

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2025
NAME OF PROVIDER OR SUPPLIER  River Oaks Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  1901 Parkview Drive El Reno, OK 73036	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45583</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were secured/locked when not attended to for 1 (hall 200) of 2 medication/treatment carts observed for medication storage.</p> <p>The administrator identified 69 residents resided in the facility.</p> <p>Findings:</p> <p>On 04/15/25 at 10:19 a.m., a medication cart was observed unlocked on hall 200 in front of room [ROOM NUMBER]. There was no staff present.</p> <p>A policy titled Storage of Medications, dated 01/2022, read in part, Medications and biologicals are stored safely, securely .The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .Medication carts and medication supplies are locked when not attended by persons with authorized access.</p> <p>On 04/15/25 at 10:20 a.m., ACMA #1 returned to the cart and was asked if the medication cart was locked. They looked and stated, No, I thought I locked it as the top drawer does not always lock. I just pushed it in and it must have popped open when I walked away. ACMA #1 was asked if it was reported to maintenance. They stated it had not been reported as it happened this morning. ACMA #1 stated they did not normally work on that cart and their pharmacy consultant was currently there and they were going to report it to them.</p> <p>On 04/15/25 at 10:23 a.m., ACMA #1 stated they alerted the pharmacy consultant immediately.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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