

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Ambassador Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 East 61st Street Tulsa, OK 74136	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42171</p> <p>Based on observation, record review and interview, the facility failed to ensure nephrostomy care was provided as ordered for 1 (#1) of one resident reviewed for nephrostomy care.</p> <p>The administrator reported the census was 117.</p> <p>Findings:</p> <p>Resident #1 had diagnoses including acquired absence of other parts of the urinary tract and anxiety.</p> <p>A physician order, dated 01/03/24, documented the area around the left and right nephrostomy sites were to be cleaned with normal saline, patted dry, and covered with a dry drainage sponge every day and as needed.</p> <p>On 02/05/25 at 11:48 a.m., LPN #1 was observed providing nephrostomy care for resident #1. The dressing LPN #1 removed from the left and the right nephrostomy site were dated 02/02/24.</p> <p>On 02/05/24 at 11:55 a.m., LPN #1 stated they recognized the dressings they had removed as the ones they had applied on 02/02/24 when they provided nephrostomy care for Resident #1. They also stated that if the dressings from 02/02/24 were still in place on 02/05/24 then nephrostomy care had not been provided on 02/03/24 and 02/04/24.</p> <p>On 02/06/24 at 2:35 p.m., the DON stated the nephrostomy care should be provided daily according to the physician order.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Ambassador Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 East 61st Street Tulsa, OK 74136	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure a prescribed medication was available for administration for one (#2) of three residents reviewed for medication administration.</p> <p>The administrator reported the census was 117.</p> <p>Findings:</p> <p>A Medication Ordering and Receiving from Pharmacy policy, dated January 2022, read in part, .Medications and related products are received from the dispensing pharmacy on a timely basis .</p> <p>Resident #2 had diagnoses including sepsis and hypertension.</p> <p>A physician order, dated 01/12/24, documented the resident was to receive bisacodyl (a laxative) 10 MG suppository daily.</p> <p>The TAR, dated January 2024, does not document if the bisacodyl was given or held on 1/13/24 and that the medication was held on 1/14/24. The medication was administered on 01/15/24.</p> <p>On 02/05/24 at 1:05 p.m., the DON stated pharmacy delivers medication twice a day and that it should not take over 24 hours to receive medication from the pharmacy.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Ambassador Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 East 61st Street Tulsa, OK 74136	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>42171</p> <p>Based on observation, record review and interview, the facility failed to ensure resident records were accurate for one (#1) of thirteen residents whose records were reviewed.</p> <p>The administrator reported the census was 117.</p> <p>Findings:</p> <p>Resident #1 had diagnoses including acquired absence of other parts of the urinary tract and anxiety.</p> <p>A physician order, dated 01/03/24, documented the area around the left and right nephrostomy sites were to be cleaned with normal saline, patted dry, and covered with a dry drainage sponge every day and as needed.</p> <p>The TAR, dated February 2024, documented the nephrostomy care was performed on 02/03/24 and 02/04/24.</p> <p>On 02/05/25 at 11:48 a.m., LPN #1 was observed providing nephrostomy care for resident #1. The dressing LPN #1 removed from the left and the right nephrostomy site were dated 02/02/24.</p> <p>On 02/05/24 at 11:55 a.m., LPN #1 stated they recognized the dressings they removed as the ones they applied on 02/02/24 when they provided nephrostomy care for Resident #1. They also stated that if the dressings from 02/02/24 were still in place on 02/05/24 then nephrostomy care had not been provided on 02/03/24 and 02/04/24.</p>