

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/18/2025
NAME OF PROVIDER OR SUPPLIER  24th Place		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, record review, and interview, the facility failed to maintain a safe and homelike environment for the residents for 1 of 3 common areas observed. The administrator identified 78 residents resided in the facility. Findings:On 08/13/25 at 1:00 p.m., the following observations were made at the North end of hall one in the common area where residents participated in therapy, access to vending machines, and puzzle activities:a. a puzzle with a lamp was in progress on a table;b. two bags of dry sack concrete were stored on the floor blocking the pathway to the puzzle creating a trip hazard;c. a hospital bed with no sheets was stored and obscured the pathway to the resident puzzle activity;d. a broken recliner was stored and obscured the path to the resident puzzle;e. a wheelchair with an empty bucket and a bed grab bar around 4 feet in length was balanced across the arms of the wheelchair that was obscuring the path to the resident puzzle activity;f. a walking cane with 4 legs unattended in the pathway to the puzzle activity; andg. a red walker unattended in the pathway to the puzzle activity.A facility policy titled Homelike Environment, revised 02/2021, read in part, Resident are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized homelike setting. These characteristics include: a. clean, sanitary, and orderly environment.On 08/13/25 at 12:55 p.m., the maintenance supervisor was asked about the above observations. The maintenance supervisor stated the area was a resident accessible area. The maintenance supervisor stated the area was a fall hazard because the paths were not clear for the residents to access the puzzle activity that was ongoing. They stated the area did not facilitate a safe homelike environment. On 08/13/25 at 1:03 p.m., the DON was shown the above observations. The DON stated the area was a resident accessible area. The DON stated the area was a fall risk for residents due to the junk being stored. The DON stated the puzzle activity was not accessible. The DON stated the area was not a safe homelike environment because the pathways for residents were not clear. On 08/13/25 at 1:25 p.m., the administrator was shown the items including the sack concrete, the recliner, the bed, the wheelchair and bucket, the cane, the walker, and the bed rail which blocked the pathway to the resident's puzzle in the common were at the North end of hall one. The administrator stated the area was a resident accessible area and it was not a homelike safe environment. The administrator stated staff had been directed to not store items in the area, but continued to do so.</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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