STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375195	A. Building B. Wing	10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodward Skilled Nursing and Therapy	429 E Downs Avenue Woodward, OK 73801

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)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47453 Based on record review and interview, the facility failed to complete a significant change assessment for one (#37) of 12 sampled residents reviewed for assessments. The Long Term Care Application, dated 10/01/24, documented 46 residents resided in the facility. Findings: A RAI manual, dated October 2023, read in part, .Significant change MDS completion date must be no later than 14 days from the ARD and no later than 14 days after the determination that the criteria for an SCSA were met . Resident #37 had diagnoses which included depression with psychotic features, anxiety, and diabetes mellitus. A significant change assessment, dated 09/15/24, was not completed by the ARD date. On 10/04/24 at 8:22 a.m., the MDS coordinator was asked what was the policy for completing a MDS in a timely manner. They stated there was no policy and they referred back to the RAI manual for instructions. They were tasked to review the significant change assessment dated [DATE]. They were asked if the significant change had been completed by the ARD date. They stated, No.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47453 Based on record review and interview, the facility failed to ensure resident assessments were accurately coded for one (#11) of 12 sampled residents reviewed for assessments. The Long-Term Care Facility Application, dated 10/01/24, documented 45 residents resided in the facility. Findings: 1. Resident #11 had diagnoses which included coronary artery bypass, heart disease with heart failure, and congestive heart failure. A physician's order, dated 10/04/24, documented clopidogrel bisulfate (Plavix) (antiplatelet medication). A significant change assessment, dated 07/10/24, doucmented Plavix as a anticoagulant and not as a antiplatelet. On 10/04/24 at 11:40 a.m., the MDS coordinator was asked what was the facility policy on accuracy of assessments. They stated they followed physician orders. They were asked to review the significant change assessment dated [DATE]. They were asked if Resident #11 was on a anticoagulant or a antiplatelet medication and if the medication coding was correct on the significant change assessment. They stated they marked Plavix as a anticoagulant in error.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375195	A. Building B. Wing	10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodward Skilled Nursing and Therapy	429 E Downs Avenue Woodward, OK 73801

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 47453 Based on record review and interview, the facility failed to ensure the care plan was revised and updated for one (#36) of 12 sampled residents reviewed for care plans. The Long-Term Care Facility Application, dated 10/01/24, documented 45 residents resided at the facility. Findings: Resident #36 had diagnoses which included insomnia, anxiety, acute kidney, urethritis, chronic urinary tract infection, and history of urinary retention. A care plan, dated 12/23/23, documented the resident would not have a decline in functional status. The care plan did not document any further updates for a decline in ADL status. A quarterly assessment, dated 07/26/24, documented staff assistant with ADLs was supervision to moderate assist. A significant change assessment, dated 08/23/24, doucmented the resident required maximum assist with ADLs. No revision or update to the ADL careplan was noted on current care plan. On 10/03/24 at 12:29 p.m., Corporate Nurse Consultant #1 was asked the facility policy for revising and updating care plans. They stated they would have to look at the RAI manual to be certain. They were asked to review the care plan for Resident #36 and then asked was the care plan updated or revised for an ADL decline. They stated it was not.