

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2024
NAME OF PROVIDER OR SUPPLIER Tuscany Village Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2333 Tuscany Blvd Oklahoma City, OK 73120	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48344</p> <p>Based on observation, record review and interview, the facility failed to ensure thorough incontinent care was provided for one (#9) of three sampled residents observed receiving incontinent care.</p> <p>The Administrator identified 123 residents resided in the facility and 70 residents were dependent on staff for incontinent care.</p> <p>Findings:</p> <p>The PERINEAL CARE policy, revised 04/10/23, read in part, Staff will provide perineal care in accordance with standard of practice .Perineal care for a female .Wash labia majora .With dominant hand wash downward from pubic area toward rectum in one smooth stroke .</p> <p>Resident #9 had diagnoses which included hemiplegia and hemiparesis.</p> <p>Resident #9's care plan for elimination, reviewed 10/02/23, documented to provide pericare with incontinent changes.</p> <p>On 01/29/23 at 5:16 a.m., CNA #1 informed Resident #9 they would be performing incontinent care. CNA #1 donned gloves, lowered the Resident's head of the bed, pulled down their brief and wiped the Resident's groin with one wipe. They stated the brief was wet. CNA #1 turned Resident #9 and used one wipe to wipe the Resident's buttocks and coccyx.</p> <p>On 01/29/23 at 5:18 a.m., CNA #1 applied cream to Resident #9's buttocks, changed gloves and put a new pad on.</p> <p>On 01/29/23 at 5:20 a.m., CNA #1 secured Resident #9's brief, covered the Resident, lowered their bed, put call light in reach, removed their gloves, took out the trash, and sanitized their hands.</p> <p>CNA #1 failed to clean Resident #9's labia.</p> <p>On 01/29/23 at 5:24 a.m., CNA #1 stated they did not wipe Resident #9's labia because the Resident just voided so they only wiped the top of their pelvis area. CNA #1 stated they were supposed to wipe the Resident's labia and between their labia.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46702</p> <p>Based on observation, record review and interview, the facility failed to ensure dishware was clean for one of one kitchen observation.</p> <p>The Administrator identified 114 Residents received nutrition from the kitchen.</p> <p>Findings:</p> <p>A Cleaning Dishes in Dish Machine policy, dated 08/01/18, read in part, .remove dishes, inspect, and put away if clean and dry .if dishes are not clean, repeat steps .</p> <p>On 01/26/24 at 2:54 p.m., blue handled coffee cups were observed in the clean dish area stacked on trays inverted. 32 cups had a white residue, white small particles, and visible contaminants inside.</p> <p>On 01/26/24 at 2:58 p.m., cook #1 was shown the blue handle plastic coffee cups. They stated they saw some white stuff inside the cup and it did not look clean. Cook #1 stated, I don't know what that stuff is, you can wipe it out.</p> <p>On 01/26/24 at 3:05 p.m., the Corporate Dietary Manager was shown the blue plastic coffee cups stored in the clean dish area. They stated they could see the debris and residue inside the cups.</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>48344</p> <p>Based on observation, record review and interview, the facility failed to:</p> <p>a. maintain infection control during the provision of incontinent care for two (#8 and #10) of three sampled residents observed receiving incontinent care; and</p> <p>b. ensure staff donned PPE prior to entering a covid-19 positive room for one (#11) of three sampled residents positive for Covid-19.</p> <p>The Administrator identified 123 residents resided in the facility.</p> <p>Findings:</p> <p>The PERINEAL CARE policy, revised 04/10/23, read in part, .Dispose of gloves and used supplies and perform hand hygiene .Apply new gloves and place new brief and change linens as needed .</p> <p>The CORONAVIRUS 2-2019; SARS-CoV-2; COVID-19 policy, revised 08/23, read in part, .The required PPE for COVID-19 isolation rooms or when providing care or services to a COVID-19 positive resident .staff should wear an N95, face shield or goggles, gown, and gloves .</p> <p>1. Resident #8 had diagnoses which included generalized muscle weakness.</p> <p>On 01/29/23 at 5:33 a.m., CNA #3 entered Resident #8's room and informed the Resident they would be performing incontinent care. CNA #3 donned gloves.</p> <p>On 01/29/23 at 5:35 a.m., CNA #3 pulled down Resident #8's brief, wiped the Resident's groin, used a clean wipe to wipe the Resident's perineal area.</p> <p>On 01/29/23 at 5:36 a.m., CNA #3 turned Resident #8 and wiped their buttocks. CNA #3 folded the pad under the Resident.</p> <p>On 01/29/23 at 5:37 a.m., CNA #3 got a clean brief with the same gloves and put on the Resident. CNA #3 helped Resident #8 to their left side, took off the dirty pad and laid it on the floor.</p> <p>On 01/29/23 at 5:38 a.m., CNA #3 took out the trash bag containing the wet brief. They picked up the wet pad from the floor and put it in the trash bag.</p> <p>On 01/29/23 at 5:39 a.m., CNA #3 picked up both trash bags and exited Resident #8's room to dispose of the trash bags. CNA #3 removed their gloves and sanitized their hands.</p> <p>CNA #3 did not change their gloves during the provision of incontinent care for Resident #8.</p> <p>On 01/29/23 at 5:46 a.m., CNA #3 stated they did not change their gloves until they were done with incontinent care.</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>A physician's order, dated 01/24/24, documented isolation, full transmission based precaution every shift, droplet precaution along with gown, gloves, N95 mask, and face shield or goggles.</p> <p>On 01/29/23 at 7:27 a.m., The precautions posted on Resident #11's door documented,</p> <p>a. preferred PPE use: face shield or goggles, N95 or higher, gloves, isolation gown.</p> <p>b. acceptable alternative PPE use: face shield or goggle, face mask, gloves, isolation gown</p> <p>On 01/29/23 at 7:27 a.m., CMA #1 entered Resident #11's room to administer their medication. CMA #1 was not wearing an N95 mask, gown, face shield, and gloves.</p> <p>On 01/29/23 at 7:28 a.m., CMA #1 stated the precautions on Resident #11's door were for Covid-19. They stated the Resident was positive for Covid-19. CMA #1 stated they were informed they only had to follow the precautions posted on the Resident's door if they were to do direct care that involved body contact.</p> <p>On 01/29/23 at 9:58 a.m., the DON stated staff were to wear an N95 mask, gown, face shield and gloves in Covid-19 isolation rooms.</p>