STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375209	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairmont Skilled Nursing and Therapy	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)
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. 20960 Based on record review and interview, the facility failed to ensure residents had access to their trust account money on nights and weekends for three (#34, 26, and #33) of three residents reviewed for access to their trust account money. The business office manager identified 36 current residents who had money in the trust account. Findings: The resident trust policy, read in part, .after business hours petty cash place cash in envelope .using the after hours petty cash form complete seal envelope .distributed funds should be signed out . On 07/23/24 at 9:40 a.m., Resident #34 stated they requested money the previous week and was not able to receive it. Resident #34 stated they never were able to get money if the administrator or social service director were not at the facility. They stated money was not able to be received on the weekends. On 07/23/24 at 10:35 a.m., Resident #36 stated they could not get money on the weekends. They stated they could only get money Monday through Friday when the administrator was in the facilty. On 07/24/24 at 11:30 a.m., Resident #33 stated they were not able to get money on the nights and weekends. On 07/24/24 at 8:33 a.m., the business office manager stated residents have access to their funds through the social service director who keeps the money in a safe in their office. The business office manager stated unless residents provided advance notice of needing funds over the weekend, the resident could not get the money. On 07/24/24 at 9:20 a.m., the social service director stated the administrator was the only other person who had access to residents funds. The social service director stated residents can only get money Monday through Friday unless advance notice was provided for the weekend. On 07/24/24 at 11:30 a.m., the administrator stated there was no current system in place for residents to get money on the weekend, or at nights, when they and the social service director were not present at the facility.

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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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. 20960 Based on observation, record review and interview, the facility failed to ensure residents trust money in excess of $50 for medicaid recipient and $100 for all other residents was kept in a secured interest bearing account for five (#36, 33, 49, 14, and #9) of five sampled residents. The business office manger identified 36 current residents who had money in the trust account. Findings: The undated Resident Trust Policies and Procedures- Nursing Facilities, read in part, .Medicaid recipient petty cash .funds in excess of $50.00 must be deposited in an interest bearing account .Do not keep large sums of cash in the facility . 1. Resident #36 face sheet documented they were a recipient of veterans administration. Resident #36 petty cash ledger docuented they had $443.78 on hand in the safe located in the social service director's office. 2. Resident #33 face sheet documented they were a recipient of medicaid. Resident #33 petty cash ledger documented they had $75 on hand in the safe located in the social service director's office. 3. Resident #49 face sheet documented they were a recipient of medicaid. Resident #49 petty cash ledger documented they had $280.18 on hand in the safe located in the social service director's office. 4. Resident #14 face sheet documented they were a recipient of medicaid. Resident #14 petty cash ledger documented they had $320.00 on hand in the safe located in the social service director's office. 5. Resident #9 face sheet documented they were a recipient of medicaid. Resident #9 petty cash ledger documented they had $100.00 on hand in the safe located in the social service director's office. On 07/24/24 at 9:20 a.m., the social service director counted and confirmed the following money on hand in her safe for the following residents: Resident #36 had $441.42; Resident #9 had $80; (continued on next page)

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #14 had $320; Resident #49 had $280.18; and Resident #33 had $75. Resident #36 had a $2.36 discrepancy and Resident #9 had a $20 discrepancy from the petty cash ledger and money on hand. The social service director was asked about the excess cash in residents petty cash and they stated residents can have as much money on hand as they would like. On 07/24/24 at 11:30 a.m., the business office manager was asked about the limits of cash on hand for residents in the trust account. The business office manager stated the amount they can have on hand increased to $75. When asked about the large amounts of cash over the limits of $50 for medicaid recipients and $100 for all others, the business office manager stated they were not aware of the limits for all residents.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 33148 Based on observation, record review, and interview, the facility failed to ensure a resident had a physician order for O2 therapy for one (#206) of three sampled residents reviewed for respiratory care. Corporate Nurse Consultant #1 identified eight residents who had routine orders for O2 and four residents who had orders for PRN O2. Findings: Res #206 had diagnoses which included nicotine dependence, age related osteoporosis, and moderate protein calorie malnutrition. On 07/23/24 at 8:46 a.m., the resident was observed with O2 in place. The setting on the portable O2 tank was 2 LPM. There was no documentation the resident had a physician order for O2 therapy. On 07/23/24 at 9:15 a.m., LPN #1 was asked if the resident received O2 therapy. They stated the resident was admitted to the facility from the hospital with O2. They stated there was not a physician order.