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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375160 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Elmbrook Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 1811 9th Avenue NW Ardmore, OK 73401 | |
| 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46653</p> <p>Based on observation and interview, the facility failed to ensure medications were stored properly and according to facility policy.</p> <p>The Administrator reported 66 residents resided in the facility.</p> <p>Findings:</p> <p>The Storage and Medications policy, revised, April 2019, read in part .Policy Statement The facility stores all drugs and biologicals in a safe , secure, and orderly manner .</p> <p>On 04/25/24 at 4:29 p.m., it was observed that resident #8's medications were laying on the top of the counter, at the north hall nurses station. No staff was in sight.</p> <p>On 04/25/24 at 4:30 p.m., RN#1 reported resident #8's medications should be locked in a medication cart.</p> <p>On 04/25/24 at 4:31p.m., ADON reported resident #8's medications are supposed to be locked and stored in the medication cart.</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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