

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 10/24/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>41220</p> <p>Based on observation, record review, and interview, the facility failed to ensure an enteral tube feeding bag was properly labeled for one (#37) of one sampled resident reviewed for tube feeding management.</p> <p>RN#1 identified two residents who received enteral tube feeding via continuous pump.</p> <p>A facility tube feeding policy, dated 06/24/10, read in part, change and label (name of resident, date and time) feeding set (tubing and appropriate syringe) every 24 hours.</p> <p>Findings:</p> <p>Resident #37 had diagnoses which included a gastrostomy.</p> <p>A physician order, dated 04/30/24, documented every shift Isosource 1.5 at 45mL/hr continuous.</p> <p>On 10/23/24 at 10:44 a.m., the tube feeding for Resident #37 was observed running at 45 ml/hr. The bag containing the formula was dated 10/21/24. The bag was not labeled with any other information.</p> <p>On 10/24/24 02:18 p.m., RN #2 stated when a new bag was hung it should be labeled with the date, time, and the type of formula. They stated sometimes the bag was refilled instead of changed.</p> <p>On 10/24/24 at 2:07 p.m., the enteral feeding bag for Resident #37 was labeled 10/24/24 at 00:00.</p> <p>On 10/24/24 at 2:25 p.m., the DON stated the tube feeding bag should be changed every 24 hours. They stated a new bag should be hung and labeled with the residents name, formula type, rate, date, and time it was changed.</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 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>46703</p> <p>Based on observation and interview, the facility failed to ensure dishes were air dried.</p> <p>The dietary manager identified 32 residents ate meals in their rooms.</p> <p>Findings:</p> <p>On 10/21/24 at 11:48 a.m., CNA #1 was observed making room trays. The plate covers had liquid on running down to the edges on the underside of the cover. The CNA stated the plate covers were not dry.</p> <p>On 10/21/24 at 12:24 p.m., the dishwasher stated when the dishes came out of the dishwasher they immediately stacked them on the rack.</p> <p>On 10/21/24 at 12:26 p.m., the dietary manager stated dishes and plate covers should not be immediately stacked after coming out of the dishwasher, but should be allowed to air dry</p>		