STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	37E024	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carnegie Nursing Home, Inc.	225 North Broadway Carnegie, OK 73015

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 - Some	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to develop and implement an infection control plan for enhanced barriers precautions for 2 (#3 and #4) of 2 sampled residents reviewed for enhanced barrier precautions.The ADON reported two residents on enhanced barrier precautions. Findings: 1. On 09/04/25 at 10:58 a.m., LPN #1 was observed to perform catheter care for Resident #3. LPN #1 washed their hands and applied gloves, then started the resident's catheter care. LPN #1 was not observed to wear a gown during the resident's catheter care. The resident's room was observed to have no PPE supplies near the room or enhanced barrier precaution signage. On 9/05/25 at 9:16 a.m., LPN #1 was observed to perform wound care for Resident #3. LPN #1 and CNA #1 performed hand hygiene and applied gloves to perform wound care to the resident's left buttock. LPN #1 and CNA #1 were not observed to wear a gown while they performed the wound care. On 09/05/25 at 9:29 a.m., CNA #1 was observed to put on gloves and empty Resident #3's catheter bag into a urinal. CNA #1 emptied the urinal into the resident's toilet, removed their gloves, and performed hand hygiene. CNA #1 was observed not wearing a gown while they emptied the catheter bag. Resident #3's care plan was reviewed and showed no interventions of enhanced barrier precautions. A physician's order for Resident #3, dated 02/10/25, showed wound care to the left buttock and thigh: cleanse with normal saline solution, pat dry, and apply a Xeroform cover (wound dressing) with a superabsorbent silicone dressing on Monday, Wednesday, and Friday. A physician's order for Resident #3, dated 06/13/25, showed catheter care every shift. A quarterly assessment, dated 06/30/25, showed Resident #3's cognition was severely impaired with a BIMS score of 06. The assessment showed an indwelling catheter and moisture-associated skin damage. On 09/05/25 at 9:33 a.m., CNA #1 reported they were not required to wear a gown to empty a catheter bag. CNA #1 reported no knowledge of enhanced barrier precautions. 2. On 09/04/25 at 9:50 a.m., Resident #4 was observed sleeping in bed. Their urinary catheter was draining to gravity, and a dignity bag was observed to cover the catheter bag. The resident's room was observed to have no PPE supplies near the room or enhanced barrier precaution signage. On 09/05/25 at 10:34 a.m., LPN #1 was observed to perform hand hygiene, apply gloves, and perform wound care to Resident #4's right buttock. LPN #1 was observed not to wear a gown during the resident's wound care. A physician's order for Resident #4, dated 05/23/25, showed to clean the wound to the right upper buttock with normal saline solution, pat dry, pack with Iodoform (compound to treat wounds), and cover with island dressing Monday, Wednesday, and Friday. A physician's order for Resident #4, dated 06/13/25, showed catheter care every shift. An annual assessment, dated 08/29/25, showed Resident #4's cognition was severely impaired with a BIMS score of 01. The assessment showed an indwelling catheter and moisture-associated skin damage. A care plan, dated 08/29/25, showed urinary catheter care and wound care. The care plan showed no interventions for enhanced barrier precautions. On 09/05/25 at 10:37 a.m., LPN #1 reported no knowledge of enhanced barrier precautions. On 09/05/2025 at 11:28 a.m., the ADON reported no policy for enhanced barrier precautions was available. On 09/05/25 at 12:12 p.m., the ADON reported Residents #3 and #4 should be on enhanced barrier precautions. The ADON reported staff should wear gloves and a gown when performing wound care and catheter care. The ADON reported the facility had not implemented enhanced barrier precautions.

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