

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled and Nursing Therapy Norman		STREET ADDRESS, CITY, STATE, ZIP CODE 4554 West Main Norman, OK 73072	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>46582</p> <p>Based on record review and interview, the facility failed to complete a new PASARR Level I assessment when a new serious mental illness diagnosis was received for one (#6) of three sampled residents reviewed for PASARR assessments.</p> <p>The DON identified 111 residents who resided in the facility.</p> <p>Findings:</p> <p>A Level I PASARR, dated 05/26/17, documented Res #6 did not have a serious mental illness.</p> <p>On 05/05/20, Res #6 had a new documented diagnosis of psychosis not due to a substance or known physiological condition.</p> <p>There was no documentation the OHCA had been contacted to see if a Level II PASARR was required.</p> <p>On 05/14/24 at 11:25 a.m., the DON was asked to provide documentation the OHCA was notified when Res #6 had new diagnosis of psychosis to see if a Level II PASARR was required.</p> <p>On 05/14/24 at 1:05 p.m., the DON stated there was no documentation indicating the OHCA had been notified.</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>43023</p> <p>Based on observation, interview, and record review, the facility failed to ensure nail care was performed for two (#26 and #94) of two residents reviewed for nail care.</p> <p>The DON reported 111 residents resided in the facility.</p> <p>Findings:</p> <p>1. Res #26 was admitted to the facility with diagnoses of anxiety, depression, psychotic disorder, and dementia.</p> <p>On 05/13/24 at 10:37 a.m., resident #26 was observed up in his wheelchair. The resident's fingernails were observed to be long and discolored.</p> <p>On 05/14/24 at 1:01 p.m., the resident was asked when the last time staff cut his fingernails. He reported he couldn't remember. The resident was asked if he usually has them that long, he reported no.</p> <p>On 05/14/24 at 11:35 a.m., the resident reported the nurse cut his nails last night.</p> <p>On 05/16/24 at 11:11 a.m., the DON reported if resident is diabetic podiatry comes monthly and performs nail care. Reports if they are not diabetic then CNA or any staff are responsible for nail care.</p> <p>2. Res # 94 admitted to the facility with diagnoses of hypertension, stroke, and diabetes.</p> <p>An admission assessment, dated 02/29/24, documented impairment on one side of the upper and lower extremities.</p> <p>On 05/13/24 at 8:38 a.m., resident #94 was observed eating breakfast and the resident's fingernails were observed to be long.</p> <p>On 05/14/24 at 12:56 p.m., the resident was asked when the last time his nail care was done. He reported the last time his nails were trimmed was by his daughter in law.</p> <p>On 05/15/24 at 11:25 a.m., the resident was observed in the dining room. The resident reported a nurse cut his nails yesterday.</p> <p>On 05/16/24 at 11:11 a.m., the DON reported if resident is diabetic podiatry comes monthly and performs nail care. Reports if they are not diabetic then CNA or any staff are responsible for nail care.</p>

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified timely of a final culture and sensitivity from a urinalysis for one (101) of two sampled residents reviewed for antibiotic use.</p> <p>The DON reported 111 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #101 was admitted to the facility on [DATE] with diagnosis to include respiratory failure with hypoxia.</p> <p>A skilled nursing assessment, dated 04/30/24, read in part, .urine was light urine and very cloudy, c/o burning with urination. Order received for UA .</p> <p>A nurse's progress note, dated 05/01/24 at 5:36 p.m., read in part, .abnormal UA, awaiting cultures .</p> <p>A physicians's order, dated 05/02/24, documented the Resdient was to receive one tablet of Augmentin 875-125 MG (Amoxicillin & Pot Clavulanate) twice a day for five days for a urinary tract infection.</p> <p>A final laboratory services report with culture and sensitivity. dated 05/03/24, documented the resident was resistant to amoxicillian. There was no documentation in the nurses progress notes or in the electronic clinical record the physician was notified of the final report until 05/06/24.</p> <p>A handwritten note on the final laboratory report, documented the physician was notified of the results on 05/06/24 and an order was given to Linezolid 600 mg.</p> <p>A physician's order, dated 05/06/24, documented the order for the antibiotic switched to one tablet of Linezolid 600 MG (Linezolid) by mouth two times a day for a urinary tract infection. The hand written note was written by LPN #1.</p> <p>The May 2024 Medication Administration record documented Resident #101 continued to receive Augmentin after the final laboratory report was received on 05/03/24 for six doses.</p> <p>On 05/15/24 at 9:05 a.m., LPN #1 stated Resident #101 was diagnosed with a UTI and the facility was waiting on the culture and sensitivity to come back and notify the physician of the final results. LPN #1 stated when the initial report came back Resident #101 was started on Augmentin when the nurse practitioner was notified of the preliminary results came back positive for a UTI. LPN #1 stated the final results were dated 05/03/24 and when they came to work on 05/06/24 they noticed the physician had not been notified yet. The LPN then stated they notified the nurse practitioner and noted in on the final lab results. LPN #1 then stated the resident was resistant to Augmentin so the antibiotic was changed by the nurse practitioner.</p> <p>(continued on next page)</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/16/24 at 11:38 a.m., the DON stated the physician was notified in the afternoon on 05/06/24 and he did not make any changes to the medications ordered. The DON then stated staff had notified the nurse practitioner on 05/06/24 prior to the doctor coming in for rounds.</p> <p>On 05/16/24 at 12:23 p.m., the regional nurse stated the facility did not notify the physician until three days after culture and sensitivity came back. The regional nurse then stated it was not a timely notification of the results.</p>		