

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  The Wilshire Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  505 East Wilshire Blvd Oklahoma City, OK 73105	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46216</p> <p>Based on record review and interview, the facility failed to provide baths for three (#1, 2, and #3) of three sampled residents reviewed for ADL assistance.</p> <p>The DON identified 29 residents who required assistance with ADLs resided in the facility.</p> <p>Findings:</p> <p>1. Resident #1 had diagnoses which included hemiplegia and fibromyalgia.</p> <p>Resident #1's quarterly assessment, dated 05/23/24, documented Resident #1's cognition was intact.</p> <p>Resident #1's care plan for ADL's revised on 02/06/24, documented,</p> <p>a. bathing required transfer assist of one staff.</p> <p>b. scheduled bath days - Monday, Wednesday, and Friday on the day shift on the 6 a.m. to 2 p.m. shift.</p> <p>On 06/12/24 at 12:31 p.m., Resident #1 stated they hadn't received a bath since last week.</p> <p>A review of Resident #1's bathing task documented the resident had not received a bath, five out of 13 opportunities. No bath was documented on 05/15/24, 05/17/24, 05/20/24, 05/22/24, and 05/24/24.</p> <p>2. Resident #2 had diagnosis which included, hemiplegia and hemiparesis following cerebral infarction. Resident #2's quarterly assessment, dated 03/19/24, documented Resident #2's cognition was intact.</p> <p>Resident #2's care plan for ADL's revised on 10/02/23, documented bathing required assist of one staff participation.</p> <p>On 06/12/24 at 12:15 p.m., Resident #2 stated sometimes we get baths.</p> <p>A review of Resident #2's bathing task documented the resident had not received a bath seven out of 13 opportunities. No bath was documented on 05/21/24, 05/23/24, 05/25/24, 05/28/24, 05/30/24, 06/04/24, and 06/11/24.</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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NAME OF PROVIDER OR SUPPLIER  The Wilshire Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  505 East Wilshire Blvd Oklahoma City, OK 73105	

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Resident #3 had diagnoses which included acute and chronic diastolic (congestive) heart failure and chronic kidney disease.</p> <p>Resident #3's quarterly assessment, dated 05/14/24, documented Resident #3's cognition was intact.</p> <p>Resident #3's care plan for ADL's revised on 09/20/22, documented bathing required supervision.</p> <p>On 06/12/24 at 11:13 a.m., Resident #3 stated their baths were scheduled two times a week on Tuesday and Saturday. They stated they often didn't get that schedule. They stated it could be up to 10 days between baths.</p> <p>On 06/13/24 at 10:40 a.m., the DON stated all bathing documentation was done in the EHR, there was no longer any paper documentation.</p> <p>On 06/13/24 at 11:43 a.m., the DON stated they had no documentation of baths for the dates listed above.</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>46216</p> <p>Based on record review and interview, the facility failed to complete a nurse aide performance review once every 12 months for one (CMA #1) of five employee files reviewed.</p> <p>The DON identified 31 residents resided in the facility.</p> <p>Findings:</p> <p>An employee list documented 23 staff members for the facility.</p> <p>Findings:</p> <p>CMA #1 had a hire date of 01/30/04. There was no CNA annual competency reviewed located in the employees file.</p> <p>On 06/13/24 at 1:58 p.m., the BOM stated there was no annual competency for CMA #1.</p>