

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2024
NAME OF PROVIDER OR SUPPLIER  Southern Hills Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5170 South Vandalia Tulsa, OK 74135	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46703</p> <p>Based on record review and interview the facility failed to provide information to formulate an advance directive for three (#33, #38, and #41) of three sampled residents who were reviewed for advance directives.</p> <p>The administrator identified 66 residents resided in the facility.</p> <p>Findings:</p> <p>The undated document, Residents' Rights Regarding Treatment and Advance Directives, read in part, It is the policy of this facility to support and facilitate a residents right to request, refuse, and/or discontinue medical or surgical treatment and to formulate an advance directive.</p> <ol style="list-style-type: none"> <li>1. Resident #33 was admitted to the facility on [DATE]. No acknowledgement for an advance directive was in the resident's medical record.</li> <li>2. Resident #38 was admitted to the facility on [DATE]. No acknowledgement for an advance directive was in the resident's medical record.</li> <li>3. Resident #41 was admitted to the facility on [DATE]. No acknowledgement for an advance directive was in the resident's medical record.</li> </ol> <p>On 11/20/24 at 3:00 p.m., the social services director stated they discussed advance directives during the admission process and marked it on the admission form, but they do not have a signed form that shows they offered an advance directive.</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 - Some</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 infection control practices were followed during dining services.</p> <p>The administrator identified 62 residents received meals from the kitchen.</p> <p>Findings:</p> <p>On 11/19/24 at 12:00 p.m., rehabilitative service manager #1 and restorative aide #1 were observed passing hall trays. They were not observed to sanitize their hands after delivering resident lunch trays.</p> <p>On 11/19/24 at 12:07 p.m., rehabilitative service manager #1 stated they sanitize their hands after every second tray.</p> <p>On 11/19/24 at 12:10 p.m., restorative aide #1 stated they sanitize their hands after every third tray.</p> <p>On 11/26/24 at 1:30 p.m., the administrator stated they should sanitize their hands after delivering every tray.</p>