

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 10/12/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to ensure residents were free from abuse for one (#2) of two sampled residents reviewed for abuse.</p> <p>The DON identified 58 residents resided in the facility.</p> <p>Findings:</p> <p>The Abuse, Neglect and Exploitation policy, dated 11/17, read in part, Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The policy also read, .Physical Abuse includes, but not limited to hitting, slapping, pinching and kicking.</p> <p>Resident #2 had diagnoses which included other specified depressive episodes.</p> <p>An Initial State Reportable Incident form, dated 07/10/24, documented an allegation of abuse/mistreatment. It was documented Resident #2 was noted standing outside of the BOM doorway yelling [gender withheld] slapped me. It was documented Resident #2 was escorted out of the hallway. It was documented the BOM suspended was immediately pending investigation.</p> <p>A Final State Reportable Incident form, dated 07/29/24, documented an allegation of abuse/mistreatment. It was documented Resident #2 stated the BOM wagged their index finger in their face telling them to shush during their interaction. It was documented Resident #2 pointed their finger at the BOM as well. It was documented the BOM slapped the resident's hand and the resident immediately began yelling for the administrator and stated, [gender withheld] slapped me. It was documented the BOM stated Resident #2 would not let them speak, so they told them to shush. It was documented the BOM stated the resident had their hand pointed near their face. It was documented the BOM stated they swatted Resident #2's finger, like they would a fly.</p> <p>On 10/08/24 at 3:05 p.m., Resident #2 stated the BOM slapped their hand during their interaction on 07/10/24 and they yelled for help.</p> <p>On 10/08/24 at 3:29 p.m., the BOM stated Resident #2 was yelling at them and had their hand close to their face. The BOM stated they brushed the resident's hand aside.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/08/24 at 3:40 p.m., the BOM stated the incident could fall under the category of abuse because they touched the resident. They stated they did not abuse the resident.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to ensure medications were administered as ordered for one (#10) of three sampled residents reviewed for misappropriation of property.</p> <p>The DON identified 58 residents resided in the facility.</p> <p>Findings:</p> <p>The Medication Administration and General Guidelines policy, dated 2021, read in part, Medications are administered in accordance with written orders of the attending physician.</p> <p>Resident #10 had diagnoses which included pain.</p> <p>A physician's order, dated 08/07/24, documented oxycodone HCL (narcotic medication) oral tablet 15 mg give 0.5 tablet via peg tube every four hours for pain.</p> <p>The September 2024 TAR documented a nine on the following days and times;</p> <ul style="list-style-type: none"> a. 09/03/24 at 8:00 p.m., b. 09/06/24 at 12:00 a.m., 4:00 a.m., 8:00 p.m., and c. 09/24/24 at 4:00 a.m., 8:00 a.m. <p>The September 2024 TAR documented blanks on the following days and times;</p> <ul style="list-style-type: none"> a. 09/10/24 at 8:00 p.m., and b. 09/24/24 at 4:00 p.m. <p>The September 2024 TAR documented a six on 09/13/24 at 4:00 p.m.</p> <p>A progress note, dated 09/24/24 at 2:02 p.m., documented oxycodone HCL oral tablet 15 mg give 0.5 tablet via peg tube every four hours for pain: awaiting from pharmacy.</p> <p>On 10/09/24 at 6:05 p.m., the DON stated the nine on the September TAR meant other/see nurses notes. They stated they did not know if the medication was administered or not for the nine and the blanks on the TAR.</p> <p>On 10/09/24 at 6:09 p.m., the DON stated the six meant no insulin required per orders. They stated they did not know if the medication was administered or not.</p>