

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Homestead of Hugo		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Heritage Way Hugo, OK 74743	

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>34270</p> <p>Based on observation and interview, the facility failed to ensure staff washed or sanitized their hands and change gloves as needed during the cleaning of a residents' perineal area to prevent potential infection for one (#1) of three sampled residents reviewed for increased assistance with activities of daily living.</p> <p>The administrator reported 52 residents resided in the facility.</p> <p>A facility policy titled, Infection Control - Prevention and Control Program dated 03/2012, read in part, The intent of the program is to assure the home develops, implements, and maintains an Infection Prevention and Control in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility.</p> <p>Resident #1 had diagnoses which included Alzheimer's Disease and muscle wasting and atrophy.</p> <p>On 05/30/24 at 9:40 a.m., an observation of Resident #1 receiving perineal care was observed. CNA #3 and Employee #1 were observed transferring Resident #1 from a wheelchair to a bed. The two employees were gloved during the transfer. The two employees were observed to initiate perineal care without changing gloves. The employees removed the resident's pants and dirty briefs. Employee #1 cleaned the resident's vaginal area then with a new wipe the anal area. The staff members then placed a new brief on the resident and touched them at various parts of their body with the dirty gloves. The staff members then rearranged the bedding including the pillow with the dirty gloved hands. Employee #1 was observed touching their face with the gloved hand they had used to wipe the resident's vaginal and anal areas. The two staff members did not change their gloves or clean their hands during the care. There were no spare gloves observed in the room during the care. After the care was completed, the two were asked how they believed the care had gone. CNA #3 stated they had forgotten to bring a trash bag for the dirty items. They were asked how many times they had changed their gloves while they provided the care. They each stated they had forgotten to change gloves after handily potentially soiled items. Employee #1 stated they should have changed their gloves.</p> <p>On 05/30/24 at 10:20 a.m., RN #2 [Regional RN] was informed of the care that had been provided to Resident #1. They stated the two staff members should have cleaned their hands prior to providing care and after handling the dirty items. They stated the two staff members did not follow infection control procedures.</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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