

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Fairmont Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 3233 Northwest 10th Street Oklahoma City, OK 73107	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure meal consumption percentages were documented on a resident who experienced significant weight loss for one (#2) of three sampled residents reviewed for nutrition and hydration.</p> <p>The ADON identified 107 residents who resided in the facility.</p> <p>Findings:</p> <p>Res #2 had diagnoses which included type II diabetes mellitus, acute kidney failure, and dementia.</p> <p>A care plan, dated 04/19/24, documented the resident was at risk for nutrition and hydration problems related to diabetes mellitus with hyperglycemia.</p> <p>An admission assessment, dated 05/06/24, documented the resident was moderately cognitively impaired, required setup assistance with eating, and had no weight loss or gain.</p> <p>A physician order, dated 07/03/24, documented cardiac/healthy heart diet, mechanical soft chopped meat texture with regular thin liquids consistency.</p> <p>Resident #2's Weight Summary documented:</p> <ul style="list-style-type: none"> a. 250.1 pounds on 06/01/24, b. 218.0 pounds on 07/02/24, and c. 210.0 pounds on 07/27/24. <p>There was no documentation of Resident #2's meal consumption amount in July 2024 for:</p> <ul style="list-style-type: none"> a. breakfast on the 5th, 6th, 7th, 26th, or the 28th, b. lunch on the 5th, 6th, 7th, 26th, or the 28th, and c. dinner on the 31st. <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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/12/24 at 1:55 p.m., CNA #1 stated all meal percentages should be documented in the electronic record after the meal tray has been picked up. They stated there would not have been any way to know how much of the meal the resident consumed if the percentage was not documented.</p> <p>On 09/12/24 at 3:28 p.m., the DON stated Res #2's meal percentages had not been monitored and documented appropriately; and there was no way to ensure proper nutrition had been maintained. They stated every meal should have had the percentage consumed documented.</p>		