

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 01/05/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete a Nursing admission Data Collection (an assessment used for elopement risk timely for 1 (#1) of 1 sampled resident reviewed for elopement. The administrator identified 71 residents resided in the facility. Findings: A policy for Elopement, Risk reduction strategies and management of missing resident, Wandering Missing Resident, dated 11/2022 and revised 01/2024, showed an elopement risk data collection was to be completed by the nursing staff on all residents at admission, if possible, otherwise no later than eight hours from admission. An undated admission Record showed Resident #1 was admitted to the facility on [DATE] at 11:14 a.m. Resident #1's electronic medical record medical diagnosis section showed the resident was admitted with vascular dementia. A nursing note, dated 12/24/25 at 3:46 p.m., showed Resident #1 was located by the police outside the facility down the road. Resident #1 had eloped from the facility within 4.5 hours of being admitted to the facility. Resident #1's Nursing admission Data Collection, signed as completed 12/29/25, showed the elopement risk data collection. The data collection was completed five days after admission and Resident #1 had eloped from the facility. On 12/31/25 at 12:45 p.m., the admission nurse stated they had been off for the holiday. They stated the nursing admission data collection was not completed until 12/29/25 and should have been completed within eight hours upon Resident #1's admission on [DATE].		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 375135	If continuation sheet Page 1 of 1