STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375551	A. Building B. Wing	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medical Park West Rehabilitation & Skilled Care	3110 Healthplex Drive Norman, OK 73072

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46216 Based on observation, record review, and interview, the facility failed to ensure infection control was maintained and enhanced barrier precautions were followed during pressure ulcer treatment for one (#10) of two sampled residents reviewed for wound care. The facility matrix identified 10 residents with pressure ulcers. Findings: An Enhanced Barrier Precautions policy, revised 04/01/24, read in parts, Many residents in nursing homes are at increased risk of becoming colonized and developing infections with multi-drug resistant organisms (MDROs). This facility utilizes Enhanced Barrier Precautions (EBP) as a strategy to decrease transmission of CDC-targeted and epidemiologically important MDROs when Contact Precautions do not apply .Enhanced Barrier Precautions: An infection control intervention designed to reduce transmissions of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high contact care activities that provide opportunities for transfer of MDROs to staff hands and clothing .Indications .Wounds and/or indwelling medical devices even if the resident is not know to be infected or colonized with an MDRO .Chronic wounds include, but are not limited to, pressure ulcers. Resident #10 admitted on [DATE] with diagnoses which included urinary tract infection and pressure ulcer of left buttock, stage 2. A nursing note, dated 01/13/25, documented WCN in for initial skin assessment noted Lt buttock stage 2, 1.3 cm x 1.0 cm x 0.2 cm, 100% granulation, new order received DuoDerm MWF. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Medical Park West Rehabilitation & Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Healthplex Drive Norman, OK 73072	

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/22/25 at 9:55 a.m., the wound care nurse donned gloves, disinfected Resident #10's bedside table, removed gloves, sanitized hands, and obtained supplies for wound care. They obtained permission to enter the room. The wound care nurse entered Resident #10's bathroom and washed and dried their hands. CNA #1 informed the resident they were going to pull back the blankets and remove their brief to assist the wound care nurse with wound care. Resident #10 was assisted to roll to their left side. An open wound approximately 1 cm x 1 cm was observed. The wound care nurse provided wound care and then assisted CNA #1 with replacing the brief, rolling Resident #10 back to their original position, and pulling blankets back over the resident. The wound care nurse removed trash from trash bin, removed gloves, and walked down the hall to place the trash and gloves in a large trash receptacle. They then turned to sink and washed and dried their hands. The wound care nurse did not don a gown prior to entering Resident #10's room. On 01/22/25 at 1:33 p.m., the wound care nurse stated the policy for EBP precautions was if a resident had a more in depth wound, not a superficial wound. On 01/24/25 at 12:34 p.m., the wound care nurse stated they had not taken EBP precautions on Resident #10 because they did not have drainage or a catheter. They stated Resident #10 only had a superficial wound. On 01/24/25 at 12:40 p.m., the DON stated EBP precautions were for anyone who had a catheter, PICC line, peg tube, or a wound that was not a surface wound. On 01/24/25 at 12:54 p.m., RNC #1 stated based on the policy a stage two pressure ulcer would require EBP precautions.