STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375222	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
24th Place	600 24th Avenue Southwest Norman, OK 73069

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. 48344 Based on record review and interview, the facility failed to document the required information regarding a transfer in a resident's medical record for one (#218) of one sampled resident reviewed for hospitalization . The Administrator identified 67 residents resided in the facility. Findings: A Transfer Form policy, dated 03/17, read in part, .Should it become necessary to transfer a resident from the facility, a transfer form will be executed and forwarded with the resident .The transfer form .will include . advanced directive information, all special instructions or precautions for ongoing care .any other documentation .to ensure a safe and effective transition of care . A Do Not Resuscitate Order policy, dated 03/21, read in part, .Should the resident be transferred to the hospital, a photocopy of the DNR order form must be provided to the personnel transporting the resident to the hospital . Resident #218 had diagnoses which included heart failure and COPD. A physician order, dated 06/19/23, documented DNR. A nursing note, dated 04/24/24 at 2:06 p.m., documented Resident #218 was clammy, cool to touch. Confused and unsteady. Resident #218 complained of being numb and abdominal pain. The Resident's blood pressure was 94/78. The doctor assessed the resident and ordered the Resident to be sent to the emergency room . Emergency medical services were called and the Resident's daughter was notified. The Resident was transferred out to the emergency room . There was no documentation Resident #218's DNR form, advanced directive, face sheet, and orders were sent with the Resident. On 05/07/24 at 2:37 p.m., RN #1 stated they were to document providing the emergency medical service with a copy of the resident's face sheet and orders. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375222	A. Building B. Wing	05/09/2024

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24th Place	600 24th Avenue Southwest Norman, OK 73069

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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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/07/24 at 2:38 p.m., RN #1 stated they provided the emergency medical services with the Resident's medical information but did not document it. On 05/07/24 at 3:15 p.m., the DON stated they were to provide the transferring personnel a copy of the resident's face sheet, orders, DNR, and guardian ship or POA information. On 05/07/24 at 3:20 p.m., the DON stated there was no documentation the above information was sent with the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375222	A. Building B. Wing	05/09/2024

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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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 46653 Based on record review, observation, and interview, the facility failed to ensure meals were served in a timely manner and frequency for four meal services and, for one of one Resident #3. The Don identified 67 residents resided in the facility. Findings: A undated Meal times documented, read in part .Breakfast 07:00-09:00 .Lunch 11:30-1:30p.m Dinner 5:00p.m.-7:00p.m . A Meal Times and Frequency policy, dated 02/27/21, read in part .1. in nursing facilities, there will be no more than 14 hours between a substantial evening meal (dinner) and breakfast the following day However, the individuals in the group must agree to this meal span and a nourishing snack must be served . a. Resident meals were not served in the 14 hour window. b. Resident #3 meal was not served according to posted meal times. On 05/05/24 at 9:30a.m., the cook stated we are working short staffed in the kitchen and meals are late. On 05/05/24 at 9:32a.m., a breakfast tray was served in the dining hall. On 05/05/24 at 1:41p.m., a lunch tray was served in the dining hall. On 05/05/24 at 1:27p.m., a lunch tray was served to Resident #3. On 05/08/24 at 8:31a.m., no breakfast tray was served. On 05/08/24 at 5:01p.m., a dinner tray was served in the dining hall. On 05/05/24 at 1:58p.m., the Social Services Director stated meals should be served at the times posted.