

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 12/12/2025
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>Based on record review and interview, the facility failed to ensure residents with money held in a trust received quarterly statements for 16 of 16 residents reviewed for money managed in a trust. The BOM identified 16 residents had monies managed by the facility in a trust. Findings: An undated facility document titled Resident Rights Regarding Personal Trust Funds, read in part, To protect each resident's funds, the facility: .Shall provide each resident, or their representative with a written itemized statement at least quarterly, of all financial transactions involving the resident funds; An undated facility policy titled Quarterly Accounting of Resident Funds, read in part, 1. Each resident with personal funds entrusted to the facility will receive an individual quarterly accounting of funds managed by the facility. On 12/11/25 at 10:28 a.m., the BOM stated they managed 16 residents who had money a trust. The BOM stated they did not know what the policy was for providing residents with statements. The BOM stated they were not providing residents with trust statements quarterly and they just showed the residents the ledger when they inquired about their balance. On 12/11/25 at 10:52 a.m., the administrator stated the facility had not been issuing resident trust statements quarterly and only gave residents their balance when the residents inquired about their trust balance.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review, and interview, the facility failed to: a. ensure the kitchen area was kept clean, and b. not serve unpasteurized eggs that were not fully cooked for residents who ate meals prepared by the kitchen. The director of nursing identified 39 residents received meals prepared by the kitchen. Findings: On 12/08/25 at 10:26 a.m., unpasteurized shell eggs were observed in the refrigerator in the kitchen. On 12/08/25 at 10:36 a.m., the floor was observed with a brown substance up against the walls and around the table legs in the kitchen. The floor under the dish machine had a brown caked substance against the wall and under the dish machine. A facility document titled Daily Cleaning Checklist for AM Cook, dated December 2025, read in part, Sweep and Mop Kitchen. The document did not have dates or identify the task had been completed. A facility receipt from a food source company, dated 12/06/25, showed an order for unpasteurized medium shell eggs. The receipt did not show pasteurized eggs had been ordered. On 12/08/25 at 10:27 a.m., the DM stated the shell eggs were used for soft/over medium eggs served to the residents. The DM stated they did not know if the shell eggs were pasteurized or unpasteurized. The DM stated they should probably use pasteurized eggs. On 12/08/25 at 10:37 a.m., the DM stated the kitchen floors were not clean. The DM stated the floor looked like it had not been swept and mopped in about a week. The DM stated the cleaning schedule had not been completed for December 2025.</p>		