

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  06/17/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46216</b></p> <p>Based on observation, record review, and interview, the facility failed to provide ulcer care as ordered by the physician for two (#1 and #3) of three residents sampled for ulcer care.</p> <p>LPN #1 identified 61 residents resided in the facility.</p> <p>Findings:</p> <p>The Wound Care LPN identified 13 residents received wound care in the facility.</p> <p>1. Resident #1 admitted to the facility on [DATE] with diagnosis which included non pressure chronic ulcer with unspecified severity (back and right thigh).</p> <p>A Physician's Order, dated 05/25/24, documented, Hibiclens External Solution (Chlorhexidine Gluconate) Apply to back and thighs topically every day shift for use with each dressing change.</p> <p>A May 2024 TAR, had no documentation on 05/26/24 and 05/30/24 for the above treatment.</p> <p>A June 2024 TAR, had no documentation on 06/09/24 for the above treatment.</p> <p>A Physician's Order, dated 05/25/24, read in part, Non-pressure wound of the right flank: cleanse with hibiclense, pat dry, apply calcium alginate sprinkled with collagen powder, cover with island dressing daily and prn every day shift</p> <p>A May 2024 TAR, had no documentation on 05/26/24 for the above treatment.</p> <p>A June 2024 TAR, had no documentation on 06/08/24 for the above treatment.</p> <p>A Physician's Order, dated 05/25/24, read in part, Non-pressure wound of the right posterior thigh: cleanse with hibiclense, pat dry, apply calcium alginate sprinkled with collagen powder, cover with island dressing daily and prn every day shift</p> <p>A May 2024 TAR, had no documentation on 05/26/24 for the above treatment.</p> <p>A June 2024 TAR, had no documentation on 06/09/24 for the above treatment.</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>A Physician's Order dated 05/16/24, read in part, Nystatin External Powder 100000 UNIT/GM (Nystatin Topical) Apply to buttocks topically one time a day.</p> <p>A May 2024 TAR, had no documentation on 05/26/24 for the above treatment.</p> <p>2. Resident #3 admitted to the facility on [DATE] with diagnosis which included pressure ulcer of sacral region, stage four.</p> <p>A Physician's Order, dated 06/05/24, documented, Cleanse bilateral buttocks with ns, pat dry, apply triad to bilateral buttocks BID and prn.</p> <p>A June 2024 TAR, had no documentation on 06/07/24 for the above treatment.</p> <p>A Physician's order, dated 06/05/24, documented, Hydrophilic Paste apply to bilateral buttocks topically two times a day for prevention.</p> <p>A June 2024 TAR, had no documentation on 06/07/24 for the above treatment.</p> <p>A Physician's Order, dated 06/07/24, documented, Floor Nurse: cleanse area to LFA with ns, pat dry apply xeroform and cover with dry dressing daily and prn. Every day shift related to other skin changes.</p> <p>A June 2024 TAR, had no documentation on 06/07/24 for the above treatment.</p> <p>On 06/17/24 at 11:56 a.m., the Wound Care LPN stated the blanks on the TAR meant the treatment was no done.</p> <p>On 06/17/24 at 11:58 a.m., the Wound Care LPN stated the treatments above had not been done. They stated treatments are to be done by the end of your shift.</p>		