

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER River Valley Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 West Modelle Clinton, OK 73601	
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 41318 51897 Based on observation, record review, and interview, the facility failed to ensure menus were followed for pureed diets for one of one meal service observed. Cook #1 identified three residents who had diet orders for pureed meals. Findings: The menu extension, dated 12/17/24, documented the noon pureed meal was to have chicken fried beef steak and bread of the day. On 12/17/24 at 10:36 a.m., [NAME] #1 was observed placing four chicken fried steak patties into the blender. They blended four chicken fried steaks and added one piece of bread. On 12/17/24 at 11:26 a.m., Resident #50 was observed to be served the pureed meat and bread mixture. On 12/17/24 at 12:30 p.m., [NAME] #1 stated they pureed four chicken fried steak patties with one piece of bread. They stated they should have used two pieces. On 12/17/24 at 12:35 p.m., the CDM stated four pieces of bread should have blended with the chicken fried steak patties.		

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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41318 Based on observation and interview, the facility failed to ensure utensils were not used from raw, uncooked food to ready to eat food. The CDM identified 49 residents received services from the kitchen. Findings: On 12/17/24 at 10:56 a.m., [NAME] #1 was observed using tongs to put raw, frozen chicken fried beef patties into the fryer. They were observed using the same tongs to remove the cooked chicken fried beef patties from the fryer basket. On 12/17/24 at 12:33 p.m., [NAME] #1 was asked for examples of cross contamination. They stated using the same utensils without washing between food items. [NAME] #1 stated they did use the same utensils for raw, uncooked meat and cooked, ready to eat meat. 51897		