

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29358</p> <p>Based on observation and interview, the facility failed to ensure a safe, clean, comfortable and homelike environment for the residents.</p> <p>The "Resident Census and Conditions of Residents form documented 53 residents resided in the facility.</p> <p>Findings:</p> <p>1. On 09/09/22 at 4:00 p.m., an observation of Res #13's room was made. The resident and her roommate were in isolation related to COVID-19 diagnoses. The floor had dirt and debris and clothes were in piles on the floor. There were two bio-hazard boxes in the room. One box had blue gowns overflowing high over the top of the box and touching against the wall. The other box contained linen and blankets which were piled high over the top of the box. The resident was sleeping. The roommate stated, Housekeeping has really gone downhill lately.</p> <p>During the survey the Center hallway was observed to have a build up of old wax and dirt along the sides of the hall.</p> <p>46387</p> <p>2. Resident #3's quarterly assessment, dated 07/04/22, documented he was cognitively intact and required assistance for most ADL's.</p> <p>On 09/07/22 at 10:30 a.m., Res #3 stated he was moved to his current room so the facility could treat the bed bugs in his prior room. The room was observed to be dirty, with spider webs behind the bed, three used/dirty cups underneath the bed, and multiple boxes stacked against the wall which Res #3 stated contained his personal belongings.</p> <p>On 09/07/22 at 12:15 p.m., Res #3's family member was visiting the resident and stated he was in the facility at least once per week and the facility was always dirty including the resident's room. He stated he had complained of the uncleanliness in the facility to staff multiple times without resolution of his concerns.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/08/22 at 9:10 a.m., Res #3's room was observed with the dirty cups under the bed and boxes of personal belongings and clothing stacked against the wall.</p> <p>On 09/08/22 at 11:37 a.m., Res #3's room was observed with a pillow on the floor, a used butter knife on the floor partially below the bed, and the three dirty cups remained under the bed.</p> <p>On 09/09/22 at 4:15 p.m., Res #3's room was observed with the pillow still on the floor and the dirty cups under the bed.</p> <p>3. Resident #8's quarterly assessment, dated 08/30/22, documented the resident was cognitively intact and required extensive to total assistance with ADL's.</p> <p>On 09/07/22, at 1:40 p.m., Res #8 was observed to be in isolation related to a COVID-19 diagnosis. Her room was observed to have two large biohazard boxes overflowing with used PPE and the floor was visibly soiled.</p> <p>On 09/09/22, at 3:45 p.m., Res #8's room was observed with the overflowing biohazard boxes.</p> <p>4. On 09/07/22 at 9:15 a.m., Res #7 showed the surveyor her wheelchair with a folded incontinent pad which had a brown substance on it. The resident stated the rooms were always filthy.</p> <p>On 09/08/22, Res #7 was moved to a different room due to exposure to COVID-19. The room Res #7 was moved to contained two large open boxes of biohazard material which belonged to the prior resident who had been in that room. The resident stated the boxes were there when she arrived to the room.</p> <p>On 09/09/22 at 10:30 a.m., staff were observed removing the biohazard boxes from Res #7's room. NA #2 stated the boxes were there from the previous occupant and had not been removed prior to Res #7 being moved into the room.</p> <p>5. Resident #9's assessment date 08/27/22, documented the resident was cognitively intact, required extensive to total assistance with ADL's, and had limited range of motion in all extremities.</p> <p>On 09/09/22 at 9:51 a.m., Res #9's room was observed to be crowded with personal belongings, had two bags of trash on the floor near a recliner covered in various items rendering it non-functional as a seat. The bedside table was observed with four cups of various liquid. A metal plate cover was observed lying on the resident's legs in the bed. Trash was observed in the floor on both sides of the bed. A nightstand was observed with medical supplies covering the top of the table. Res #9 stated her room was always dirty and they never cleaned it or took out the trash. She stated it bothered her to have a dirty room because she was unable to clean it herself.</p> <p>6. On 09/07/22 at 8:35 a.m., a strong odor of urine was noted upon entry to the facility and on all hallways.</p> <p>On 09/07/22 at 9:06 a.m., the activity room was observed with trash on the floor.</p> <p>On 09/07/22 at 9:07 a.m., dirty linens were observed in a clear trash bag lying in the floor near the bed of room [ROOM NUMBER].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/07/22 at 9:13 a.m., on South Hallway, used gloves were observed on the floor and gloves and trash were observed stuck in between rails.</p> <p>On 09/07/22 at 9:20 a.m., in room [ROOM NUMBER] a food tray was observed on a bedside commode. Trash was observed on the floor along with used gloves in middle of floor.</p> <p>On 09/07/22 at 9:26 a.m., the north hall was observed with a urinal on the handrail, gloves on the handrail, and gloves on the floor.</p> <p>On 09/07/22 at 9:30 a.m., a lunch tray was observed on top of the water fountain near the nurses station with a pink basin resting on top of it. A brown liquid substance was pooled in the corner of the tray and a dried brown ring extended outward from the liquid towards the center of the tray.</p> <p>On 09/07/22 at 9:32 a.m., the North hall was observed being swept and trash left near the baseboards on each side of the hall.</p> <p>On 09/07/22 at 9:35 a.m., used gloves were observed stuffed between the wall and handrail on the southwest hall.</p> <p>On 09/07/22 at 9:40 a.m., dirty linen was observed on the bed in room [ROOM NUMBER].</p> <p>On 09/07/22 at 9:45 a.m., a shopping cart was observed parked outside the doors to the locked unit. The shopping cart contained a large black trash bag noted to be full and tied at the top.</p> <p>On 09/07/22 at 9:56 a.m., the housekeeping supervisor stated he was the supervisor for both housekeeping and laundry. He stated he was new to the facility and was the only one here for both departments that day.</p> <p>On 09/07/22 at 1:40 p.m., the housekeeping supervisor stated the rooms are supposed to be cleaned daily but it was not getting done.</p> <p>On 09/08/22 at 10:30 a.m., shower room on south hall observed with soiled linens on the floor next to the toilet including multiple towels and a white blanket. A large amount of black substance which looked like mold was also observed in the shower.</p> <p>On 09/08/22 at 10:38 a.m., a soiled shirt and pair of pants were observed in the floor in the doorway of room [ROOM NUMBER].</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	

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 - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29358</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary services to maintain good grooming and personal hygiene for four (#5, 6, 7, and #8) of five residents sampled for ADL care.</p> <p>The Resident Census and Conditions of Residents form documented 50 residents required assistance with bathing and 46 residents required assistance with toileting.</p> <p>Findings:</p> <p>1. Res #5 was admitted on [DATE] and was out of the facility during the survey.</p> <p>An admission assessment, dated 07/01/22, documented the resident was severely impaired in cognition and required extensive assistance with bathing.</p> <p>The resident's bathing documentation for the dates 06/28/22 through 08/25/22 were reviewed. The bathing record documented the resident received a bath/shower on 07/05/22, 07/30/22, 07/27/22, and 08/05/22.</p> <p>46387</p> <p>2. Res #7 admitted on [DATE] with diagnoses which included COPD and heart failure.</p> <p>On 09/08/22 at 1:40 p.m., Res #7 stated she had only had one bath since she admitted .</p> <p>Bath schedules were provided for 09/01/22, 09/06/22 and 09/07/22. Res #7's name was not listed on these schedules.</p> <p>3. Res #8's quarterly assessment, dated 08/30/22, documented the resident was cognitively intact and required total assistance with bathing and extensive assistance with personal hygiene.</p> <p>On 09/08/22 at 1:41 p.m., Res #8's family member stated the resident only got a bath once every two weeks. Res #8 was observed in bed and stated she had had a bowel movement and needed assistance. There was an odor of feces and Res #8 pulled aside her gown to reveal feces on her leg. The resident's call light was on.</p> <p>On 09/08/22 at 3:45 p.m., Res #8 was observed in bed and continued to have an odor of feces. She stated she still needed to be cleaned up. The resident stated she had the light on and some lady came in and turned it off. CNA #5 was in the hall upon exiting Res #8's room and she stated she was not on this hall and was leaving but would get someone else to come clean the resident.</p> <p>Bath schedules were provided for 09/01/22, 09/06/22 and 09/07/22. Res #8's name on these schedules was not initialed or crossed out to indicate a bath was given or refused.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 - Some</p>	<p>4. Res #6's admission assessment, dated 08/29/22, documented the resident was moderately cognitively impaired and required extensive assistance with bathing.</p> <p>Bathing sheets were provided for 09/01/22, 09/06/22, and 09/07/22. The resident's name did not have initials or other notation to indicate a bath was received or refused.</p> <p>A CNA weekly shower skin observation tool, dated 09/02/22, was provided and had signatures from a CNA and the resident. The form did not indicate if a shower was provided or refused.</p> <p>On 09/09/22 at 11:15 a.m., CNA #5 stated it was hard to get all the baths done as scheduled.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29358</p> <p>On 09/09/22, an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure the residents received necessary treatment and services for pressure ulcers. There were no routine skin assessments, pressure ulcer assessments, and routine physician ordered treatments being conducted for Res #5 and #9. This resulted in Res #5 being admitted to the hospital with diagnoses of septic shock related to UTI and cellulitis associated with chronic decubitus.</p> <p>On 09/09/22 at 1:02 p.m., the Oklahoma State Department of Health was notified and verified the existence of the IJ situation.</p> <p>On 09/09/22 at 1:10 p.m., the regional director and the corporate RN were notified of the IJ situation.</p> <p>On 09/09/22 at 4:36 p.m., an acceptable plan of removal was submitted to the Oklahoma State Department of Health. The plan of removal documented:</p> <p>"September 9, 2022</p> <p>Jan [NAME] Care Center</p> <p>IJ Plan of Removal F686 Completion Date 9-9-22 10:30 p.m.</p> <p>Clinical Staff Education</p> <ol style="list-style-type: none"> 1. CNA Shower List 2. CNA Skin Observation Communication Forms 3. Skin Policy and Procedures 4. Weekly Skin Assessments 5. Wound Assessments 6. Treatment Completion and Documentation 7. Physician Orders for treatments 8. F-Tag 686 9. Skin Care Plans <p>Full Skin Observation on all Residents</p> <p>Skin Assessments Documented on all Residents</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Wound Assessments Completed if applicable</p> <p>Physician treatment orders obtained if applicable</p> <p>Scheduled treatments completed and documented</p> <p>On 09/12/22, interviews were conducted with nursing staff regarding education and in-service information pertaining to the immediate jeopardy plan of removal. The staff stated they had been in-serviced and were able to verbalize understanding of the information provided in the in-service pertaining to the plan of removal. Documentation was provided related to the skin assessments for all the residents which were completed. Wound assessment documentation was provided for the residents who had wounds. Physician orders were obtained and ordered treatments were conducted.</p> <p>The IJ was lifted, effective 09/12/22 at 2:15 p.m., when all components of the plan of removal had been completed. The deficiency remained at a level of actual harm at a pattern.</p> <p>Based on observation, record review and staff interviews, the facility failed to ensure the residents received the necessary treatment and services for pressure ulcers for three (#5, 9, and #10) of three sampled residents reviewed for pressure ulcers. There were no routine skin assessments, pressure ulcer assessments, and routine physician ordered treatments being conducted for Res #5, 9, and #10. This resulted in Res #5 being admitted to the hospital with diagnoses of septic shock related to UTI and cellulitis associated with chronic decubitus. Res #9 had multiple stage III and stage IV pressure ulcers which were not being routinely assessed and treated.</p> <p>The "Resident Census and Conditions of Residents form documented 57 residents resided in the facility and four residents had pressure ulcers.</p> <p>Findings:</p> <p>1. Res #5 was admitted to the facility on [DATE] with diagnoses which included a pressure ulcer of left hip stage III, xerosis cutis, CHF, muscle wasting and atrophy, and dementia.</p> <p>A physician order, dated 06/28/22, documented to clean the left lateral thigh with NS, pat dry, fill with calcium alginate, silver rope, and cover with gauze and dressing every Monday, Wednesday, and Friday morning.</p> <p>A Weekly Wound Documentation assessment, dated 06/28/22, documented the resident had stage III pressure ulcer on the left hip. The measurements were 1.5 x 2.0 x 1.5 cm. The assessment documented the ulcer had 75% granulation, 25% slough, undermining at 2 o'clock location, moderate serosanguineous drainage.</p> <p>An admission MDS assessment, dated 07/01/22, documented the resident was severely impaired in cognition and required total assistance of two people with bed mobility and transfers. The assessment documented the resident had an unhealed stage III pressure ulcer on admission.</p> <p>The July 2022 TAR documented the resident did not receive pressure ulcer treatments to the left lateral thigh nine days of 13 opportunities. The July MAR was blank on the days of the 4th, 6th, 8th, 11th, 13th, 15th, 18th, 22nd, and 29th.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A physician order, dated 07/05/22, documented Bactrim DS (an antibiotic) 800-160 mg, 1 tablet twice a day for 10 days for a diagnoses of stage III pressure ulcer to left hip.</p> <p>The July 2022 MAR documented for seven days the resident did not receive the morning dose of antibiotic.</p> <p>The August 2022 TAR documented the resident did not receive pressure ulcer treatments to the left lateral thigh six days of 11 opportunities. The August MAR was blank on the days of the 3rd, 12th, 17th, 19th, 22nd, and 24th.</p> <p>A nurse note, dated 08/13/22 at 10:41 a.m., documented a 6.0 x 7.0 cm purple and red discoloration to the resident's coccyx. The note documented no open areas noted. The note documented Mepilex put in place and resident placed on left side at this time.</p> <p>A nurse note by LPN #2, dated 08/22/22 at 2:14 p.m., read Upon giving res bed bath and wound care nurse noted unstageable wound to coccyx. Nurse notified [corporate RN name deleted]. Nurse received order from [PA name deleted] for wound care see orders. At this time nurse applied wound treatment."</p> <p>A physician order, dated 08/22/22, documented cleanse area to coccyx with NS, pat dry, apply collagen sprinkles, apply calcium alginate, then absorbent dressing every day in the morning.</p> <p>An August 2022 TAR documented the resident did not receive pressure ulcer treatments to the coccyx one day of four opportunities. The MAR on the day of August 23rd was blank.</p> <p>A hospital admission record, dated 08/25/22, documented the resident had septic shock secondary to UTI and cellulitis associated with chronic decubitus.</p> <p>On 09/08/22 at 12:11 p.m., the corporate RN stated she could not find any skin assessments or wound assessments for the resident except for the one on 06/28/22 when the resident entered the facility. She stated she did not know why the assessments and treatments had not been done. She stated she was usually in the facility two days a week.</p> <p>On 09/08/22 at 1:48 p.m., LPN #2 stated on 08/22/22, that she and LPN #2 were giving the resident a bed bath because the resident smelled. She stated she worked PRN for the facility. She stated she knew the resident had a pressure ulcer on her left hip, but on that day she said she did not see it and it must have healed. She stated when they rolled the resident onto her side she saw Duo-Derm dressing. She stated the dressing was very dark colored and there was a stench or foul odor. She stated she removed the dressing and saw an approximate 4.5 x 5.0 inch (equals 11.4 x 12.7 cm) pressure ulcer. She said the ulcer was covered with white slough. She stated she did not know the resident had a pressure ulcer on her coccyx. She stated she called the physician and received an order because there was not one in place.</p> <p>LPN #2 stated that, on 08/25/22, the next time she worked, she noticed the resident was not acting her usual. She stated her urine was dark very dark and looked like it had blood in it. She stated the resident had a low grade fever. She stated she called the physician and sent her to the hospital. The LPN was asked about the assessments and treatments which were not completed and she stated sometimes there was only one nurse and it was hard to get everything completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A nurse note, dated 08/25/22 at 6:42 p.m., read in part, Resident sent to [Hospital name deleted] ER for eval, blood in urine abnormal vitals, was pale delusional, had decrease in LOC. Call ER to get report and nurse stated she had been admitted to ICU with dx sepsis and UTI .</p> <p>On 09/12/22 at 11:16 a.m., the ADON was interviewed related to the residents pressure ulcers, treatments, and medications. The ADON stated she noticed a dark red purplish area on the resident's coccyx on 08/13/22. The ADON stated she called the physician and received an order for a Mepilex dressing and put it on the resident's bottom. The ADON was informed the order did not show up on the resident's list of orders or the TAR. She stated she did not know why the order was not documented on the TAR. She was asked why the treatments and assessments for the resident's left hip and coccyx were not conducted. She stated she did not notice an ulcer on the left hip at that time. She stated she knew the facility was short staffed. She stated she was giving medications this morning because their only CMA was not present. She stated today they had two nurses, two CNAs and one uncertified nurse aide.</p> <p>46387</p> <p>2. Res #9 was admitted on [DATE] with diagnoses including paraplegia, osteomyelitis, pressure ulcer of sacral region stage IV, pressure ulcer of left hip stage IV, pressure induced deep tissue damage of right heel, pressure ulcer of right hip stage IV, and pressure ulcer of left ankle unspecified stage.</p> <p>A weekly wound assessment, dated 05/25/22, documented a stage IV pressure ulcer to the left hip/buttock measured 13.0 x 2.0 x 2.2 cm.</p> <p>A weekly wound assessment, dated 05/25/22, documented a stage IV pressure ulcer to the left hip/buttock measured 5.0 x 3.4 x 3.0 cm.</p> <p>No assessments of the sacrum, right heel, right hip, or left ankle were documented at admission.</p> <p>A physician order, dated 05/25/22, documented to cleanse left hip with normal saline, pat dry, apply Granufoam, negative pressure wound treatment (NPWT) at 125 mmHg continuous, change Monday, Wednesday, Friday, and as needed once a day. A TAR for May 2022 was not provided.</p> <p>A physician order, dated 05/25/22, documented to cleanse right hip with normal saline, pat dry, apply Granufoam, NPWT at 125 mmHg continuous, change Monday, Wednesday, Friday and as needed once a day.</p> <p>A physician order, dated 05/25/22, documented to cleanse wound near rectum with normal saline, pat dry, pack with Aquacell Ag rope, cover with ABD pad, change Monday, Wednesday, Friday, and as needed once a day.</p> <p>A physician order, dated 05/25/22, documented to offload heels and place boots once per day.</p> <p>A physician order, dated 05/25/22, documented for remaining superficial wounds between wound vac's, cleanse with normal saline, pat dry, apply Aquacell Ag, apply barrier cream mixed with anti-fungal cream to surrounding areas, cover all with ABD pads, secure with tape, change Monday, Wednesday, Friday, and as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The TAR for June 2022 documented the wound vac treatments were not completed on 06/08/22, 06/10/22, 06/22/22, and 06/27/22.</p> <p>The TAR for June 2022 documented the treatment for the rectum was not completed on 06/08/22, 06/10/22, and 06/27/22.</p> <p>The TAR for June 2022 documented the offloading of heels and placement of boots were not completed on 06/02/22, 06/10/22, 06/11/22, 06/16/22, 06/18/22, 06/25/22, 06/26/22, and 06/27/22.</p> <p>The TAR June 2022 documented the treatment to superficial wounds were not completed on 06/08/22, 06/10/22, and 06/27/22.</p> <p>A Weekly Wound Documentation assessment, dated 06/01/22, documented a stage IV pressure wound to left buttock measured 7.0 x 2.0 x 4.0 cm.</p> <p>A Weekly Wound Documentation assessment, dated 06/01/22, documented a stage IV pressure ulcer on the left hip which measured 12.0 x 2.6 x 2.7 cm with 100% granulation tissue.</p> <p>A physician progress note, dated 06/10/22, documented to continue with meticulous wound care treatment and evaluation by wound consultant.</p> <p>A "Weekly Skin Integrity Review, dated 06/20/22, documented the resident had skin intact, redness, and buttock wounds. The areas documented were coccyx, left buttock, right buttock, and right lower extremity. Further description documented .see wkly assessment of wounds for measurements .</p> <p>A nurse progress note, dated 06/21/22 at 1:45 p.m., documented Res #9 was transferred to the hospital due to altered mental status.</p> <p>A nurse progress note, dated 06/24/22 at 6:49 p.m., documented Res #9 returned to the facility. The progress note did not include a wound assessment or mention of wounds.</p> <p>A nurse progress note, dated 06/28/22 at 11:20 a.m., documented Res #9 was transferred to the hospital due to altered mental status.</p> <p>A nurse progress note, dated 07/03/22 at 6:58 p.m., documented Res #9 returned to the facility and .multiple wounds to buttocks, wound to right shin, redness to right heel and covered with dressing, dressing to left posterior lower leg -has slight redness to area .</p> <p>A nurse progress note, dated 07/07/22 at 9:32 a.m., documented .resume previous wound care orders .</p> <p>The TAR for 07/07/22 through 08/06/22 documented the wound vac treatments for the left and right hips were not completed on 07/08/22, 07/20/22, 07/22/22, 07/25/22, 07/29/22, 08/01/22, 08/03/22, and 08/05/22.</p> <p>The TAR for 07/07/22 through 08/06/22 documented the treatment for the rectal wound was not completed on 07/08/22, 07/20/22, 07/22/22, 07/25/22, 07/29/22, 08/01/22, 08/03/22, and 08/05/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The TAR for 07/07/22 through 08/06/22 documented the treatment for the superficial wounds were not completed on 07/08/22, 07/20/22, 07/22/22, 07/25/22, 07/29/22, 08/01/22, 08/03/22, and 08/05/22.</p> <p>A physician order, dated 07/07/22, documented heel protectors every shift.</p> <p>The TAR for 07/07/22 through 08/06/22 documented the heel protectors were not placed for 43 out of 93 opportunities.</p> <p>A nurses note, dated 07/09/22, documented .noticed discolored areas on resident's right and left inner heels, left upper ankle, right inner foot, right inner lower leg and left lower leg, fluid filled blister to top of right foot, applied skin prep to all areas and left open to air, pillow placed under legs to help off-set any possible pressure . No physician orders until 07/11/22. No measurements of the blister or other areas were documented.</p> <p>A nurses note, dated 07/10/22 at 10:43 p.m., documented Res #9 was sent to the ER due to altered mental status.</p> <p>A nurses note, dated 07/11/22 at 2:44 a.m., documented Res #9 returned to the facility and .blister to top of right foot has opened, realigned skin and used steri strips . No assessments of the wounds were conducted.</p> <p>A physician order, dated 07/11/22, documented to clean open blister to top of right foot with NS and apply steri strips. (one time order)</p> <p>A physician order, dated 07/11/22, documented to monitor open blister on top of right foot daily for signs and symptoms of infection.</p> <p>The TAR for 07/11/22 to 08/10/22 documented the monitoring was not completed on 07/12/22 through 07/20/22, 07/22/22 through 07/26/22, and 07/29/22.</p> <p>A physician order, dated 07/11/22, documented to apply skin prep to right inner foot, right heel, left upper ankle, left heel, and left lower outer leg twice daily until healed.</p> <p>The TAR for 07/11/22 to 08/10/22 documented the treatment to the right inner foot and left upper ankle was not completed for 10 of 28 opportunities.</p> <p>The TAR for 07/11/22 to 08/10/22 documented the treatment to the right heel was not completed for 13 of 40 opportunities.</p> <p>The TAR for 07/11/22 to 08/10/22 documented the treatment to the left heel was not completed for 11 of 40 opportunities.</p> <p>The TAR for 07/11/22 to 08/10/22 documented the treatment to the left lower leg was not completed for 10 of 32 opportunities.</p> <p>The TAR for August 2022 documented the skin prep treatment was scheduled for once daily instead of twice daily and was not completed on 08/11/22, 08/12/22, 08/13/22, 08/19/22, 08/22/22, 08/24/22, 08/25/22, 08/26/22, 08/30/22, and 08/31/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A physician order, dated 07/17/22, documented wet to dry dressing, resume wound vac once per day. (Order did not specify location or indication for treatment)</p> <p>The TAR for 07/17/22 to 08/01/22 was not provided. The TAR for August 2022 documented the treatment was not conducted on 08/02/22 and the order was discontinued 08/09/22. The resident was out of the facility from 08/03/22 to 08/08/22.</p> <p>A nurse progress note, dated 07/27/22, documented the physician assistant was updated on Res #9's wounds and gave new orders for treatment to left lateral lower leg.</p> <p>A physician order, dated 07/27/22, documented to cleanse left outer lower leg wound with normal saline, pat dry, apply Santyl ointment to wound bed, cover with dressing, change daily for 14 days, and re-evaluate.</p> <p>The TAR for 07/27/22 to 07/31/22 was not provided for this order. The TAR for August 2022 documented the order was discontinued 08/02/22.</p> <p>A physician order, dated 07/29/22, documented to cleanse the left and right hip with normal saline, pat dry, apply Granufoam to wounds, NPWT at 125 mmHg continuous, change Monday, Wednesday, Friday, and as needed once per day.</p> <p>The TAR for 07/29/22 to 07/31/22 was not provided. The TAR for August 2022 documented the treatment for the left and right hips were not completed on 08/12/22, 08/17/22, 08/19/22, 08/22/22, 08/24/22, 08/26/22, and 08/31/22.</p> <p>A physician order, dated 07/29/22, documented to cleanse wound near rectum with normal saline, pat dry, pack with Aquacell Ag rope, cover with ABD pad, change Monday, Wednesday, Friday, and as needed once per day.</p> <p>The TAR for 07/29/22 to 07/31/22 was not provided. The TAR for August 2022 documented the treatment for the rectum was not completed on 08/12/22, 08/17/22, 08/19/22, 08/22/22, 08/24/22, 08/26/22, and 08/31/22.</p> <p>A physician order, dated 07/29/22, documented for remaining superficial wounds between wound vacs, cleanse with normal saline, pat dry, apply Aquacell Ag, apply barrier cream mixed with anti-fungal cream to surrounding areas, cover with ABD pads, secure with tape, change Monday, Wednesday, Friday, and as needed once per day.</p> <p>The TAR for 07/29/22 to 07/31/22 was not provided. The TAR for August 2022 documented the treatment for the superficial wounds was not completed on 08/12/22, 08/17/22, 08/19/22, 08/22/22, 08/24/22, 08/26/22, and 08/31/22.</p> <p>A physician order, dated 07/29/22, documented to offload heels and place boots once per day.</p> <p>The TAR for 07/29/22 to 07/31/22 was not provided. The TAR for August 2022 documented the offloading and boot placement were not completed on 08/13/22, 08/19/22, 08/21/22, 08/22/22, 08/24/22 through 08/26/22, and 08/28/22 through 08/31/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A physician order, dated 07/31/22, documented to cleanse the top right foot wound with normal saline, apply skin prep to eschar tissue twice daily and re-evaluate in 14 days.</p> <p>The TAR for 07/31/22 was not provided. The TAR for August 2022 documented the treatment was not completed for one of two opportunities and the order was discontinued on 08/02/22.</p> <p>A nurses progress note, dated 08/02/22, documented Res #9 was sent to the ER.</p> <p>A physician order, dated 08/02/22, documented to cleanse the left posterior leg with normal saline, pat dry, apply calcium alginate, and cover with dressing once a day.</p> <p>The TAR for 08/02/22 through 09/01/22 documented the treatment for the posterior leg was not completed on 08/11/22 through 08/13/22, 08/19/22, 08/21/22, 08/22/22, 08/24/22 through 08/26/22, and 08/30/22 through 09/01/22.</p> <p>A physician order, dated 08/02/22, documented to cleanse the top of right foot with normal saline, pat dry, apply Santyl and cover once per day.</p> <p>The TAR for 08/02/22 through 09/01/22 documented the right foot treatment was not completed on 08/11/22 through 08/13/22, 08/19/22, 08/21/22, 08/22/22, 08/24/22 through 08/26/22, and 08/29/22 through 09/01/22.</p> <p>A nurses progress note, dated 08/09/22, documented Res #9 returned to the facility with no change to the wounds.</p> <p>A "Weekly Wound Documentation, assessment, dated 08/09/22, documented a left side coccyx wound was a stage III pressure ulcer measuring 3.0 x 1.0 x 0.1 cm. This is the first mention of a stage III ulcer on the coccyx. No physician orders were documented for a stage III ulcer on the coccyx.</p> <p>A "Weekly Wound Documentation, assessment, dated 08/09/22, documented a left hip stage IV pressure ulcer measuring 10.0 x 2.5 x 2.7 cm.</p> <p>No assessments were documented from 06/20/22 until 08/09/22.</p> <p>A physician order, dated 08/09/2022, documented to apply skin prep to right inner foot, right heel, left upper ankle, left heel, and left lower outer leg twice daily until resolved.</p> <p>The TAR for August 2022 documented the skin prep treatment was scheduled for once daily instead of twice daily and was not completed on 08/11/22, 08/12/22, 08/13/22, 08/19/22, 08/22/22, 08/24/22, 08/25/22, 08/26/22, 08/30/22, and 08/31/22.</p> <p>The TAR for September 2022 documented the skin prep treatment was not scheduled twice daily as ordered and was not completed on 09/01/22 and 09/05/22 through 09/08/22.</p> <p>A physician order, dated 08/09/2022, documented to cleanse left and right hip with normal saline, pat dry, apply Granufoam to wounds, NPWT at 125 mmHg continuous, change Monday, Wednesday, Friday, and as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The TAR for September 2022 documented the treatment for the hips was not completed on 09/05/22 and 09/07/22.</p> <p>A physician order, dated 08/09/2022, documented to cleanse the wound near the rectum with normal saline, pat dry, pack with Aquacell Ag rope, cover with ABD pad, change Monday, Wednesday, Friday, and as needed.</p> <p>The TAR for September 2022 documented the rectum treatment was not completed on 09/05/22 and 09/07/22.</p> <p>A physician order, dated 08/09/2022, documented to cleanse the left posterior leg, with normal saline, pat dry, apply calcium alginate, cover with dressing, change daily.</p> <p>The TAR for September 2022 documented the treatment was not completed on 09/01/22 and 09/05/22 through 09/07/22.</p> <p>A physician order, dated 08/09/22, documented to offload heels and place boots once per day.</p> <p>The TAR for September 2022 documented the offloading and boot placement was not completed on 09/01/22, and 09/05/22 through 09/07/22.</p> <p>A physician order, dated 08/09/22, documented for remaining superficial wounds between wound vacs, cleanse with normal saline, pat dry, apply Aquacell Ag, apply barrier cream mixed with anti-fungal cream to surrounding areas, cover all with ABD pads, secure with tape, change Monday, Wednesday, Friday, and as needed.</p> <p>The TAR for September 2022 documented the superficial wound treatments were not completed on 09/05/22 and 09/07/22.</p> <p>A physician order, dated 08/09/22, documented to cleanse the top of right foot with normal saline, pat dry, apply Santyl ointment, cover with dressing, change daily.</p> <p>The TAR for September 2022 documented the right foot treatment was not completed 09/01/22 and 09/05/22 through 09/07/22.</p> <p>A physician order, dated 08/24/22, documented to cleanse left outer posterior leg and pat dry, apply collagen powder and cover with calcium alginate, wrap with dressing once per day.</p> <p>The TAR for 08/24/22 through 09/23/22 documented the left leg treatment was not completed on 08/24/22 through 08/26/22, and 08/30/22 through 09/07/22.</p> <p>An MDS assessment, dated 08/27/22, documented Res #9 was cognitively intact, did not have rejection of care behaviors, required extensive to total assistance with ADLs, had two stage II pressure ulcers not present on admission, four stage IV pressure ulcers not present on admission, and one unstageable pressure ulcer not present at admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 09/09/22 at 9:51 a.m., Res #9 stated she was not getting regular treatment for the wounds. The resident agreed to allow observation of foot wounds only. There were no pressure reducing devices observed on the resident's feet. The blanket near the left foot had dried blood and a yellow substance on it. The left foot was partially adhered to the blanket below it with fresh blood and yellow fluid on the blanket where it was touching the foot. A stage III pressure ulcer was observed on the left outer posterior leg. The wound bed was red with scant amounts of yellow slough and was weeping. There were no treatments or dressings in place. The right foot was observed with a stage III pressure ulcer to the top of the foot. The wound bed was yellow and had bright red surrounding tissues. There were no dressings or treatments on the wound. The right foot had a dried black scab to the inner aspect of the foot without dressings or treatments in place. The center of the right ankle had a wound approximately quarter to half dollar size in diameter with red wound bed without weeping or exudate. The right heel had a stage II pressure ulcer approximately nickel size in diameter with red pinpoint center.</p> <p>On 09/09/22 at 10:35 a.m., staff assisted resident with privacy to allow visualization of a red flaky rash to underside of right breast. The resident stated it was painful and was not being treated. The resident asked CNA to place offloading boots on her feet.</p> <p>On 09/09/22 at 11:00 a.m., the corporate RN stated the treatments were not getting done because the facility did not have enough staff, and she was doing all of the treatments today along with finger-sticks and insulin.</p> <p>On 09/09/22 at 11:30 a.m. Res #9 stated she had not had the wound vacs in place for a few weeks now. One wound vac was observed in the floor to the left of the bed. The tubing was not attached to anything and the device did not appear to have power. A wound vac was observed in the floor to the right side of the bed near a bedside dresser. The tubing was observed piled on top of the device and was not attached to the resident. The device did not appear to have power. The resident stated the staff had not regularly placed them since she admitted to the facility.</p> <p>On 09/09/22 at 2:00 p.m., the corporate RN stated she was unsure if the resident was being seen by a wound care specialist or consultant. The surveyor requested documentation of any wound consultant notes or orders.</p> <p>The facility was unable to provide documentation regarding a wound care consultant by the end of survey.</p> <p>3. Resident #10 admitted [DATE] with diagnoses which included pressure ulcer stage II coccyx/buttock, diabetes with neuropathy, and chronic pain.</p> <p>No weekly skin assessments were documented in July 2022.</p> <p>An initial MDS assessment, dated 07/20/22, documented the resident was cognitively intact; required total assistance with transfers, toileting, and bed mobility; and had a facility acquired stage II pressure ulcer.</p> <p>A skin assessment, dated 08/02/22, documented a stage II pressure ulcer to the buttocks/coccyx measured 1.0 x 1.0 cm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>No physician orders were present for the pressure ulcer.</p> <p>A skin assessment, dated 08/10/22, documented a stage II pressure ulcer wound to the buttocks/coccyx measured 0.5 x 0.4 cm.</p> <p>A skin assessment, dated 08/19/22, documented a stage II pressure ulcer to the buttocks and no measurements.</p> <p>A skin assessment, dated 08/22/22, documented a stage II pressure ulcer to the buttocks/coccyx measured 2.0 x 3.0 cm.</p> <p>A skin assessment, dated 08/29/22, documented a stage II pressure ulcer to the buttocks/coccyx measured 2.0 x 3.0 cm.</p> <p>A nurse note, dated 09/05/22, documented a wound to the buttocks/coccyx wound measured 1.2 x 3.5 x 0.1 cm.</p> <p>A physician order, dated 09/05/22, documented to clean open area to coccyx with normal saline and apply hydrocolloid dressing three times per week on Monday, Wednesday, and Friday on evening shift.</p> <p>A skin assessment, dated 09/07/22, documented a new deep tissue injury to left foot/heel. No measurements were provided.</p> <p>A physician order, dated 09/07/22, documented to apply skin prep to left heel three times per day and put on heel protectors.</p> <p>On 09/09/22 at 10:38 a.m., Res #10 was observed without heel protectors on prior to wound care. The buttocks and heel were treated at that time. A new stage I pressure injury was identified on left great toe. The corporate RN measured the deep tissue heel injury as 4 x 4 cm.</p> <p>On 09/09/22 at 10:40 a.m., treatment records for July and August 2022 were requested and not provided.</p> <p>On 09/09/22 at 11:00, the corporate RN stated that treatments were not being done because there was not enough staff. She stated she was the only nurse doing treatments, finger sticks, and insulin in the building that day.</p> <p>On 09/09/22 at 12:45 p.m., treatment records for July and August 2022 were requested again and not provided.</p> <p>A treatment record for September 2022 documented treatments to left heel were not completed for four of six scheduled treatments.</p> <p>Treatment records for July and August were not provided by the end of survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29358</p> <p>Based on observation, record review, and interview, the facility failed to provide sufficient staff to meet the needs of the residents.</p> <p>The Resident Census and Conditions of Residents form documented 53 residents resided in the facility.</p> <p>Findings:</p> <p>1. Res #5 was admitted on [DATE] and was out of the facility during the survey.</p> <p>An admission assessment, dated 07/01/22, documented the resident was severely impaired in cognition and required extensive assistance with bathing.</p> <p>The resident's bathing documentation for the dates 06/28/22 through 08/25/22 were reviewed. The bathing record documented the resident received a bath/shower on 07/05/22, 07/30/22, 07/27/22, and 08/05/22.</p> <p>2. Res #7 admitted on [DATE] with diagnoses which included COPD and heart failure.</p> <p>On 09/08/22 at 1:40 p.m., Res #7 stated she had only had one bath since she admitted .</p> <p>Bath schedules were provided for 09/01/22, 09/06/22 and 09/07/22. Res #7's name was not listed on these schedules.</p> <p>3. Res #8's quarterly assessment, dated 08/30/22, documented the resident was cognitively intact and required total assistance with bathing and extensive assistance with personal hygiene.</p> <p>On 09/08/22 at 1:41 p.m., Res #8's family member stated the resident only got a bath once every two weeks. Res #8 was observed in bed and stated she had had a bowel movement and needed assistance. There was an odor of feces and Res #8 pulled aside her gown to reveal feces on her leg.</p> <p>On 09/08/22 at 3:45 p.m., Res #8 was observed in bed and continued to have an odor of feces. She stated she still needed to be cleaned up. The resident stated she had the light on and some lady came in and turned it off. CNA #5 was in the hall upon exiting Res #8's room and she stated she was not on this hall and was leaving but would get someone else to come clean the resident.</p> <p>Bath schedules were provided for 09/01/22, 09/06/22 and 09/07/22. Res #8's name on these schedules was not initialed or crossed out to indicate a bath was given or refused.</p> <p>4. Res #6's admission assessment, dated 08/29/22, documented the resident was moderately cognitively impaired and required extensive assistance with bathing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Bathing sheets were provided for 09/01/22, 09/06/22, and 09/07/22. The resident's name did not have initials or other notation to indicate a bath was received or refused.</p> <p>A CNA weekly shower skin observation tool, dated 09/02/22, was provided and had signatures from a CNA and the resident. The form did not indicate if a shower was provided or refused.</p> <p>5. On 09/07/22 at 9:20 a.m., the staffing board documented one LPN (who was the MDS/careplan coordinator) one CMA and four CNAs for a census of 53 residents. The corporate RN was also observed in the building.</p> <p>On 09/08/22 at 2:08 p.m., the administrator stated the facility was trying to hire CNAs, CMAs, and nurses. He stated he did not have RN coverage or a DON.</p> <p>On 09/08/22 at 2:20 p.m., CMA #1 stated she was the only CMA on the schedule to pass meds during her shifts. She stated her medication pass takes all day and by the time she finished morning medication pass she was behind on her next medication pass. She stated she does not get any help with passing medications from nurses.</p> <p>On 09/12/22 at 11:16 a.m., the ADON stated the facility was short staffed and that could be the reason medications and treatments were being missed. She stated she was giving medications this morning because their only CMA was not present. She stated today they had two nurses, two CNAs and one uncertified nurse aide.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29358</p> <p>Based on record review and interview, the facility failed to administer medications as ordered for two (#5 and #6) of four residents sampled for medication review.</p> <p>The "Resident Census and Conditions of Residents form documented 57 residents resided in the facility and four residents had pressure ulcers.</p> <p>Findings:</p> <p>1. Res #9 was admitted to the facility on [DATE] with diagnoses which included xerosis cutis, CHF, 2019-nCoV acute respiratory disease, pneumonia due to coronavirus disease 2019, and chronic pain.</p> <p>An admission MDS assessment, dated 07/01/22, documented the resident was severely impaired in cognition and required assistance ADLs. The assessment documented the resident had received antipsychotic, anticoagulant, and diuretic medications.</p> <p>A physician order, dated 06/28/22, documented to apply a lidocaine patch topically to the resident's lower back every morning and remove every evening.</p> <p>A physician order, dated 07/05/22, documented to administer Bactrim DS 800-160mg twice a day for 10 days for stage III pressure ulcer of the left hip.</p> <p>A physician order, dated 07/27/22, documented to apply triamcinolone cream 0.1% to the bilateral lower extremities three times a day.</p> <p>A physician order, dated 08/01/22, documented to administer dexamethasone 10 mg daily for 10 days for 2019-nCoV acute respiratory disease.</p> <p>A physician order, dated 08/09/22, documented to administer levofloxacin (an antibiotic) 750mg daily for seven days for pneumonia due to coronavirus disease.</p> <p>A physician order, dated 08/18/22, documented to administer Debrox 5 gtt in left ear daily for four days and on the 5th day rinse.</p> <p>The July 2022 TAR documented the lidocaine patch was not applied for 20 of 31 oppurtunites.</p> <p>The July 2022 MAR documented the morning dose of Bactrim DS was not administered for five of ten opportunities.</p> <p>The August 2022 TAR documented the lidocaine patch was not applied for 15 of 25 oppurtunites, the triamcinolone cream was not applied for 37 of 73 oppurtunites, and the ear drops were only administered one time on 08/23/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The August MAR documented the dexamethasone was missed for two straight days and there was no documentation the levofloxacin was administered at all.</p> <p>On 09/08/22 at 12:11 p.m., the corporate RN stated she did not know why the medications had been missed. She stated she was only here two days a week and that was for COVID testing.</p> <p>On 09/12/22 at 11:16 p.m., the ADON stated she was not aware of medications and treatments being missed. She stated the facility was short staffed and that could be the reason.</p> <p>46387</p> <p>2. Res #6 had diagnoses which included Covid acute respiratory disease, COPD, muscle weakness, and shortness of breath.</p> <p>A physician order, dated 08/19/22, documented to administer Brovana 15mcg/2ml one vial inhalation two times a day.</p> <p>A physician order, dated 08/19/22, documented to administer Pulmicort Flexhaler 180mcg per actuation every 12 hours.</p> <p>An admission assessment, dated 08/29/22, documented the resident was cognitively intact and required supervision for most ADLs.</p> <p>The August 2022 respiratory flowsheet documented the resident did not receive the Brovana inhaler seven times and did not received the Pulmicort inhaler eight times.</p> <p>On 09/08/22 at 2:20 p.m., CMA #1 stated she was the only CMA on the schedule to pass meds during her shifts. She stated her medication pass takes all day and by the time she finished morning medication pass she was behind on her next medication pass. She stated she does not get any help with passing medications from nurses. She stated with paper charting there was no record of the administration times.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29358</p> <p>Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure:</p> <ul style="list-style-type: none"> a. The facility actively screened visitors and staff. b. Newly admitted Res #7 and #14 were quarantined in a private room. c. Res #7, after being exposed to COVID-19, was quarantined. d. Staff wore mask over their noses while working with residents. e. Residents with COVID were encouraged to stay in their rooms and wear masks while out of their rooms. e. Staff used hand hygiene between exiting and entering resident rooms. f. Staff did not enter COVID-19 transmission based precaution rooms without donning full PPE (gown, gloves, N-95 or equivalent, and eye protection). g. Staff doffed PPE inside the transmission based precaution rooms before coming out. h. Bio-hazard waste from a transmission based precaution room was taken out and room deep cleaned before another resident without COVID-19 was allowed to live in the room. i. Staff did not hold dirty laundry next to their clothing while transporting laundry down hall. <p>The Resident Census and Conditions of Residents form documented 53 residents resided at the facility.</p> <p>Findings:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 - Some</p>	<p>The CDC guidelines for Nursing Homes & Long-Term Care Facilities, updated 02/02/22, read in parts. . Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection: HCP caring for residents with suspected or confirmed SARS-CoV-2 infection should use full PPE (gowns, gloves, eye protection, and a NIOSH-approved N95 or equivalent or higher-level respirator). Manage Residents with Close Contact: Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection: Residents who are not up to date with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator). Residents can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions. Residents can be removed from Transmission-Based Precautions after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and they do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned discontinuation of Transmission-Based Precautions .New Admissions and Residents who Leave the Facility: Residents with confirmed SARS-CoV-2 infection who have not met criteria to discontinue Transmission-Based Precautions should be placed in the designated COVID-19 care unit, regardless of vaccination status. In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission, and should be tested as described in the testing section above; COVID-19 vaccination should also be offered .Source Control: Use of well-fitting .facemasks or respirators to cover a person ' s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing .</p> <p>The facility's COVID-19 screening and Testing Policy read in parts, .This guidance is based on current CDC, CMS, and HHS COVID-19 recommendations and regulations that change as additional information is available .All persons entering the facility are actively screened .Visitors are not permitted to access any part of the facility until they pass the screening.</p> <p>The facility's COVID-19 Quarantine Policy read in parts, .This guidance is based on ceurent CDC, CMS, and HHS COVID-19 recommendations and regulations that change as additional information is available . Residents with suspected or confirmed SARS-CoV2 infection who have not met criteria for discontinuation of Transmission-Based Precautions should, at a minimum, be placed in a single-person room. The door will be kept closed (if safe to do so). Facilities will use a designated floor, wing, or a group of rooms at the end of a hall, if possible, with dedicated HCP, (if possible) to care for patients with SARS-CoV-2 .</p> <p>1. Res #15 was admitted to the facility on [DATE] to room [ROOM NUMBER].</p> <p>Res #14 was admitted on [DATE] to room [ROOM NUMBER]. Res #14 was [AGE] years old and was not up to date with the COVID-19 vaccines.</p> <p>Res #7 was admitted to the facility on [DATE] to room [ROOM NUMBER] together with Res #14. The EHR documented Res #7 was unvaccinated for COVID-19.</p> <p>Res #7's admission assessment, documented her cognition was intact, required assistance with ADLs, and was mobile with her W/C.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 - Some</p>	<p>The EHR, on 09/06/22, documented Res #14 tested positive for COVID-19 and was moved to room [ROOM NUMBER]. At that time Res #15 was moved to room [ROOM NUMBER].</p> <p>On entrance, on 09/07/22, Res #15 and Res #7 were observed to share room [ROOM NUMBER]. The room had signage which read transmission based precautions.</p> <p>On 09/07/22 at 09:15 a.m., room [ROOM NUMBER] was observed with a bio-hazard waste box with used gowns and gloves sitting in the hallway outside the door. room [ROOM NUMBER] held a resident who tested positive for COVID-19 on 09/01/22.</p> <p>On 09/07/22 at 9:16, a visitor came out of room [ROOM NUMBER] without a mask on.</p> <p>On 09/07/22 at 09:17 a.m., room [ROOM NUMBER] was observed with a bio-hazard waste box with used gowns and gloves sitting in the hallway outside the door. room [ROOM NUMBER] held a resident who tested positive for COVID-19 on 09/06/22.</p> <p>On 09/07/22 at 09:42 a.m., a CMA went into a transmission based precautions room [ROOM NUMBER] with only a surgical mask on as PPE.</p> <p>On 09/07/22 at 10:15 a.m., Res #7 saw observed propelling self down the hall in her W/C. The resident was on quarantine and was not wearing a mask. Throughout the survey the resident was observed sitting at her doorway with the door opened.</p> <p>On 09/07/22 at 1:31 p.m., NA #6 was observed pushing a resident down the hall with her mask down below the nose.</p> <p>The EHR, on 09/08/22, documented Res #15 tested positive for COVID-19.</p> <p>On 09/08/22, Res #7 was moved out of room [ROOM NUMBER] to room [ROOM NUMBER] due to exposure to COVID-19 from roommate. There was no transmission based precaution signage upon entry for room [ROOM NUMBER]. The room Res #7 was moved to contained two large open boxes of biohazard material which belonged to the prior resident who had been in that room. The resident stated the boxes were there when she arrived to the room.</p> <p>On 09/09/22 at 10:30 a.m., staff were observed removing the biohazard boxes from Res #7's room. NA #2 stated the boxes were there from the previous occupant and had not been removed prior to Res #7 being moved into the room.</p> <p>On 09/09/22 at 11:00 a.m., the boxes from the Res #7's room [ROOM NUMBER] were removed by housekeeping staff member. Still no transmission based precaution signage on the door.</p> <p>The EHR, on 09/12/22, documented Res #7 tested positive for COVID-19.</p> <p>46387</p> <p>2. On 09/07/22 at 8:24 a.m., upon entry to the facility, surveyors were not screened.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 - Some</p>	<p>On 09/07/22 at 8:51 a.m., two unidentified CNAs entered room [ROOM NUMBER], which held COVID positive Res #8, with surgical masks and gloves only.</p> <p>On 09/07/22 at 9:15 a.m. the hand sanitizer dispenser on the door of the soiled linen closet in the southwest hall was observed to be empty.</p> <p>On 09/07/22 at 9:20 a.m. a staff member was observed exiting a transmission based precaution room wearing full PPE carrying a meal tray and a water cup. The staff member placed the tray on a cart behind the nurses station and carried the cup to one of two ice chests on carts next to the nurse station. The staff member opened the ice chest and scooped ice into the cup and then returned to the transmission precaution room.</p> <p>On 09/07/22 at 9:25 a.m., Res #12 was observed walking towards the nurses station without a mask on. According to the medical record the resident tested positive for COVID on 09/06/22.</p> <p>On 09/07/22 at 9:30 a.m., an unidentified staff member was observed exiting the soiled linen closet on the southwest hall without performing hand hygiene.</p> <p>On 09/07/22 at 9:32 a.m., the same unidentified staff member entered and exited a resident's room without performing hand hygiene and then patted the housekeeping staff on the back.</p> <p>On 09/07/22 at 9:37 a.m., CNA #4 stated there was no difference between the two ice chests by the nurse station and either one can be used for any resident.</p> <p>On 09/07/22 at 9:28 a.m., CMA #1 was observed with a surgical mask down under her nose at the nurse station. She was observed pulling the mask below her chin and touching her face. She did not perform hand hygiene before touching medication cards.</p> <p>On 09/07/22 at 9:45 a.m., an unidentified staff member was observed leaving a transmission based precaution room with a clear bag of linens in their hand. The staff member did not have on PPE prior to leaving the room and did not perform hand hygiene.</p> <p>On 09/07/22 at 1:40 p.m., The housekeeping supervisor was asked how he cleaned the COVID/quarantine rooms and the rest of the facility. He reported he was the only one here for laundry and housekeeping. He stated rooms are supposed to be cleaned daily but it was not getting done.</p> <p>On 09/08/22 at 8:30 a.m., surveyors entered the facility without being screened. An unidentified staff member was observed at the treatment cart in the hall to the right of the nurses station with their mask below their chin. The staff member walked behind the nurse station and back to the treatment cart before placing the mask above the nose.</p> <p>On 09/08/22 at 10:42 a.m., hospitality aide #1 was observed exiting a transmission precaution room without doffing PPE to retrieve supplies from the shower room.</p> <p>On 09/08/22 at 10:43, Res #11 was observed exiting their room without a mask and walking to the nurses station. According to the resident's record, he tested positive for COVID that day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2022
NAME OF PROVIDER OR SUPPLIER Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 North Country Club Road Ada, OK 74820	
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 - Some</p>	<p>On 09/08/22 at 10:46 a.m., hospitality aide #1 was observed exiting the same transmission precaution room in full PPE and doffing in the hall. She stated she was unsure of the order in which to doff PPE and this was her second day at the facility.</p> <p>On 09/08/22 at 10:57 a.m., hospitality aide #1 was observed walking from the nurse station to the southwest hall with their mask below their chin.</p> <p>On 09/09/22 at 09:00 a.m., surveyors were not screened.</p> <p>On 09/09/22 at 10:50 a.m., Res #11 was observed following a visitor to the nurse station without a mask on.</p> <p>On 09/09/22 at 2:00 p.m., On Center Hall NA #2 was observed coming out of a resident's room carrying a large bundle of dirty linens to the dirty linen closet.</p> <p>On 09/12/22 at 09:00 a.m., surveyors were not screened.</p> <p>On 09/12/22 at 12:12 p.m., the IP/corporate RN was interviewed related to the facility's infection control practices. The RN stated she was not here the days Res #7 and #14 entered the facility. She stated the residents should be quarantined in separate rooms. She stated after Res #7 was exposed she should have been quarantined. She stated resident rooms should be deep cleaned and trash removed before allowing another resident to move in. She stated they staff have been in-served on how to wear their mask and what PPE to wear in transmission based precaution rooms. She stated they have been in-served on how and where to doff their PPE. The RN stated the staff know to put dirty clothes and linens in plastic bags before transporting them. She stated the bio-hazard trash and laundry should be bagged and taken out of the room before it overflows.</p>		