

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  02/20/2026
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 0689</p> <p>Level of Harm - 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 observation, record review, and interview, the facility failed to ensure hot liquids were served at a safe temperature for 2 (#1 and #2) of 4 sampled residents reviewed for handling of hot liquids. The assisted director of nursing identified four residents were at risk for burns with hot liquids. Findings: 1. On 02/18/26 at 11:38 a.m., Res #1 was observed sitting at a table alone. They were observed to drink an unknown fluid from a brown coffee cup without a lid, and there was no lid observed on the table. On 02/19/26 at 3:55 p.m., a physician visit with Res #1 was observed. The physician described the wound as a 99% 1st degree and 1% 2nd degree burn. On 02/20/26 at 9:04 a.m., the surveyor obtained a temperature of the coffee as 160.9 degrees Fahrenheit. An undated Hot Liquid Safety policy, read in part, The temperature of hot liquids will be checked in the dietary department prior to distribution. If the temperature is greater than 140 degrees Fahrenheit hold the liquid in the dietary department until it reaches an appropriate temperature. A care plan for Res #1, dated 04/23/25, showed the resident had mildly impaired vision. An intervention showed to ensure Res #1 was aware of hot liquids and to provide lids as needed. A Food Temperature Record, dated 02/20/26, showed the holding temperature for coffee on 02/07/26 and 02/10/26 was 180 degrees Fahrenheit. A quarterly assessment for Res #1, dated 02/05/26, showed the resident had a BIMS of 99 which indicated they were unable to complete the interview. The assessment showed diagnoses which included vascular dementia with behavioral disturbance and unspecified psychosis not due to a substance or known physiological condition. A state incident report form, dated 02/07/26, showed the Oklahoma State Department of Health received the report on 02/12/26 at 10:40 a.m. The form showed Res #1 spilled a hot fluid on themselves which caused scalding to their bilateral thighs and a blister to their left thigh. 2. On 02/18/26 at 11:38 a.m. Res #2 was observed in the dining room. They were observed to drink an unknown fluid from a brown coffee cup, without a lid and there was no lid observed on the table. On 02/20/26 at 9:04 a.m., the surveyor obtained a temperature of hot water as 166.9 degrees Fahrenheit. A care plan for Res #2, dated 12/15/25, showed the resident received propranolol (beta-blocker to treat tremors). An intervention, dated 12/15/25, showed to report increased tremors to the physician. A quarterly assessment for Res #2, dated 01/21/26, showed the resident had diagnoses which included unspecified convulsions, other reduced mobility, cognitive functions and awareness, and muscle weakness. The assessment showed Res #2 had a BIMS of 13 which indicated they were cognitively intact for daily decision making. A nurse's note for Res #2, dated 02/10/26, showed the resident alerted staff they had spilled hot tea on their lap before breakfast. The note showed the wound measured 6.0 x 2.5 inches and the blistered section was 4.0 x 1.5 inches. The note showed the physician was notified and an order for Silvadene (ointment for burns) was to be applied and covered with an abdominal pad. During a physician telehealth visit with Res #2 on 02/20/26 at 3:02 p.m., licensed practical nurse #1 obtained measurements of the wound for Res #2. The wound measured 6 cm x 2 cm x 0.1 cm. The physician stated the wound was a 2nd degree burn. On 02/18/26 at 2:42 p.m., cook #1 stated they did not</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 375140	If continuation sheet Page 1 of 2

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