

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 11/22/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46653</p> <p>Based on observation, record review, and interview, the facility failed to ensure all drugs and biologicals were stored properly for two (#7 and #8) of two sampled residents whose medications were observed not to be stored according to company policy and procedure.</p> <p>The administrator identified 26 residents resided in the facility.</p> <p>Findings:</p> <p>A Storage of Medications policy, dated 01/2022, read in part, Medications and biologicals are stored safely, securely, and properly, following manufacturers' recommendations or those of the supplier. The medications supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>On 11/22/24 at 11:10 a.m., medication cart #1, located on the west hall, was observed to be unattended. Res #7's metformin 500 mg (diabetic medication) was observed on top of the medication cart.</p> <p>On 11/22/24 at 11:11 a.m., medication cart #1, located on the west hall, was observed to be unattended. Res #8's clonidine 0.1 mg (blood pressure medication) and sevelamer 800 mg (phosphate binder) was observed on top of the medication cart.</p> <p>On 11/22/24 at 11:12 a.m., CMA #1 reported they could not leave the medication carts unattended.</p> <p>On 11/22/24 at 3:20 p.m., the DON reported they were to have all medications stored properly.</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: 375189	If continuation sheet Page 1 of 1