

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  08/09/2024
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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>33097</p> <p>Based on record review and interview, the facility failed to ensure information regarding an advance directive was correct and legal for two (#9 and #20) of 10 residents reviewed for advance directives.</p> <p>The director of nurses identified 29 residents resided in the facility.</p> <p>Findings:</p> <p>1. Resident #9 had diagnoses which include congestive heart failure, chronic respiratory failure, type 2 diabetes mellitus, and cerebral infarction.</p> <p>The care plan, dated 12/19/23, documented the resident was a full code status. The care plan did not document an advance directive for the resident.</p> <p>An ADVANCE DIRECTIVE, DNR, POA ACKNOWLEDGMENT form, dated 06/18/24, documented the resident #9 had not executed a DNR, had executed an advance directive, and had executed a Power of Attorney/Guardianship. The form was signed by the resident.</p> <p>On 08/09/24 at 12:52 p.m., the DON reviewed the residents clinical record. The DON stated they could not locate an advance directive or POA documentation for the resident.</p> <p>2. Resident #20 had diagnoses which included congestive heart failure, type 2 diabetes mellitus, and hypertension.</p> <p>A DURABLE POWER OF ATTORNEY form, dated 03/02/21, documented the resident had appointed a person as POA. The document was not notarized.</p> <p>An ADVANCE DIRECTIVE, DNR, POA ACKNOWLEDGMENT form, dated 08/07/23, documented the resident had not executed a DNR, had executed an advance directive, and had executed a Power of Attorney/Guardianship. The document was signed by the POA.</p> <p>The care plan, dated 08/15/23, documented the resident was a full code status. The care plan did not document an advance directive for the resident.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/09/24 at 10:48 a.m., the DON reviewed the residents clinical records and stated an advance directive was not available/documented in the resident's records. The DON reviewed the residents POA documentation. The DON stated the POA form had not been notarized and was not a legal document.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>33097</p> <p>Based on observation, record review, and interview, the facility failed to ensure respiratory care was provided with professional standards of practice for four (#9, 19, 23, and #24) of four sampled residents reviewed for respiratory care.</p> <p>The director of nurses identified 5 residents who received respiratory care.</p> <p>Findings:</p> <p>1. Resident #9 had diagnoses which included congestive heart failure, chronic respiratory failure, and cerebral infarction.</p> <p>A physician order, dated 12/07/23, documented the resident was to receive oxygen 2-3 liters via nasal cannula to maintain oxygen saturation greater than 92% related to chronic respiratory failure with hypoxia.</p> <p>A physician order, dated 05/06/24, documented the staff was to change the oxygen tubing and humidifier every Sunday night and as needed related to chronic respiratory failure with hypoxia.</p> <p>On 08/06/24 at 11:36 a.m., the resident was sleeping and had oxygen infusing at 2 liters via nasal cannula. The oxygen tubing was not dated.</p> <p>On 08/08/24 at 9:26 a.m., the resident was sitting in a wheelchair watching television and had oxygen infusing at 3 liters per nasal cannula. The oxygen tubing was not dated.</p> <p>2. Resident #19 had diagnoses which included chronic obstructive pulmonary disease, heart failure, and pneumonia.</p> <p>A physician order, dated 07/02/24, documented the resident was to receive oxygen at 5 liters via nasal cannula to wean/titrate to keep oxygen saturation above 90% related to acute and chronic respiratory failure with hypoxia.</p> <p>A physician order, dated 07/05/24, documented the staff was to change the oxygen tubing and humidifier every Sunday night and as needed related to chronic obstructive pulmonary disease.</p> <p>On 08/06/24 at 8:38 a.m., the resident was lying in bed and had oxygen infusing at 4 liters per nasal cannula. The oxygen tubing was not dated.</p> <p>On 08/08/24 at 9:17 a.m., the resident was lying in bed with oxygen infusing at 4 liters per nasal cannula. The oxygen tubing was not dated.</p> <p>3. Resident #23 had diagnoses which included pneumonia, chronic obstructive pulmonary disease, congestive heart failure, and obesity.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician order, dated 05/06/24, documented to change the resident's oxygen tubing and humidifier every week on Sunday and as needed.</p> <p>A physician order, dated 05/07/24, documented the resident was to receive oxygen 2-4 liters during sleep and as needed related to chronic obstructive pulmonary disease.</p> <p>On 08/06/24 at 8:52 a.m., the resident was lying in bed watching television and had oxygen at 2 liters via nasal cannula infusing. The oxygen tubing was not dated.</p> <p>On 08/08/24 at 9:23 a.m., the resident was lying in bed watching television and had oxygen in place per nasal cannula infusing at 2 liters. The oxygen tubing was not dated.</p> <p>4. Res #24 had diagnoses which included chronic obstructive pulmonary disease.</p> <p>A physician's order, dated 04/21/24, documented to change oxygen and humidifier tubing weekly on Tuesday and as needed.</p> <p>A physician's order, dated 04/21/24, documented Res #24 was to receive oxygen at 2 liters via nasal cannula continuously to keep oxygen saturation above 80.</p> <p>On 08/07/24 at 12:19 p.m. the resident was lying in bed with oxygen infusing at 2 liters via nasal cannula The oxygen tubing and humidifier was dated 07/20/24.</p> <p>On 08/08/24 at 2:26 p.m., the resident was lying in bed with oxygen infusing at 2 liters via nasal cannula. The oxygen tubing and humidifier was dated 07/20/24.</p> <p>On 08/09/24 at 11:44 a.m., the DON stated the staff was to change and date the oxygen tubing as ordered. The DON stated if the tubing was not dated, staff would not know if the tubing was changed as ordered.</p> <p>45913</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>33097</p> <p>Based on observation, record review, and interview, the facility failed to employ enough staff to carry out the functions of the food and nutrition service.</p> <p>The dietary manager identified 28 residents who received meals prepared by the kitchen and one resident who received nutrition via tube feeding.</p> <p>Findings:</p> <p>A dietary schedule for August 2024, documented one cook and one dietary aide for the morning shift, one cook and one aide for a split shift (covering part of morning and evening shift alternating days), and one cook with no dietary aide for evening shift.</p> <p>On 08/06/24 at 7:10 a.m., a tour of the kitchen was completed. While walking down the resident hall to the kitchen, a cart was observed with eight disposable trays on it with no staff present on the hall. In the dining room, three residents were observed eating from disposable trays.</p> <p>On 08/06/24 at 7:13 a.m., the DM stated the reason breakfast was served on disposable trays was due to short of staff. The DM stated only one staff member to serve breakfast this morning.</p> <p>On 08/06/24 at 9:15 a.m., the DM provided menus for the week. The DM stated the lunch and supper menu had been switched due to more time and staff was required to prepare the lunch menu. The DM stated more staff was needed in the kitchen.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33097</p> <p>Based on observation and interview, the facility failed to store food with professional standards for food service safety.</p> <p>The DM identified 27 residents who ate meals prepared by the kitchen and one resident who received nutrition via tube feeding.</p> <p>Findings:</p> <p>On 08/06/24 at 7:10 a.m., a tour of the kitchen was completed. The refrigerator had two plastic bowls sitting on the top rack with a liquid in them. Drops of liquid from the ceiling were observed falling into the bowls. The DM stated the refrigerator had been dripping for about four to five days. The DM stated the ice machine was also broke and ice was brought in from an outside source.</p> <p>On 08/08/24 at 11:24 a.m., a meal service was observed. The refrigerator still had two bowel on the top shelf to catch the drips from the ceiling of the refrigerator. The staff was observed moving the bowls to obtain other items in the refrigerator and to catch the drops. The refrigerator door had a piece of the gasket sticking out around the door.</p> <p>On 08/08/24 at 11:30 a.m., the DM stated the refrigerator needed some work done and the ice machine needed a part.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33097</p> <p>Based on record review and interview, the facility failed to have a system of surveillance and monitoring designed to identify and prevent Legionnaires' disease.</p> <p>The director of nurses identified 29 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Legionella Surveillance, documented .Legionella surveillance is one component of the facility's water management plans for reducing the risk of Legionella .In the absence of Legionella infections for a period of at least one year, the facility shall implement primary prevention strategies .Primary prevention strategies: a. Diagnostic testing .</p> <p>On 08/07/24 at 10:07 a.m., the DON provided a Legionella Policy. The DON was unaware of any documentation for monitoring for the prevention of Legionnaires' disease.</p>