STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375207	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mangum Skilled Nursing and Therapy	320 Carey Street Mangum, OK 73554

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 41873 Based on record review and interview, the facility failed to accurately reflect residents antiplatelet medication on assessments for two (#3 and #10) of three sampled residents reviewed for accuracy of assessments. The administrator reported 28 residents resided in the facility. Findings: The Resident Assessment Instrument manual, dated 10/01/23, read in part, Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as anticoagulant. 1. Resident #3 had diagnoses which included hemiplegia following cerebral infarction. A physician order for Resident #3, dated 12/14/23, documented Plavix (antiplatelet medication) 75 mg (clopidogrel bisulfate) give one tablet by mouth one time a day. A comprehensive assessment for Resident #3, dated 10/24/24, documented the resident took an anticoagulant medication. 2. Resident #10 had diagnoses which included history of cerebrovascular accident. A physician order for Resident #10, start date 06/22/24, documented Plavix 75 mg (clopidogrel bisulfate) by mouth one time a day for history of cerebrovascular accident. The physician order was discontinued on 11/22/24. A comprehensive assessment for Resident #10, dated 10/07/24, documented the resident took an anticoagulant medication. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/04/24 at 2:33 p.m., the MDS coordinator reported the RAI manual was used to complete the comprehensive assessment. The MDS coordinator reported Plavix was coded on the comprehensive assessment as an anticoagulant medication. The MDS coordinator reported a list of medications was used to code medications on the comprehensive assessment and believed Plavix was listed as an anticoagulant, not an antiplatelet medication. The MDS coordinator reported not being aware what the RAI manual instructions were for coding Plavix. The MDS coordinator also reported Resident #3 was currently on Plavix and Resident #10 had been on Plavix when the last comprehensive assessment had been completed. On 12/04/24 at 4:00 p.m., the MDS coordinator reported the RAI manual had been reviewed and Plavix should have been coded as an antiplatelet medication.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41873 Based on observation and interview, the facility failed to store premixed drinks mixed with water in a safe manner to prevent the possible growth of bacteria. The administrator reported 28 residents resided in the facility. Findings: On 12/02/24 at 10:40 a.m., two drink dispensers were observed sitting in the dining room and were labeled with a date of 11/26/24. On 12/02/24 at 2:00 p.m., two drink dispensers on a shelf in the dinning room were observed to be labeled with a date of 11/26/24. The drink dispensers were not chilled and outside of dispensers felt to be at room temperature by touch. On 12/03/24 at 9:00 a.m., the two drink dispensers on a shelf in the dining room were observed to be labeled with a date of 12/02/24. On 12/03/24 at 1:36 p.m., the dietary manager reported the drink dispensers in the dining room were emptied when they were almost empty. The dietary manager reported the date of 11/26/24 labeled on the drink dispensers date was correct. The dietary manager reported the drinks are a premixed powder drink and the dispensers are set out during the day and refrigerated before dietary staff leave in the evening. On 12/03/24 at 3:41 p.m., the administrator reported they had no policy related to storage of premixed drinks due to it being a non-hazardous food item. On 12/03/24 at 4:07 p.m., the premixed drink mix package obtained from the kitchen was observed to be Thirst Ease pre-sweetened soft drink mix. The instructions on the package, read in part, mix contents of package with water and keep covered and chilled until ready to serve.