

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Village Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1709 South Main Broken Arrow, OK 74012	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>41809</p> <p>Based on record review and interview the facility failed to ensure advanced benefit notification forms were provided to three (#9, 11, and #21) of three residents reviewed for Advanced Beneficiary Notifications.</p> <p>The MDS coordinator identified four residents who had received skilled services in the past six months.</p> <p>Findings:</p> <p>Resident #9 admitted to Part A Skilled Services on 08/29/23. The facility initiated a discharge from Medicare Part A Services on 10/06/23 with 18 days remaining. Resident #9 remained at the facility. An Advanced Beneficiary Notice was not provided to Resident #9 throughout their stay at the facility.</p> <p>Resident #11 admitted to Part A Skilled Services on 10/09/23. The facility initiated a discharge from Medicare Part A Services on 11/27/23 with 52 days remaining. Resident #11 remained at the facility. An Advanced Beneficiary Notice was not provided to Resident #11 throughout their stay at the facility.</p> <p>Resident #21 admitted to Part A Skilled Services on 09/27/23. The facility initiated a discharge from medicare Part A Services on 10/26/23 with 70 days remaining. Resident #21 remained at the facility. An Advanced Beneficiary Notice was not provided to Resident #21 throughout their stay at the facility.</p> <p>On 04/10/24 at 1:44 p.m., the MDS coordinator stated they were not aware an Advanced Beneficiary Notice was to be provided when residents discharged from Medicare Part A Services and remained in the facility.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 375171	If continuation sheet Page 1 of 5

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>46216</p> <p>Based on observation, record review and interview, the facility failed to ensure residents were free from physical restraints which were not required to treat a resident's medical symptom for four (#7, 13, 14, and #24) of four residents reviewed for restraints.</p> <p>The administrator identified 44 residents who resided at the facility.</p> <p>Findings:</p> <p>A Physical Restraints &amp; Hazards Policy, undated, read in part, .Physical restraints are defined as any manual method or physical device, material, or equipment attached so that the individual cannot remove easily, which restricts freedom of movement to one's body .No resident will be restrained for convenience .</p> <p>1. Resident #7 had diagnosis which included dementia.</p> <p>A quarterly assessment, dated 02/29/24, documented the resident was moderately impaired in daily decision making and required moderate assistance with ADLs.</p> <p>2. Resident #13 had a diagnosis which included dementia.</p> <p>A quarterly assessment, dated 02/27/24, documented the resident was severely impaired in daily decision making and required moderate to maximum assistance with ADLs.</p> <p>3. Resident #14 had diagnosis which included major depressive disorder.</p> <p>A quarterly assessment, dated 03/08/24, documented the resident was severely impaired in daily decision making and required moderate to maximum assistance with ADLs.</p> <p>On 04/08/24 at 8:34 a.m., CNA #1 was observed to reach down and lock Resident #13's wheelchair. Resident #7 and #14's wheelchairs were also observed to be locked.</p> <p>On 04/08/24 at 8:38 a.m., CNA #1 stated the wheelchairs were locked. We have to do for them so they don't push away. They stated the residents were unable to unlock the wheelchairs themselves.</p> <p>On 04/10/24 at 08:51 a.m., the DON stated a restraint was the restriction of bodily movement.</p> <p>On 04/10/24 at 08:52 a.m, the DON stated locking the wheelchairs was a restraint.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>41809</p> <p>Based on record review and interview the facility failed to ensure the accuracy of assessments for one (#17) of twelve residents reviewed for accuracy of assessments.</p> <p>The administrator identified 44 residents who resided at the facility.</p> <p>Findings:</p> <p>Resident #17 admitted with diagnoses which included cerebral infarction (stroke), reduced mobility, and hypertension.</p> <p>Review of the quarterly assessment, dated 02/25/24 for Resident #17, revealed a diagnosis of pneumonia.</p> <p>Review of physician orders, for Resident #17, revealed no antibiotics ordered currently or in the recent past for pneumonia.</p> <p>Review of diagnoses for Resident #17 revealed a history of pneumonia in 2017.</p> <p>On 04/10/24 at 10:52 a.m., the MDS coordinator stated they reviewed the diagnoses, progress notes and physician orders to complete the MDS assessment. The coordinator stated they would review the clinical record and return with where they found the pneumonia information for the quarterly assessment.</p> <p>On 04/10/24 at 1:48 p.m., the MDS coordinator stated they were not able to locate where they had found the information regarding pneumonia. They stated it was an inaccurate MDS.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>41809</p> <p>Based on record review and interview the facility failed to ensure care plans were updated for one (#38) of twelve reviewed for updated care plans.</p> <p>The administrator identified 44 residents who resided at the facility.</p> <p>Findings:</p> <p>Resident #38 was admitted with diagnoses which included congestive heart failure, hypertension, and atrial fibrillation.</p> <p>The care plan, revised 01/23/24, documented a stage two pressure ulcer to the coccyx. The care plan did not document the stage two pressure ulcer had healed. The care plan did not document the resident was admitted to hospice, and was not updated to include hospice.</p> <p>A Physician's Order, dated 01/26/24, documented to admit Resident #38 to hospice.</p> <p>On 04/11/24 at 8:22 a.m., the MDS coordinator stated they updated the care plan with wounds or infections and during reviews. The MDS coordinator stated Resident #38 did have a stage two wound in January but it had resolved earlier this week. They stated they had forgot to update the care plan for the healed wound and for hospice.</p>		

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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>46216</p> <p>Based on record review, observation, and interview, the facility failed to ensure the ice machine was clean.</p> <p>The administrator identified 44 residents who resided at the facility.</p> <p>Findings:</p> <p>An untitled and undated policy, read in part, .Ice will be produced, stored, and dispensed in a manner to avoid contamination .The ice dispenser will be cleaned and sanitized at least monthly, and/or as needed. Inside and outside of machine and the area around the machine will be cleaned .</p> <p>An invoice dated 03/08/24, documented the bin sensor was cleaned. No other cleaning of the machine was documented.</p> <p>On 04/09/24 at 11:25 a.m., the ice machine was observed to have black and pink substances on the deflector plate in the bin of the ice machine.</p> <p>On 04/09/24 at 11:28 a.m., Dietary Aide #1 stated the ice machine had last be cleaned four weeks ago. They stated the substance was mold and should not be there. They stated the ice company was responsible for cleaning of the ice machine.</p> <p>On 04/09/24 at 11:30 a.m., Dietary Aide #1 stated the ice machine should be shut down and cleaned.</p>