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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>375460 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>10/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Montereau, Inc |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6800 South Granite Avenue<br>Tulsa, OK 74136 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <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>35474</p> <p>Based on observation, record review, and interview, the facility failed to ensure enhanced barrier precautions were utilized during indwelling urinary catheter care for two (#4 and #6) of three sampled residents who were reviewed with indwelling urinary catheters.</p> <p>The DON identified eight residents with indwelling urinary catheters and 25 residents on enhanced barrier precautions.</p> <p>Findings:</p> <p>The Enhanced Barrier Precautions policy, dated March 2024, read in part, .EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities .Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include .device care or use .urinary catheter .</p> <p>1. Resident #4 had diagnoses which included obstructive and reflux uropathy.</p> <p>The admission assessment, dated 07/03/24, documented the resident had an indwelling urinary catheter.</p> <p>A Physician's Order, dated 07/19/24, read in part, .Place resident on Enhanced Barrier Precautions due to the presence of a [catheter] .</p> <p>On 10/11/24 at 10:48 a.m., CNA #1 was observed to provide indwelling urinary catheter care to Resident #4. A bin with PPE was observed outside the resident's door and signage indicating enhanced barrier precautions was observed on the resident's door frame. CNA #1 was not observed to utilize a gown during catheter care.</p> <p>On 10/11/24 at 12:15 p.m., CNA #1 stated they were to use gloves and gowns during catheter care but had not thought about it when they provided catheter care to Resident #4.</p> <p>2. Resident #6 had diagnoses which included obstructive and reflux uropathy.</p> <p>The quarterly assessment, dated 09/20/24, documented the resident had an indwelling urinary catheter.</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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>375460  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>10/11/2024 |
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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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>A Physician's Order, dated 07/19/24, read in part, .Place resident on Enhanced Barrier Precautions due to the presence of a [catheter] .</p> <p>On 10/11/24 at 11:36 a.m., CNA #2 was observed to provide indwelling urinary catheter care to Resident #6. A bin with PPE was observed outside the resident's door and signage indicating enhanced barrier precautions was observed on the resident's door frame. CNA #2 was not observed to utilize a gown during catheter care.</p> <p>On 10/11/24 at 12:13 p.m., CNA #2 stated they were to wear a gown and gloves for catheter care, but they had forgotten to don a gown.</p> <p>On 10/11/24 at 12:32 p.m., the DON stated resident's on enhanced barrier precautions had signage on their doors and PPE outside of the rooms. They stated the infection preventionist had educated staff regarding PPE use when residents were on enhanced barrier precautions.</p> <p>On 10/11/24 at 12:42 p.m., the infection preventionist stated for residents who had devices such as catheters, staff were to utilize a gown and gloves during care of that device. They stated they had educated staff and did not know why gowns were not used during catheter care.</p> |   |  |