

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER University Park Skilled Nursing and Therapy Memory		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 North Vinita Avenue Tahlequah, OK 74464	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48344</p> <p>Based on record review and interview, the facility failed to perform post fall neurological checks for 1 (#49) of 1 death record reviewed.</p> <p>The administrator identified 49 residents resided in the facility.</p> <p>Findings:</p> <p>The Fall Program policy, revised 05/24, read in part, Complete incident report and include neurological check sheet if suspect or confirmed the resident hit their head.</p> <p>Resident #49 had diagnoses which included epilepsy, history of falling, and unspecified sequelae of cerebral infarction.</p> <p>An Incident Report, dated 01/12/25, read in part, Unwitnessed fall. Resident was found by staff on the floor in prone position in front of his wheelchair in the lobby. Full head to toe assessment completed at the time of incident. Laceration to forehead with moderate bleeding noted. Laceration to right hand with moderate bleeding noted. Pressure dressing applied to both sites and EMS contacted. EMS left with resident at approximately 2000 [8:00 p.m.] Notified DON, administrator and son of transfer.</p> <p>A hospital Patient Discharge Instructions, dated 01/12/25 at 10:27 p.m., showed visit diagnoses of closed head injury, facial laceration, skin tear of right hand without complication, and cervical sprain.</p> <p>There was no documentation 72 hours neurological checks were completed for Resident #49 upon their return to the facility.</p> <p>On 03/06/25 at 11:44 a.m., the DON stated they could not locate neurological checks for Resident #49's fall that occurred on 01/12/25.</p> <p>On 03/06/25 at 2:39 p.m., the ADON stated neurological checks were to be completed for three days if a resident had an unwitnessed fall or if they hit their head.</p> <p>On 03/06/25 at 2:40 p.m., the ADON stated if a resident had a diagnosis of closed head injury post fall, neurological checks will be initiated upon return to the facility.</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/06/25 at 2:43 p.m., the ADON stated Resident #49 returned to the facility on [DATE].</p> <p>On 03/06/25 at 2:45 p.m., the ADON stated they could not locate the neurological checks for Resident #49 upon their return to the facility.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48344</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen concentrator filters were sanitary for 1 (#39) of 2 sampled residents reviewed for respiratory care.</p> <p>The administrator identified seven residents received oxygen in the facility.</p> <p>Findings:</p> <p>On 03/04/25 at 2:12 p.m., Resident #39's oxygen concentrator filters were observed to have moderate dust build up.</p> <p>The Cleaning Oxygen Concentrators policy, revised 02/27/20, read in part, Oxygen concentrators are cleaned monthly or every four weeks, and as needed.</p> <p>Resident #39 had diagnoses which included shortness of breath and sleep apnea.</p> <p>On 03/06/25 at 2:08 p.m., LPN #2 stated the filters were dirty and had dust build up. They stated they needed to be cleaned.</p> <p>On 03/06/25 at 2:10 p.m., the DON stated the oxygen concentrator filters were to be cleaned monthly. They stated they put an order in the system for the cleaning to keep track but no order was needed.</p> <p>On 03/06/25 at 2:14 p.m., LPN #2 reviewed Resident #39's orders. They stated there was no order to clean the oxygen concentrator filters.</p> <p>On 03/06/25 at 2:29 p.m., LPN #2 stated they did not remember when Resident #39's oxygen concentrator filters were cleaned.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>45583</p> <p>Based on record review and interview, the facility failed to ensure post dialysis documentation had been completed for 1 (#26) of 1 sampled resident reviewed for dialysis.</p> <p>The facility MDS [minimum data set] Resident Matrix, showed one resident received dialysis.</p> <p>Findings:</p> <p>Resident #26 had diagnoses which included end stage renal disease.</p> <p>The Dialysis Communication forms, read in part, B. Post Dialysis This section to be completed by dialysis unit and returned with the resident: A. Blood pressure B. Pulse C. Respirations D. Temperature E. Pre dialysis weight E1. Post dialysis weight F. Time dialysis started G. Time dialysis ended H. Check all that apply 1. dressing dry and intact 2. ports capped and clamped 3. pain 4. bleeding 5. new orders sent with resident 6. s/s of infection.</p> <p>A physician's order, dated 08/22/22, showed the resident was to receive dialysis weekly Tuesday, Thursday, and Saturday.</p> <p>A quarterly resident assessment, dated 02/20/25, showed the resident was cognitively intact and received dialysis while in the facility.</p> <p>The Dialysis Communication forms dated, 02/19/25, 02/22/25, 02/27/25, and 03/04/25 did not have documentation for post dialysis.</p> <p>On 03/06/25 at 10:20 a.m., LPN #2 stated the process for post dialysis documentation was to get the residents weight when they returned. They stated the night nurse would send the paper and the resident brought it back. LPN #2 stated the assessment was filled out and printed and sent with the resident then uploaded to the electronic medical record after.</p> <p>On 03/06/25 at 10:34 a.m., LPN #2 stated if it was not scanned in then they go back and fill it out. LPN #2 looked in the electronic medical records and verified they did not see documentation for post dialysis on 02/19/25, 02/22/25, 02/27/25, and 03/04/25. They stated they had spoke to the corporate person and provided documents for those dates stating if they were not saved correctly it would not show but would show when printed. Both the LPN #2 and surveyor reviewed the printed documents and there was no documentation for 02/19/25, 02/22/25, 02/27/25, and 03/04/25.</p> <p>On 03/06/25 at 11:44 a.m., the DON stated they were aware of the dialysis documentation issue and had already started and inservice and provided the documents.</p> <p>On 03/06/25 at 11:46 a.m., the DON stated the inservice was 02/17/25. They were informed the missing documentation for post dialysis was after the date of the inservice.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure that annual competency reviews were completed for 2 (CNA #2 and CNA #3) of 5 staff members reviewed for annual competency reviews.</p> <p>The administrator identified 49 residents resided in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. CNA #3 was hired on 04/10/03. 2. CNA #2 was hired on 04/11/22. <p>CNA #3 and CNA #2's personnel files were reviewed and did not contain annual competency reviews.</p> <p>On 03/06/25 at 2:37 p.m., the administrator was asked to provide documentation of the annual competency reviews for CNA #3 and CNA #2.</p> <p>On 03/10/25 at 1:20 p.m., the administrator stated they were unable to locate the annual competency reviews for CNA #3 and CNA #2.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42171</p> <p>Based on observation, record review, and interview, the facility failed to ensure enhanced barrier precautions were implemented for 1 (#30) of 1 sampled resident reviewed for urinary catheters.</p> <p>The DON reported five residents with urinary catheters.</p> <p>Findings:</p> <p>On 03/07/25 at 8:19 a.m., LPN #1 and the ADON were observed providing catheter care for Resident #30, they were not observed to be wearing gowns.</p> <p>An Infection Control and Isolation Policy, revised 03/28/24, read in part, EBP are indicated for residents with any of the following .Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO.EBP expands the use of PPE [personal protective equipment] and refer to the use of gown and gloves during high-contact resident care activities.</p> <p>Resident #30 had diagnoses which included benign prostate hyperplasia and diabetes mellitus.</p> <p>A physician's order, dated 10/31/24, showed catheter care was to be completed every shift and as needed.</p> <p>A physician's order, revised 11/01/24, showed enhanced barrier precautions were to be used because Resident #30 had an indwelling catheter.</p> <p>An annual assessment, dated 01/09/25, showed Resident #30 was moderately impaired for daily decision making and had an indwelling urinary catheter.</p> <p>On 03/07/25 at 8:25 a.m., LPN#1 stated they should have been wearing a gown while performing catheter care.</p> <p>On 03/10/25 at 2:50 p.m., the DON stated EBP should be used when providing direct patient care to any resident with an indwelling catheter.</p>		