

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375135	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2024
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Southwest LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5600 South Walker Oklahoma City, OK 73109	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>35389</p> <p>Based on record review and interview, the facility failed to provide pressure ulcer treatment as ordered for three (#3, 5, and #8) of three sampled residents reviewed for pressure ulcers.</p> <p>The Resident Matrix, dated 02/01/24, documented two residents had pressure ulcers in the facility.</p> <p>Findings:</p> <p>1. Resident #3 had diagnoses which included stage four sacrum wound and intestinal obstruction.</p> <p>A physician's order, dated 11/08/23, documented cleanse sacrum with normal saline, pat dry, apply santyl and calcium alginate, cover with boarded foam dressing every shift.</p> <p>The November 2023 TAR documented blanks for Resident #3's wound care for the day shift treatment on the 21st, 22nd, and 23rd.</p> <p>The November 2023 TAR documented blanks for Resident #3's wound care for the night shift treatment on the 10th.</p> <p>The December 2023 TAR documented blanks for Resident #3's wound care for the day shift treatment on the 17th and 19th.</p> <p>The December 2023 TAR documented blanks for Resident #3's wound care for the night shift treatment on the 13th, 14th, 18th, and 20th.</p> <p>On 02/05/23 at 12:09 p.m., the Wound Care Nurse stated Resident #3's wound treatment was completed twice a day. They stated the four blanks in November 2023 TAR meant wound care was not provided.</p> <p>On 02/05/23 at 12:12 p.m., the Wound Care Nurse stated the six blanks in December 2023 TAR meant wound care was not provided.</p> <p>On 02/05/23 at 12:47 p.m., the Wound Care Nurse stated they were off on November 21st through 23rd, 2023. They stated they were off on December 17th and December 19th, 2023.</p> <p>48344</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident #5 had diagnoses which included a stage four pressure wound of the sacrum.</p> <p>A Physician Order, dated 10/05/23, documented sacrum: cleanse with normal saline, pat dry, lightly pack with Dakin's soaked gauze, apply silicone border dressing two times a day for wound care. It documented staff may use other dry dressing if supplies were not available.</p> <p>The December 2023 TAR documented a blank for Resident #5's sacrum wound care for the 7:00 a.m. to 11:00 a.m. treatment on the 27th.</p> <p>The January 2024 TAR documented blanks for Resident #5's sacrum wound care for the 7:00 a.m. to 11:00 a.m. treatment on the 2nd, and 10th.</p> <p>The January 2024 TAR documented blank for Resident #5's sacrum wound care for the 7:00 p.m. to 11:00 p. m. treatment on the 19th.</p> <p>On 02/05/24 at 11:10 a.m., the Wound Care Nurse stated they did not know why the treatments were missed on the above dates, but they should have been done.</p> <p>3. Resident #8 had diagnoses which included pressure ulcer of sacral region stage four.</p> <p>A Physician Order, dated 10/28/23, documented cleanse sacral wound with normal saline, pat dry, apply Dakin's soaked gauze, cover with a silicone border dressing daily every day shift.</p> <p>The December 2024 MAR was blank for the sacral wound care on 12/03/23 and 12/19/23.</p> <p>On 02/05/24 at 1:50 p.m., the Wound Care Nurse stated if staff did not document wound care was provided, it wasn't done.</p> <p>On 02/05/24 at 1:55 p.m., the Wound Care Nurse stated they did not work on December 3rd or 19th 2023 and could not explain the reason the wound care was not completed for Resident #8.</p> <p>49701</p>

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<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>35389</p> <p>Based on record review and interview, the facility failed to ensure medications were administered as ordered for two (#5 and #8) of three sampled residents reviewed for medication administration.</p> <p>The Resident Matrix, dated 02/01/24, documented 73 residents resided in the facility.</p> <p>Findings:</p> <p>A Medication Administration and General Guidelines policy, dated 2021, read in part, .Medications are administered as prescribed .Medications are prepared, administered, and recorded only by licensed nursing, medical, pharmacy, or other personnel authorized by state laws and regulations to administer medications . The resident's MAR is initialed by the person administering a medication, in the space provided .Or if using Electronic Medical Record, the initials of the nurse are electronically stamped into the record .</p> <p>1. Resident #5 had diagnoses which included a stage four pressure wound of the sacrum and GERD.</p> <p>A Physician Order, dated 08/18/23, documented hydrocodone-acetaminophen oral tablet 5-325 mg give 5mg via PEG-Tube every eight hours for pain.</p> <p>A Physician Order, dated 10/23/23, documented Reglan oral tablet 10 mg give one tablet via PEG-Tube four times a day for GERD.</p> <p>The December 2023 TAR documented blanks for Resident #5's hydrocodone-acetaminophen for the 6:00 a. m. administration on the 5th and the 2:00 p.m. administration on the 19th.</p> <p>The December 2023 TAR documented blanks for Resident #5's Reglan for the 4:00 p.m. administration on the 20th, 27th, and 29th, and the 8:00 p.m. administration on the 21st and 29th.</p> <p>The January 2024 TAR documented blanks for Resident #5's hydrocodone-acetaminophen for the 2:00 p.m. administration on the 5th, 14th, and 16th, and the 10:00 p.m. administration on the 12th and 19th.</p> <p>The January 2024 TAR documented blanks for Resident #5's Reglan for the 12:00 p.m. administration on the 5th; the 4:00 p.m. administration on the 2nd, 4th, 5th, 14th, 16th, 19th, and 31st; and the 8:00 p.m. administration on the 12th.</p> <p>On 02/05/24 at 10:58 a.m., LPN #1 stated if there were blanks on the MAR/TAR it would be assumed the medication was not given. LPN #1 stated the policy was to follow the physician orders when administering medications.</p> <p>2. Resident #8 had diagnoses which included chronic diastolic heart failure.</p> <p>A Physician Order, dated 05/23/23, documented carvedilol tablet 3.125 mg give one tablet by mouth two times a day. It documented hold if systolic was less than 100 or heart rate was less than 65.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The January 2024 MAR documented the carvedilol was initialed as given for the 8:00 a.m. dose on:</p> <ul style="list-style-type: none"> a. 01/14/24 with a heart rate of 49; b. 01/17/24 with a heart rate of 57; c. 01/18/24 with a heart rate of 57; and d. 01/20/24 with a heart rate of 47. <p>The January 2024 MAR documented the carvedilol was initialed as given for the 8:00 p.m. dose on:</p> <ul style="list-style-type: none"> a. 01/12/24 with a heart rate of 56; b. 01/13/24 with a heart rate of 52; c. 01/14/24 with a heart rate of 50; and d. 01/20/24 with a heart rate of 52. <p>On 02/05/24 at 2:14 p.m., the DON stated staff were to take a residents' blood pressure and pulse, depending on the order, and hold the medication if the measurements were outside of the ordered parameters. The DON stated Resident #8's carvedilol was to be held if the heart rate was less than 65. The DON reviewed the above administration for January 12th, 13th, 14th, 17th, 18th, and 20th 2024 and stated the resident's heart rate was lower than 65 and the carvedilol was initialed as administered.</p> <p>49701</p>

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<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>35389</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were not stored at a resident's bedside for one (#8) of three sampled residents reviewed for medication administration.</p> <p>The Resident Matrix, dated 02/01/24, documented 73 residents resided in the facility. The Administrator identified no residents in the facility with orders for bedside medications.</p> <p>Findings:</p> <p>A Self- Administration of Medications by Residents policy, dated 2021, read in part, .If the resident demonstrates the ability to safely self-administer medications, a further assessment of the safety for bedside medication storage is conducted .The following conditions are met for bedside storage to occur .The manner of storage prevents access by other residents .The medications provided to the resident for bedside storage are kept in the containers dispensed by [Pharmacy name deleted] .</p> <p>Resident #8 had diagnoses which included constipation.</p> <p>On 02/02/24 at 10:05 a.m., Resident #8 stated they had their family member bring them in Ex-Lax and a stool softener. The resident was observed opening a grey sack with a white sack located inside of it on their bed. They pulled out a blue and white box of Ex-Lax, 12 pieces, which contained sennosides 15 mg. Resident #8 stated they took one block the first day, and if it didn't work, they would take it again the following day. Resident #8 pulled out a bottle of stool softener, 120 tablets, which contained docusate sodium 50 mg and sennosides 8.6 mg. Resident #8 stated they took one a day, and if their stool didn't soften up, they would take another one the next day. They stated they tried not to take them in the same day.</p> <p>On 02/05/24 at 2:15 p.m., the DON stated staff would complete assessment on a resident and receive a physician order in order to be able to self-administer medications. The DON and the ADON stated Resident #8's family probably brought the observed medications to them. They stated they did not know the resident had medications at bedside.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to obtain a physician ordered urinalysis for one (#3) of three sampled residents reviewed for a change in condition.</p> <p>The Resident Matrix, dated 02/01/24, documented 73 residents resided in the facility.</p> <p>Findings:</p> <p>The Laboratory Services and Reporting policy, dated 11/17, read in part, .The facility must provide or obtain laboratory services when ordered by a physician .nurse practitioner .</p> <p>Resident #3 had diagnoses which included stage four sacrum wound and intestinal obstruction.</p> <p>A physician's order, dated 12/20/23, documented urinalysis.</p> <p>There was no documentation a urinalysis was obtained.</p> <p>On 02/05/23 at 11:13 a.m., the ADON stated if the urinalysis order was on the order form from the physician's liaison during rounds, they would not know if a urinalysis was ordered or to obtain. The ADON stated they put in the orders prescribed on the order form in the Resident's medical records.</p> <p>On 02/05/23 at 11:37 a.m., the DON provided the physician's order form dated 12/20/23 for Resident #3. The order documented to obtain a urinalysis.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>48344</p> <p>Based on observation, record review, and interview, the facility failed to ensure adequate portion sizes were offered to residents for one of one meal service observed.</p> <p>The DON identified 69 residents received services from the kitchen in the facility.</p> <p>Findings:</p> <p>The Menus and Adequate Nutrition policy, dated 11/17, read in part, .The facility will ensure that menus .be followed .</p> <p>A Diet Spreadsheet, dated 2019, for lunch documented,</p> <ul style="list-style-type: none"> a. beef stroganoff over egg noodles 6 oz spoodle / 4 oz spoodle noodles, b. baby carrots 4 oz spoodle, c. broccoli 4 oz spoodle, and d. one slice garlic toast. <p>The CDM identified the above menu as scheduled to be served for lunch on 02/02/24.</p> <p>On 02/02/24 at 11:45 a.m., the CDM plated six plates with one grey scoop of beef stroganoff, one spoodle of baby carrots, one spoodle of broccoli, and one slice of bread.</p> <p>On 02/02/24 at 11:49 a.m., the CDM stated the grey scoop was a number eight. The CDM stated the residents were getting more serving size with the number eight.</p> <p>On 02/02/24 at 11:52 a.m., the CDM reviewed the extended menu and scoop sizes. They stated their six oz scoop was broken and they had ordered one.</p> <p>On 02/02/24 at 11:55 a.m., the CDM stated they used the wrong scoop size for the beef stroganoff. They identified the grey scoop was a four ounce scoop.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>35389</p> <p>Based on record review and interview, the facility failed to ensure wound care treatment was accurately documented for one (#8) of three sampled residents reviewed for pressure ulcers.</p> <p>The Resident Matrix, dated 02/01/24, documented two residents with pressure ulcers resided in the facility.</p> <p>Findings:</p> <p>Resident #8 had diagnoses which included pressure ulcer of sacral region stage four.</p> <p>A Physician Order, dated 10/28/23, documented cleanse sacral wound with normal saline, pat dry, apply Dakin's soaked gauze, cover with a silicone border dressing daily every day shift.</p> <p>The December 2023 MAR was blank for the sacral wound care on 12/21/23 and 12/25/23.</p> <p>The January 2024 MAR was blank for the sacral wound care on 01/22/24.</p> <p>On 02/05/24 at 1:50 p.m., the Wound Care Nurse stated they had worked at the facility on 12/21/23, 12/25/23, and 01/22/24. They stated every day they worked at the facility, they completed wound care. They stated they got pulled to do other things in the facility. They stated they completed the wound care but failed to document it.</p>		