

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 04/09/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident's representative was notified when the resident experienced a fall requiring transport to the hospital for 1 (#2) of 3 sampled residents reviewed for accidents.</p> <p>The administrator identified 115 residents resided in the facility.</p> <p>Findings:</p> <p>On 04/08/25 at 1:00 p.m., Res #2 was observed being wheeled into the facility entrance by family member #1. Family member #1 was frowning and upset. Res #2 was observed with a swollen area of golf ball size above the left eye.</p> <p>A policy titled Change of Condition, revised 02/13/23, read in part, Patient families, guardians, or other appropriate people are to be contacted when there is a significant change in a patient's condition or health status. Examples of circumstances of when it is appropriate to communicate information to these parties may include, but are not limited to: .b) transfer of a patient to another healthcare community for assessment, treatment, or care .d) significant injury or illness.</p> <p>Res #2 was admitted with diagnoses which included intellectual disabilities and reduced mobility.</p> <p>An admission assessment, dated 01/10/25, showed Res #2 had a BIMS score of 13 and was cognitively intact. The assessment showed Res #2 required partial to moderate assistance with toilet transfers and had not fallen since admission.</p> <p>An Incident Case Report, dated 04/08/25 at 8:45 a.m., showed Res #2 fell in the bathroom and hit their head resulting in a swollen forehead. The report showed an icepack was applied prior to emergency medical services authority arrival. The report showed the physician and DON were notified of the fall.</p> <p>On 04/08/25 at 1:02 p.m., family member #1 stated they had been contacted by the hospital emergency room staff to come pick up Res #2 after they had been evaluated for a fall at hospital. Family Member #1 stated the facility had never contacted them to inform them Res #2 had fallen and hit their head. They stated the facility had not informed them Res #2 was transferred to the hospital.</p> <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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/08/25 at 1:12 p.m., Res #2 stated they fell in the bathroom and hit their head this morning. They stated they had to be sent to the emergency room for evaluation after the fall. Res #2 denied pain from the lump on their forehead.</p> <p>On 04/08/25 at 1:23 p.m., registered nurse #1 stated they had intended on notifying the family after Res #2 fell but they were unable to find a contact phone number in the EHR. They stated they had notified the ADON of the lack of information and assumed the ADON had contacted Res #2's family.</p> <p>On 04/08/25 at 1:25 p.m., the ADON stated they could not find an emergency contact phone number for Res #2 in the EHR. They stated they notified the DON and thought they were going to contact the family.</p> <p>On 04/08/25 at 1:25 p.m., the DON stated they were not aware Res #2's family had not been contacted after the fall. They stated the staff were looking in the wrong area of the EHR for emergency contact phone numbers. The DON stated the facility was utilizing a new EHR and not all staff were aware of where to look for this information. They stated Res #2's family should have been notified of the fall and transfer to the hospital per policy.</p> <p>On 04/08/25 at 1:30 p.m., the administrator stated family member #1 should have been notified after Res #2 fell and was transferred to the hospital per policy.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were bathed as scheduled for 3 (#1, 2, and #3) of 3 sampled residents reviewed for assistance with activities of daily living.</p> <p>The administrator identified 115 residents resided in the facility.</p> <p>Findings:</p> <p>1. On 04/07/25 at 1:07 p.m., Res #1 was observed lying in bed. The resident's hair was kempt. No odors were observed.</p> <p>A policy titled Bathing, revised 02/12/20, read in part, Staff will provide bathing services for residents within standard practice guidelines .If the resident refuses to independently or allow staff to assist with bathing, document the refusal in the record.</p> <p>Res #1 was admitted with diagnoses which included hemiplegia and hemiparesis.</p> <p>A quarterly assessment, dated 02/13/25, showed Res #1 had a BIMS score of 13 and was cognitively intact. The assessment showed Res #1 was dependent with bathing.</p> <p>The medical record documented Res #1 was to receive a bath/shower weekly on Wednesday and Saturday.</p> <p>There was no documentation for February 2025 Resident #1 received a bath/shower on 02/01/25 (Saturday), 02/05/25 (Wednesday), 02/08/25 (Saturday), 02/12/25 (Wednesday), 02/12/25 (Saturday), 02/19/25 (Wednesday), 02/22/25 (Saturday),</p> <p>and 02/29/25 (Saturday).</p> <p>A bath sheet, dated 02/26/25, showed a shower was not given due to Res #1 vomiting.</p> <p>There was no documentation for March 2025 Resident #1 received a bath/shower on 03/01/25 (Saturday), 03/08/25 (Saturday), 03/12/25 (Wednesday), 03/15/25 (Saturday), 03/19/25 (Wednesday), 03/22/25 (Saturday), 03/26/25 (Wednesday), and 03/29/25 (Saturday).</p> <p>There was no documentation for April 2025 Resident #1 received a bath/shower on 04/02/25 (Wednesday) and 04/06/25 (Saturday).</p> <p>On 04/07/25 at 1:10 p.m., Res #1 stated they usually received a shower if the staff had time to do it.</p> <p>2. On 04/08/25 at 1:15 p.m., Res #2 was observed sitting in a chair in their room. The resident's hair and clothes were clean and kempt. No odors were observed.</p> <p>Res #2 was admitted with diagnoses which included intellectual disabilities and reduced mobility.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An admission assessment, dated 01/10/25, showed Res #2 had a BIMS score of 13 and was cognitively intact. The assessment showed Res #2 required partial to moderate assistance with bathing.</p> <p>The medical record documented Res #2 was to receive a bath/shower weekly on Monday and Thursday.</p> <p>There was no documentation Resident #2 received a bath/shower on 02/03/25 (Monday), 02/06/25 (Thursday), 02/10/25 (Monday), 02/13/25 (Thursday), 02/17/25 (Monday), 02/20/25 (Thursday), and 02/24/25 (Monday).</p> <p>There was no documentation Resident #2 received a bath/shower on 03/20/25 (Thursday), 03/24/25 (Monday), and 03/31/25 (Monday)</p> <p>There was no documentation for April 2025 Resident #2 received a bath/shower on 04/03/25 (Thursday).</p> <p>On 04/08/25 at 1:17 p.m., Res #2 stated they thought they received a shower yesterday.</p> <p>On 04/08/25 at 1:19 p.m., family member #1 stated Res #2 was supposed to receive a shower twice a week, but usually only received a shower once a week.</p> <p>3. On 04/08/25 at 9:38 a.m., Res #3 was observed lying in bed. The resident's hair and clothes were clean and kempt. No odors observed.</p> <p>Res #3 was admitted with diagnoses which included heart failure and muscle weakness.</p> <p>A quarterly assessment, dated 01/18/25, showed Res #3 had a BIMS score of 8 and was moderately cognitively impaired. The assessment showed Res #3 required substantial to maximum assistance with bathing.</p> <p>The medical record documented Res #3 was to receive a bath/shower weekly on Monday and Thursday.</p> <p>There was no documentation Resident #3 received a bath/shower on 02/03/25 (Monday), 02/06/25 (Thursday), 02/10/25 (Monday), 02/13/25 (Thursday), 02/17/25 (Monday), 02/20/25 (Thursday), and 02/24/25 (Monday).</p> <p>There was no documentation Resident #3 received a bath/shower on 03/03/25 (Monday), 03/06/25 (Thursday),</p> <p>03/17/25 (Monday), 03/20/25 (Thursday), 03/24/25 (Monday), 03/27/25 (Thursday), and 03/31/25 (Monday).</p> <p>There was no documentation for April 2025 Resident #3 received a bath/shower on 04/03/25 (Thursday).</p> <p>On 04/07/25 at 1:30 p.m. family member #2 stated Res #3 had not received showers regularly. They stated residents having not been bathed was an on-going problem in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/08/25 at 9:40 a.m., Res #3 stated they had not received showers regularly. They stated that they always felt better after a shower, but the staff never showered them on their designated days. Res #3 stated yesterday was their scheduled shower day, but they did not received a shower.</p> <p>On 04/08/25 at 12:00 p.m. the DON stated showers were supposed to be documented on the bath sheets. They stated the bath sheets that were provided were the only ones that could be located for February 2025 until present.</p> <p>On 04/08/25 at 3:15 p.m., the staffing coordinator stated the certified nursing assistants were supposed to give the bath sheets to them after they had completed a shower. They stated no additional bath sheets could be located. The staffing coordinator stated there was no way to ensure the scheduled showers were completed for Res #1, Res #2, and Res #3 without the bath sheet documentation.</p> <p>On 04/08/24 at 3:30 p.m., the administrator stated all completed showers should have been documented on the bath sheets. They stated there was no way to prove Res #1, Res #2, and Res #3 received showers on their scheduled days.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46582</p> <p>Based on record review and interview, the facility failed to ensure medications were administered according to physician orders for 3 (#1, 2, and #3) of 3 residents sampled for timely administration of medications.</p> <p>The administrator identified 115 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Liberalized & Standardized Medication Administration, read in part, The licensed nurse and/or technicians (as allowed by state regulations) are responsible for adhering to the facility's standardized and liberalized medication administration schedules. Liberalized schedules - will allow for medication administration during the defined window of time; these are presented by a descriptor (e.g 'in the morning') or time frame (e.g '0700-0900') on the MAR/EMAR [medication administration record/electronic medication administration record]. Medications scheduled are considered timely as long as they are administered within one and a half hours before or after the defined time or window of time.If the medication is not available, the Director of Nursing or designee will be notified.</p> <p>1. Res #1 had diagnoses which included hypertensive chronic kidney disease, type II diabetes mellitus, and restless leg syndrome.</p> <p>A quarterly assessment, dated 02/13/25, showed Res #1 had a BIMS score of 13 and was cognitively intact. The assessment showed insulin and hypoglycemic medications were received.</p> <p>Physician orders, dated 03/20/25, showed to administer the following:</p> <ul style="list-style-type: none"> a. lisinopril (ACE inhibitor) 5 mg daily for hypertensive chronic kidney disease, b. metoprolol (beta-blocker) 25 mg twice daily for hypertensive chronic kidney disease, c. amlodipine (calcium channel blocker) 5 mg daily for hypertensive chronic kidney disease, d. omeprazole (proton pump inhibitor) 40 mg before breakfast for gastroesophageal reflux disease, e. ropinirole (dopamine agonist) 1 mg at bedtime for restless leg syndrome, f. insulin glargine (long-acting insulin) 35 units once daily in the morning for type II diabetes mellitus, and g. insulin glargine 28 units at bedtime for type II diabetes mellitus. <p>A March 2025 Medication Record showed missed doses for the following:</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. ropinirole on 03/22/25,</p> <p>b. lisinopril, metoprolol, and omeprazole on 03/23/25,</p> <p>c. insulin glargine 28 units on 03/23/25 and 03/25/25,</p> <p>d. insulin glargine 35 units on 03/23/25 and 03/29/25, and</p> <p>e. amlodipine on 03/23/25 through 03/27/25 and 03/29/25 through 03/30/25.</p> <p>There was no explanation for the missed doses in the medical record.</p> <p>2. Res #2 had diagnoses which included convulsions, encephalitis, and edema.</p> <p>An admission assessment, dated 01/10/25, showed Res #2 had a BIMS score of 13 and was cognitively intact. The assessment showed antianxiety, diuretic, and anticonvulsant medications were received.</p> <p>Physician orders, dated 02/19/25, showed to administer the following:</p> <p>a. atorvastatin calcium (lipophilic statin) 20 mg at bedtime for hypercholesterolemia,</p> <p>b. metoprolol 50 mg daily for heart disease,</p> <p>c. furosemide (diuretic) 40 mg daily for edema, and</p> <p>d. lisinopril 20 mg daily for heart disease.</p> <p>A physician order, dated 03/20/25, showed to administer levetiracetam (anticonvulsant) 500 mg every 12 hours for seizures.</p> <p>A physician order, dated 03/21/25, showed to administer felbamate (anticonvulsant) 600 mg two tablets with breakfast, lunch, and dinner for encephalitis.</p> <p>A March 2025 Medication Record showed missed doses of the following:</p> <p>a. atorvastatin and levetiracetam on 03/22/25,</p> <p>b. felbamate on 03/22/25 and two missed doses on 03/23/25,</p> <p>c. metoprolol on 03/23/25,</p> <p>d. furosemide on 03/22/25 through 03/24/25 and on 03/26/25, and</p> <p>e. lisinopril on 03/23/25.</p> <p>There was no explanation for the missed doses in the medical record.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Res #3 was admitted with diagnoses which included chronic kidney disease, paroxysmal atrial fibrillation, and insomnia.</p> <p>A physician order, dated 06/17/24, showed to administer ferrous sulfate (iron supplement) 325 mg every 12 hours for anemia in chronic kidney disease.</p> <p>A physician order, dated 12/28/24, showed to administer lactulose (osmotic laxative) 30 ml's one time daily for chronic kidney disease.</p> <p>A quarterly assessment, dated 02/13/25, showed Res #3 had a BIMS score of 8 and was moderately cognitively impaired. The assessment showed anticoagulant, diuretic, and antidepressant medications were received.</p> <p>A physician order, dated 02/20/25, showed to administer furosemide 40 mg one time daily for essential hypertension.</p> <p>A physician order, dated 02/24/25, showed to administer budesonide/formoterol (corticosteroid) two puffs every 12 hours for chronic obstructive pulmonary disease.</p> <p>A physician order, dated 03/04/25, showed to administer apixaban (anticoagulant) 5 mg every 12 hours for paroxysmal atrial fibrillation.</p> <p>A physician order, dated 03/07/25, showed to administer trazadone (antidepressant) 150 mg at bedtime for insomnia.</p> <p>A physician order, dated 03/16/25, showed to administer melatonin (sedative) 10 mg at bedtime for insomnia.</p> <p>A physician order, dated 03/28/25, showed to administer albuterol sulfate/ipratropium bromide (bronchodilator) one ampule via nebulization every eight hours for chronic obstructive pulmonary disease.</p> <p>A March 2025 Medication Record showed missed doses of the following:</p> <ul style="list-style-type: none"> a. apixaban, melatonin, ferrous sulfate, and trazadone on 03/22/25, b. budesonide/formoterol on 03/22/25, 03/24/25, 03/25/25, and 03/26/25, c. furosemide on 03/26/25, and d. lactulose on 03/26/25 and 03/31/25. <p>A Treatment Record, dated 04/01/25 through 04/08/25, showed a missed dose of albuterol sulfate/ipratropium bromide on 04/02/25, 04/04/25, and 04/05/25.</p> <p>There was no explanation for the missed dosages in the medical record.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/09/25 at 10:25 a.m., corporate nurse consultant #1 stated the medication record should have showed held if the medications were not given for a specific reason. They stated no explanation was found for the missed doses in question. Corporate Nurse Consultant #1 stated there was no way to know if the missed doses of medication were given or not.</p> <p>On 04/09/25 at 2:45 p.m., the DON stated there was no way to know if the medication doses in question for Res #1, Res #2, and Res #3 were administered. They stated the staff were not documenting appropriately on the medication records.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to maintain an infection control program for EBPs and ensure staff followed infection control guidelines to prevent the potential spread of disease during wound care for 1 (#7) of 3 sampled residents reviewed for wound care.</p> <p>The DON identified 30 residents with wounds and 33 residents on enhanced barrier precautions.</p> <p>Findings:</p> <p>On 04/09/25 at 1:14 p.m., wound care for Res #7 was observed. LPN #1 was observed performing hand hygiene and donning gloves prior to the wound care. LPN #1 was not observed to have donned a personal protective gown prior to or during the wound care. Res #7 was observed to have been incontinent of bowel upon removal of their brief for access to the wounds. LPN #1 was observed to have cleaned the bowel movement from Res #7 and then continued to perform wound care to the wound on Res #7's left lower back without having performed hand hygiene or donning clean gloves after incontinent care was completed. LPN #1 continued to perform wound care to Res #7's sacrum without completing hand hygiene or donning clean gloves after completing the wound care to Res #7's left lower back. LPN #1 was observed to have reached in their shirt pocket, grabbed a pen, wrote on Res #7's wound dressings, placed an incontinent brief, and repositioned Res #7 before they doffed gloves and completed hand hygiene.</p> <p>A policy titled Treatment of wounds: Performing Dressing Changes, dated July 2018, read in part, Follow standard precautions and infection control methods depending on the appropriate type of transmission-based precautions.</p> <p>A policy titled Enhanced Barrier Precautions, revised March 2025, read in part, An infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are use in conjunction with standard precautions and expand the use of PPE</p> <p>to donning of gown and gloves during high contact care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO.High contact resident care activities: .h. Wound care: any skin opening requiring a dressing (not for superficial sound requiring an adhesive bandage, such as a skin tear or skin break).</p> <p>Res #7 was admitted with diagnoses which included pressure ulcer of the left lower back and protein-calorie malnutrition.</p> <p>A care plan, dated 02/28/25, showed infection control/prevention with intervention to use proper hand washing techniques before and after giving care to client and any time hands become soiled, even if gloves are worn.</p> <p>A physician order, dated 03/12/25, showed to cleanse sacral wound with soap and water, normal saline, or wound cleanser. Pat dry. Apply calcium alginate (wound dressing) to wound and cover with silicone bordered dressing or bordered gauze daily.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician order, dated 03/28/25, showed to cleanse left lower back with soap and water, normal saline, or wound cleanser. Pat dry. Apply Santyl (topical enzyme medication) nickel thick to wound bed. Cover with calcium alginate and cover with dry dressing daily.</p> <p>A wound care note, dated 03/28/25, showed a stage III pressure ulcer to the sacrum and a stage IV pressure ulcer to the left lower back.</p> <p>On 04/09/25 at 1:46 p.m., LPN #1 was asked if any additional PPE should have been worn during wound care. LPN #1 stated they only needed to wear gloves because Res #7 did not have an infection. LPN #1 stated they had not been educated on EBPs and were not aware of the need to wear a gown during wound care for residents with pressure ulcers.</p> <p>On 04/09/25 at 1:50 p.m., LPN #1 stated they should have performed hand hygiene and changed gloves after performing incontinent care and after completing wound care on each of Res #7's wounds.</p> <p>On 04/09/25 at 2:00 p.m., the DON was made aware of Res #7's wound care observation. The DON stated EBPs were utilized in the facility for residents with wounds and indwelling devices. They stated LPN #1 should have donned a gown to perform wound care. The DON stated they were new to the facility and did not know if the staff had been educated on EBPs.</p> <p>On 04/09/25 at 2:08 p.m., the DON stated LPN #1 performed improper wound care. They stated LPN #1 should have performed hand hygiene and donned new gloves after performing incontinent care, in between wound care to Res #7's first and second wounds, prior to touching their personal property, prior to placing a clean incontinent brief, and prior to repositioning Res #7 for comfort.</p>		