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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375572	A. Building B. Wing	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Ridge	102 East Line Avenue Sapulpa, OK 74066

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. 47751 Based on interview and record review, the facility failed to conduct and document a facility-wide assessment. The BOM identified 56 residents resided in the facility Findings: On 01/24/24 at 8:03 a.m., the BOM was asked for a copy of the facility assessment. They stated they were unsure what a facility assessment was but would ask the stand-in administrator. On 01/24/24 at 12:03 a.m., the stand-in administrator presented their emergency preparedness book. They were informed it was not a facility assessment. They stated they would continue to look for the it. On 01/25/24 at 9:25 a.m., the stand-in administrator presented their emergency preparedness book stating this was their facility assessment. They were informed of the components required for a facility assessment. They stated they had never heard of a facility assessment and had never seen one in any of their buildings. On 01/25/24 at 10:00 a.m., the stand-in administrator stated they were unable to locate a facility assessment.

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: 375572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2024
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 47751 Based on observation, interview, and record review, the facility failed to: a. implement their infection control program to prevent potential spreading of influenza; b. ensure OSDH was notified when residents and/or facility staff had a positive influenza test result; and c. implement a surveillance plan for identifying, tracking, monitoring and/or reporting signs/symptoms of influenza for six (#1, 4, 5, 6, 7, and #9) of seven residents sampled for infection control. The BOM identified 56 residents resided in the facility Findings: A facility policy titled, Infection Prevention and Control Program, revised October 2018, documented, .7. Surveillance .b. Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks .monitoring employee infection, monitoring adherence to infection prevention and control practices .10. Outbreak Management a. Outbreak management is a process that consists of . (3) preventing the spread to other residents .11. Prevention of Infection a. (4) communicating the importance of standard precautions and cough etiquette to visitors and family members . (7) implementing appropriate isolation precautions . According to CDC, If one laboratory-confirmed influenza positive case is identified along with other cases of acute respiratory illness in a unit of a long-term care facility, an influenza outbreak might be occurring. Active surveillance for additional cases should be implemented as soon as possible once one case of laboratory-confirmed influenza is identified in a facility .daily surveillance for influenza illness should be conducted among all new and current residents, healthcare personnel, and visitors of long-term care facilities .Ill residents should be placed on droplet precautions with room restriction and exclusion from participating in group activities .The local public health and state health departments should be notified of every suspected or confirmed influenza outbreak in a long-term care facility .Droplet Precautions should be implemented for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a healthcare facility . On 01/23/24 at 9:50 a.m., an observation of signage on the outside of the front door that read Please wear a mask our facility is in a flu outbreak! On 01/23/24 at 9:52 a.m., observed there were no masks or alcohol gel available at the entry. On 01/23/24 at 9:53 a.m., upon entry into the facility approximately seven to eight staff members were standing at the nurse station observed not wearing a mask and they all began placing their mask on. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 01/23/24 at 10:20 a.m., the BOM was asked if the administrator or the DON were available. They stated, No. They were asked if the MDS coordinator was available. They stated they were all out with the flu. On 01/23/24 at 11:20 a.m., the administrator from a sister facility arrived to the facility. On 01/23/24 at 3:35 p.m. the director of clinical operations was asked if droplet precautions should have been implemented on residents with respiratory illness, suspected or confirmed influenza. They stated it should have been. They were asked if there should be cough etiquette and hand hygiene signage throughout the facility. They stated there should be. On 01/24/24 at 11:20 a.m., Housekeeper #1 was asked if they had been in serviced on the precautionary measures for influenza. They stated they had not been. On 01/24/24 at 1:43 p.m., the BOM provided an employee flu outbreak list there were five employees listed as either being suspected to have flu due to their respiratory symptoms or had a positive Influenza result. On 01/24/24 at 4:16 p.m., the DON was asked if they had notified the OSDH of the suspected and positive influenza. They stated they were unaware they needed to notify OSDH for influenza and they had not notified OSDH. 1. Res #1 had diagnoses which included influenza type A, COPD, and obstructive sleep apnea. On 01/16/24 at 5:21 p.m., a nurse note documented, Res #1 exhibited respiratory symptoms and complained of cough, shortness of breath, and nausea. The nurse note documented the resident stated they were feeling worse than they did that morning. On 01/16/24 at 6:48 p.m., a nurse note documented, the resident stated, I think I went south fast. I feel way worse. Res #1 had a temperature of 100.4 F. On 01/17/24 at 6:39 a.m., a nurse note documented, resident had more respiratory symptoms and c/o their chest aching. The resident's SPO2 was 88-89% on room air. Res. #1 was transferred to the local hospital ER via ambulance. On 01/17/24 at 12:58 p.m., a nurse note documented, Res #1 returned to the facility with a diagnosis of positive for influenza A. On 01/24/24 at 11:35 p.m. CNA# 1,2,3, and #5 were asked if they had been in-serviced on precautionary measures to implement to reduce Influenza symptoms, what symptoms to watch for, how and when to isolate, the type of isolation required. They stated they had not been. They stated they were in-serviced on handwashing last pay period. On 01/24/24 at 1:24 p.m., LPN #3 was asked if droplet precautions had been implemented for Res #7 when their respiratory symptoms began. They stated it had not been. They were asked if they had been in-serviced on precautionary measures to implement to reduce Influenza symptoms, what symptoms to watch for, how and when to isolate, the type of isolation required. They stated they had not been. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 01/17/24 at 1:42 p.m., a nurse note documented family notified of facility flu outbreak. On 01/24/24 at 10:36 a.m., LPN #4 was asked if droplet precautions had been implemented for Res #9 when their respiratory symptoms began. They stated it had not been. They were asked if they had been in-serviced on precautionary measures to implement to reduce Influenza symptoms, what symptoms to watch for, how and when to isolate, the type of isolation required. They stated they had not been. On 01/25/24 at 11:07 a.m., CNA #2 was asked if residents #5, 6, 7, and #9 had been taken out to smoke separately from the other smokers. They stated the residents went out to smoke with the other smokers. The October, November, and December 2023, and January 2024 infection control logs were blank. The logs did not document any infections for those months. The October, November, and December 2023, and January 2024 infection control tracking maps were blank.