

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Checotah Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Southeast 2nd Street Checotah, OK 74426	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview, the facility failed to maintain a clean comfortable environment for 1 (#4) of 3 sampled residents reviewed for homelike environment. The administrator identified 43 residents resided in the facility. Findings: On 10/29/25 at 1:30 p.m., an observation of Res #4's room was made. The window had a 10 to 12 inch crack in the glass and a build-up of dirt and grime. On 10/30/25 at 8:15 a.m., the housekeeping supervisor stated resident windows were supposed to be cleaned weekly and cracks should be reported to maintenance for repair. On 10/30/25 at 8:30 a.m., the maintenance supervisor stated they were unaware of the crack in the window and that it should be repaired.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on record review and interview, the facility failed to provide adequate assistance to prevent a resident from sliding out of a mechanical lift for 1 (#7) of 3 sampled residents reviewed for accident hazards. The administrator identified 43 residents resided in the facility. Findings: An undated facility policy titled Safe Lifting and Movement of Residents, read in part, In order to protect the safety and well-being of staff and residents, and to promote quality of care, this facility uses appropriate techniques and devices to lift and move residents. A significant change assessment, dated 08/19/25, showed Res #7 had a brief interview for mental status score of 7, which was indicative of severe cognitive impairment. The assessment showed Res #7 was totally dependent on staff for transfers. An incident report, dated 10/17/25, showed Res #7 had slipped out of the sit-to-stand mechanical lift and was assisted to the ground. The report showed staff were to be educated on using two people when using a mechanical lift. On 10/28/25 at 2:15 p.m., CNA #3 stated they were on duty at the time of the fall assisting another resident. They stated they heard Res #7 yell out and went to their room to investigate. They stated when they entered Res #7's room they observed the resident on the floor and CNA #5 standing over the resident with the sit-to-stand mechanical lift. CNA #3 stated CNA #5 reported they knew they were supposed to have a second staff member when using the sit-to-stand mechanical lift, but they could not find anyone to help. On 10/28/25 at 8:40 a.m., licensed practical nurse #2 stated they were on duty at the time of the incident. They stated the facility policy was to use two staff members for any transfer involving the sit-to-stand mechanical lift. On 10/29/25 at 12:45 p.m., the assistant director of nursing stated a transfer involving a sit-to-stand mechanical lift should always involve two staff members.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interview, the facility failed to ensure RN coverage for eight consecutive hours seven days per week during the month of October 2025. The administrator identified 43 residents resided in the facility. Findings:A facility schedule, dated October 2025, showed no RN was scheduled to work on 10/10/25, 10/11/25, 10/12/25, 10/17/25, 10/18/25, or 10/19/25. On 10/30/25 at 8:30 a.m., the administrator stated they did not have an RN working in the facility on those days.</p>		