

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER The Timbers Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 2520 South Rankin Edmond, OK 73013	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, record review, and interview, the facility failed to post the most recent state survey results of the facility in a place readily accessible to residents, family members, and legal representatives of the residents. The administrator identified 120 residents resided in the facility. Findings: On 02/24/26 at 2:05 p.m., there were no state survey results observed in any common area of the facility. There were no postings that indicated where they were located. On 02/26/26 at 8:21 a.m., a state survey binder was observed located at the front desk in a bin, tucked behind another binder. A review of the state survey results located in the binder were from 2019, 2020, and 2021. On 02/24/26 at 1:58 p.m., during a resident council meeting, Residents #32, 47, 65, 80, 106, and #111 stated they did not know where the state survey results were located or that they could view the results. On 02/26/26 at 8:26 a.m., the administrator stated they were not aware the updated binder was not accessible and was not sure where the new binder was located. They stated there were no postings for residents and visitors to identify where the survey results binder was located. On 02/26/26 at 8:44 a.m., the administrator stated the updated survey results binder had been in their office and was available to residents upon request. The administrator stated they knew it should have been available without asking.</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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to transmit MDS assessment data to CMS in the required timeframe for 1 (#119) of 1 sampled resident reviewed for MDS assessments. The administrator identified 120 residents resided in the facility. Findings: An undated admission Record, showed Resident #119 was admitted to the facility on [DATE]. Resident #119's discharge assessment dated , 11/07/25 was completed on 11/11/25, it was not submitted until 02/26/26. On 02/26/26 at 1:06 p.m. the MDS Consultant stated the process for transmitting was corporate followed the RAI manual. They stated the assessment was completed on 11/11/25 and transmitted on 02/26/26. They stated it was not transmitted per the guidelines of the RAI manual. On 02/26/26 at 1:09 p.m., corporate nurse consultant #1 stated it is our policy to follow the RAI manual. On 02/26/26 at 1:28 p.m., the Director of Long Term MDS services stated after completion assessments are required to be transmitted in 14 days.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure a dryer in the laundry room was maintained in safe operating condition by cleaning out the lint trap for 1 of 2 dryers observed. The administrator identified 120 residents resided in the facility. Findings: On 02/26/26 at 10:07 a.m., a tour of the laundry room was conducted. The dryer on the left was observed to have lint hanging off of the lint trap almost touching the ground underneath. On 02/26/26 at 10:09 a.m., laundry attendant #1 stated the lint traps were to be cleaned every two hours, and their shift started at 7:00 a.m. They stated the lint traps had not yet been cleaned. On 02/26/26 at 11:27 a.m., the administrator stated they did not have a policy for lint traps for the dryer, and the process was to clean it three times a day. They stated it was their policy but did not have it in writing. The administrator was made aware of what laundry attendant #1 stated.</p>