STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49701 Based on observation, record review, and interview, the facility failed to develop and implement a comprehensive care plan for two (#47 and #73) of 18 residents reviewed for care plans. The administrator identified 76 residents resided in the facility. Findings: A Care Plans, Comprehensive Person-Centered policy, revised 2016, read in part, the comprehensive care plan will describe, at a minimum .the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, the comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment. 1. Resident #47 admitted on [DATE], had diagnoses that included sepsis, atrial fibrillation, and congestive heart failure. Resident #47's admission assessment documented resident #47 was on hospice services and required moderate to maximal assist with toileting, dressing, bathing, bed mobility, and was unable to walk. On 05/29/24 at 10:50 a.m., MDS #1 stated a 48-hour baseline care plan was initiated on 03/27/24, but no comprehensive care plan had been initiated. 2. Resident #73 admitted on [DATE], had diagnoses that included infection due to left knee prosthesis, acute osteomyelitis of left femur, and heart disease. Resident #73's admission assessment documented they required moderate assistance with toileting, bathing, dressing, transfers and were unable to walk. The Comprehensive care plan documented only that the resident was a fall risk and was admitted on antibiotic therapy. On 05/30/24 at 11:05 a.m., MDS Coordinator #1 stated the care plan was not fully developed.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49701 Based on observation and interview, the facility failed to ensure incontinence care was provided in a timely manner for one (#24) of four dependent residents observed for timely overnight incontinence care. The administrator identified 48 residents were dependent for incontinence care. Findings: The Urinary Incontinence-Clinical Protocol policy, revised 2012, read in part, the staff will provide scheduled toileting, prompted voiding, or other interventions to try to improve the individual's continence status. Resident #24 was admitted [DATE] with diagnoses that included aphasia following cerebral infarction. Resident #24's quarterly assessment dated [DATE] documented they are unable to speak, can only sometimes understand, has severe cognitive impairments, functional impairments to all four extremities, requires tube feedings, and is dependent for all care. On 05/31/24 at 5:05 a.m., CNA #1 stated the policy is to check and change every 2 hours, but the staff is not supposed to use briefs at night unless the resident requests it. On 05/31/24 at 5:31 a.m., Resident #24 was changed, the gown and all the padding beneath them were wet. There was a dark yellow ring visible on the blue pad beneath them. LPN #1 states the resident was last changed at 2:00 a.m. On 05/31/24 at 5:49 a.m., CNA #3 stated that Resident #24 was unable to use the call light and staff were supposed to check on them every couple of hours. On 05/31/24 at 5:57 a.m., CNA #2 stated the policy was to turn and provide incontinent care if needed every 2 hours, they were not to use briefs if there was a wound. CNA #2 stated that Resident #24 was last changed at 2:00 am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34460 Based on record review and interview, the facility failed to ensure: a.) notification of a change in condition of a wound for one (#2) of 14 residents who had wounds; and b.) a vascular surgeon consult was scheduled for one (#2) of 3 residents reviewed for hospitalization s. The Administrator identified 76 residents who resided in the facility. Findings: A Change in a Resident's Condition or Status policy, dated 2001, read in part, .Our facility shall promptly notify .Attending Physician .of changes in the resident's medical/mental condition and/or status .The nurse will notify the resident's Attending Physician or physician on call when there has been a(an) .significant change in the resident's physical/emotional/mental condition .need to alter the resident's medical treatment significantly .specific instruction to notify the Physician of changes in the resident's condition .A significant change of condition is a major decline .in the resident's status that: will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions .prior to notifying the Physician .the nurse will make detailed observations and gather relevant and pertinent information for the provider .except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status .the nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition/status . A Wound Care policy, dated 2001, read in part, .Documentation .The following information should be recorded in the resident's medical record: The type of wound care given .the date and time the wound care was given .any change in the resident's condition .all assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound .report other information in accordance with facility policy and professional standards of practice . A Pressure Ulcer Risk Assessment policy, dated 2001, read in part, .skin will be assessed for the presence of developing pressure ulcers on a weekly basis .monitoring .staff will perform routine skin inspections (with daily care) .nurses are to be notified to inspect the skin if skin changes are identified .documentation the date and time and type of skin care provided .any changes in the resident's condition .observations of anything unusual exhibited by the resident .documentation in medical record addressing MD notification if new skin alteration noted with change of plan of care if indicated .reporting .report other information in accordance with the facility policy and professional standards of practice .notification of attending MD if new skin alteration noted . Resident #2 had diagnoses which included atrial fibrillation, heart failure, hypertension, diabetes mellitus II, Alzheimer's disease, malnutrition, depression, COPD, CAD, and pressure ulcers. A.) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	LPN #4's Nurse's Note, dated 11/27/23 at 5:03 p.m., read in part, .resident arrived .for a readmission to facility .AOX1 .lung sounds diminished. o2 94%RA .incont of bowel and bladder. wounds noted to buttocks and bilat heels, wound nurse notified, and doctor notified. n/o for wound consult was given The DON's Nurse's Note, dated 11/30/2023 at 10:32 a.m., read in part, .Standards of Excellence .IDT met this afternoon to discuss resident r/t wound care, pain medication .Resident admitted with Unstageable to L heel, Unstageable due to necrosis to R heel, non-pressure wound to abdomen, and Stage III to L buttocks . seen by wound physician . The DON's Nurse's Note, dated 12/29/2023 at 2:17 p.m., read in part, .Standards of Excellence .IDT met this afternoon to discuss resident r/t wound care. Resident admitted with Unstageable to L heel, Unstageable due to necrosis to R heel, non-pressure wound to abdomen, and Stage III to L buttocks .seen by wound physician . LPN #5's Nurse's Note, dated 1/5/2024 7:57 a.m., read in part, .Resident started on Bactrim DS 800-160mg 1 PO BID x 5 days. Dx: Right Heel Infection .wound doctor in facility 01/04/2024 observed Unstageable (Due to Necrosis) with periwound radius- erythema, Exudate: NONE, Thick adherent black necrotic tissue: 100%. Surgical Excisional Debridement performed with use of topical benzocaine, measurements 1.0 x 1.0 . LPN #5's Nurse's Note, dated 1/8/2024 at 11:30 a.m., read in part, .While performing to Bilateral Heels observed areas to Left Foot 3rd digit measuring 0.6 x 0.6 scabbed area, Right Foot 3rd digit 0.5 x 0.5 scabbed area and Right Lateral Foot 0.7 x 0.1 scabbed area w/purple discoloration @ site. Rec'd N/O: Cleanse Left Foot 3rd digit with N.S., gently pat dry, apply Betadine and allow to air dry daily. Dx Scabbed Area Cleanse Right Foot 3rd digit with N.S., gently pat dry, apply Betadine and allow to air dry daily. Dx: Scabbed Area. Cleanse Right Lateral Foot with N.S., gently pat dry, apply Betadine and allow to air dry daily. Dx: Scabbed Area . LPN #5's Nurse's Note, dated 2/23/2024 at 7:44 a.m., read in part, .rec'd N/O from Wound Dr. for Bactrim DS 800-160mg 1 P.O. BID X 7 Days. Dx: Left Third Toe Infection. 1.1 x 1.5, Peri-wound radius: Erythema, Exudate: NONE, Thick adherent black necrotic tissue: 100%. Also, rec'd Rx for X-Ray to Left Third Toe Dx: Arterial Wound Infection. Called X-Ray with request of Rx . LPN #5's Nurse's Note, dated 2/23/2024 4:47 p.m., read in part, .Rec'd X-Ray of Left Foot 3rd Toe with IMPRESSION: Acute third proximal phalanx fracture, mild osteopenia. Notified wound doctor of report finding, rec'd N/O:1) D/C ABT: Bactrim DS. 2) Cont. with Tx Rx od Dakins BID . The ADON's Nurse's Note, dated 3/27/2024 at 2:43 p.m., read in part, .Standards of Excellence .IDT met this afternoon to discuss resident r/t wound care. Resident with Stage 4 to R and L heels and arterial wound to L 3rd toe followed by wound care and wound physician . B.) LPN #2's Nurse's Note, dated 4/24/2024 at 2:39 p.m., read in part, .Dr.[NAME] responded to prior message about resident's left heel. Consult vascular surgeon. Informed SS at this time . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON's Nurse's Note, dated 4/25/2024 at 1:34 p.m., read in part, .Standards of Excellence .IDT met this afternoon to discuss resident r/t wound care . Recent arterial studies show no flow to LLE. Consult made for surgeon to evaluate. All parties aware and care plan updated . The DON's Nurse's Note, dated 5/2/2024 at 8:40 a.m., read in part, .Standards of Excellence .IDT met this afternoon to discuss resident r/t wound care .Consult made for surgeon to evaluate . The Wound Physician note, dated 05/08/24, read in part, .history .chief complaint .Patient has wounds on her left heel; left buttock; left third toe; right fifth toe; right heel .STAGE 4 PRESSURE WOUND OF THE LEFT HEEL FULL THICKNESS .Pressure .Stage 4 . Duration > 176 days .Wound Size (L x W x D): 8.0 x 5 x 0.4 cm .Exudate: Moderate Serous .Thick adherent black necrotic tissue (eschar): 10 % .Thick adherent devitalized necrotic tissue: 50 % .Granulation tissue: 30 % .Skin: 10 % Wound progress: Improved evidenced by decreased surface area .SURGICAL EXCISIONAL DEBRIDEMENT PROCEDURE INDICATION FOR PROCEDURE Remove Necrotic Tissue and Establish the Margins of Viable Tissue .The indicated debridement was discussed with the primary physician on 01/23/2024 and it ' s necessity was mutually agreed upon . PROCEDURE NOTE .The wound was cleansed with normal saline and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, 15 blade, pick-ups were used to surgically excise 12. 00cm^2 of devitalized tissue and necrotic muscle level tissues were removed at a depth of 0.4 cm and healthy bleeding tissue was observed. As a result of this procedure, the nonviable tissue in the wound bed decreased from 60 percent to 30 percent. Hemostasis was achieved and a clean dressing was applied . The ADON's Nurse's Note, dated 5/15/2024 at 2:15 p.m., read in part, .Standards of Excellence .IDT met this afternoon to discuss resident r/t wound care .New area noted to L buttocks and L plantar .Consult made for surgeon to evaluate . LPN #3's Nurse's Note, dated 5/16/2024 at 12:40 p.m., read in part, .Resident is seen by the wound doctor today and told this nurse to sent the resident out due to gangrenous wound . A Wound Physician note, dated 05/16/24, read in part, .Patient with immediate smell gangrene with the removal of dressing and purulent drainage, wound larger. Patient is already and unsafe debridement (has injured this physician) but this is an urgent issue therefore found floor RN (name-deleted) to sent patient out and she stated it has been draining and smelling foul since Monday (3 days ago) and she reported it to the charge nurse (name-deleted) but it was not reported to the wound care nurse (name-deleted) or ADON (name-deleted.) I am concerned for sepsis and need for amputation . A Wound Physician note, dated 05/23/24, read in part, .chief complaint .Patient has wounds on her left heel; left buttock; left third toe; left plantar foot; right fifth toe; right heel .STAGE 4 PRESSURE WOUND OF THE LEFT HEEL FULL THICKNESS .Pressure .Stage 4 .Duration > 191 days .Wound Size (L x W x D): 9.0 x 4.6 x 0.4 cm .Exudate: Moderate Serous .Thick adherent black necrotic tissue (eschar): 40 % .Granulation tissue: 50 % .Skin: 10 % .Wound progress: At Goal . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/31/24 at 10:52 a.m., the DON stated a change in condition would be anything that varies from their (resident's) baseline. On 05/31/24 at 10:55 a.m., the DON stated the IDT was the DON, MDS coordinator #1, the ADON, LPN #2, #5, and #6. On 05/31/24 at 12:09 p.m., the DON stated neither the facility or hospital had any record of a scheduled consult with a vascular surgeon. On 05/31/23 at 12:21 p.m., during review of wound physician notes, the DON stated staff from the facility were aware of the change of the wound prior to the wound physician's visit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375119	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage at Brandon Place Health & Rehabilitation	13500 Brandon Place Oklahoma City, OK 73142

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 49701 Based on record review and interview, the facility failed to explain the arbitration agreement in a manner the residents/representatives could understand for four (#27, #73, #228, and #238) of four sampled residents who entered into a binding arbitration agreement. The administrator identified 68 residents who had entered into a binding arbitration agreement. Findings: On 05/29/24 at 8:47 a.m., an example admission packet was reviewed. The arbitration agreement was set up as a DocuSign. On 05/30/24 at 2:35 p.m., during a resident council interview nine residents, including #27, #73, #228, and #238, stated they were unaware what an arbitration agreement was or if they had signed one. The ombudsman stated that on a lot of digital documents the programming would not let you continue if you did not sign. On 05/30/24 at 2:42 p.m., Residents #73 and #228 stated they would not have signed the arbitration agreement if they had known that they did not have to and that they were giving up their right to sue. Both also questioned why anyone would voluntarily give up any of their rights if they did not have to. An untitled document was presented to surveyor on 05/31/24 by administrator, documented that 68 residents had agreed to arbitration agreements, three had declined, and four residents had not completed their admission packet. On 05/31/24 at 1:25 p.m., the administrator stated they did not know how to make residents understand their right not to agree to arbitration.