

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER Ranchwood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 824 South Yukon Parkway Yukon, OK 73099	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>35749</p> <p>Based on record review and interview, the facility failed to ensure bathing was provided for 1 (#2) of 3 sampled residents reviewed for bathing.</p> <p>The assistant director of nursing identified 117 residents resided in the facility.</p> <p>Findings:</p> <p>A Bathing policy, dated 02/12/20, read in part, Staff will provide bathing services for residents within standard practice guidelines.</p> <p>Resident #2 had diagnoses which included endocarditis (inflammation of heart valves).</p> <p>An admission resident assessment, dated 12/12/24, showed Resident #2 required substantial to maximum assistance with bathing.</p> <p>On 02/27/25 at 1:40 p.m., CNA #3 stated residents had shower schedules. CNA #3 stated they were not aware of what schedule Resident #2 would have been on during their stay in the facility.</p> <p>On 03/03/25 at 10:35 a.m., the traveling interim DON was asked to provide bathing records for Resident #2's stay in the facility. Resident #2 was in the facility during the month of December 2024.</p> <p>On 03/03/25 at 11:07 a.m., the traveling interim DON stated they were unable to find any documentation on Resident #2's bathing.</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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