level I, dated 11/01/19, documented the resident did not have a mental health diagnosis.</p> <p>On 11/14/24 at 10:33 a.m., the ADON was shown the level I PASRR and was asked if the form was filled out correctly. The ADON reported it was not filled out correctly.</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>Provide and implement an infection prevention and control program.</p> <p>41318</p> <p>Based on observation, record review, and interview the facility failed to ensure staff wore eye protection when entering residents' rooms who were COVID-19 positive.</p> <p>MDS Coordinator #1 identified 56 residents resided in the facility. The IP identified 16 residents had tested positive for COVID-19.</p> <p>Findings:</p> <p>An undated Sequence for Putting on Personal Protective Equipment form, documented goggles or faceshield were to be placed over face and eyes.</p> <p>Resident #13 had diagnoses which included COVID-19.</p> <p>A Progress Note, dated 11/11/24 at 4:01 a.m., documented Resident #50 was on isolation due to positive covid test. It documented the resident had a cough at times and was not feeling well.</p> <p>A Progress Note, dated 11/12/24 at 10:46 p.m., documented Resident #11 was covid positive. It documented the resident had fatigue, body aches, cough, and sore throat.</p> <p>A Progress Note, dated 11/12/24 at 10:35 p.m., documented Resident #34 was covid positive. It documented the resident had complaints of cough and congestion.</p> <p>A Progress Note, dated 11/13/24 at 4:43 a.m., documented Resident #16 was on isolation precautions for covid positive test. It documented the resident had a stuffy nose and cough.</p> <p>On 11/13/24 at 11:20 a.m., LPN #1 was observed to enter and perform a FSBS on Resident #13. They exited the room, prepared an insulin pen, and entered Resident #13's room again. LPN #1 was not observed to have worn eye protection either time they entered the resident's room.</p> <p>A Progress Note, dated 11/13/24 at 2:51 p.m., documented Resident #107 tested positive for covid.</p> <p>A Progress Note, dated 11/14/24 at 4:43 a.m., documented Resident #16 was on isolation precautions for a positive covid test. It documented the only symptoms were stuffy nose and cough.</p> <p>On 11/14/24 at 8:05 a.m., CNA #3 was observed to enter Resident #16's room without eye protection.</p> <p>On 11/14/24 at 12:31 p.m., CNA #1 was observed to enter Resident #50's room without eye protection.</p> <p>On 11/14/24 at 12:32 p.m., CNA #2 was observed to enter Resident #11's room without eye protection.</p> <p>On 11/14/24 at 12:35 p.m., CNA #2 was observed to enter Resident #34's room without eye protection.</p> <p>On 11/14/24 at 12:39 p.m., the IP stated staff should wear eye protection when entering residents' rooms who were positive for Covid.</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>On 11/14/24 at 12:49 p.m., the speech therapist was observed to enter Resident #107's room without eye protection.</p>