STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 34333 Based on observation, record review, and interview, the facility failed to maintain a resident's dignity, by using a privacy bag over an indwelling catheter bag, for one (#7) of two residents reviewed for dignity. The administrator reported a facility census of 78. A Quality of Life Dignity Policy dated 03/2017, documented in part, .Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality .Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth . Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by helping the resident to keep urinary catheter bags covered if Resident wants . Resident #7 was admitted with diagnoses which included multiple sclerosis, anxiety, depression, urogenital implants, and chronic pain. A physician's order, dated 03/29/24, documented, verify dignity bag is in place every shift. The order documented a diagnosis of obstructive and reflux uropathy. Resident #7's care plan, dated 07/24/24, documented in part, .Requires suprapubic catheter d/t neurogenic bladder, urinary retention, obstructive and reflux uropathy .change cath routinely as ordered .check tubing for kinks q shift . An MDS assessment for Resident #7, dated 07/24/24, documented the resident was cognitively intact. The assessment documented the resident required an indwelling urinary catheter. On 08/20/24 at 8:00 a.m., Resident #7 was observed lying in bed. The resident's catheter bag could be viewed from the hallway and did not have a privacy bag in place. On 08/21/24 at 1:45 p.m. Resident #7 was observed sitting in bed after lunch. The resident's catheter bag could be viewed from the hallway and did not have a privacy bag in place. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/22/24 at 9:17 a.m., Resident #7 was asked if it bothered him for his catheter bag to be visible from the hallway. The resident reported his preference was for the catheter bag to be covered. The resident was asked if the staff ever used a privacy bag and the resident stated, If I ask them to. The resident was asked if staff covered the catheter bag when he went outside of his room in the wheelchair, and he stated, usually only if I ask them to cover it. On 08/22/24 at 10:14 a.m., CNA #1 reported the resident should have a catheter privacy bag in place at all times. The CNA stated the resident hadn't been getting out of bed quite as much and they just missed it. On 08/22/24 at 2:05 p.m., the DON reported they would expect any resident with an indwelling catheter to have a privacy bag in place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35474 Based on observation, record review, and interview, the facility failed to ensure range of motion services were provided to one (#21) of one sampled residents who were reviewed for range of motion. The DON identified 18 residents who had contractures. Findings: The undated Restorative Nursing Program policy, read in parts, .The interdisciplinary [NAME] has the primary responsibility for identifying restorative needs .A resident may be started on a restorative program when .during a after skilled therapy . Resident #21 had diagnoses which included contracture to right elbow, wrist, and hand. A PT Evaluation & Plan of Treatment, dated 03/30/24, read in part, .At this time pt is at PLOF and is not a candidate for skilled PT. Pt will benefit from restorative program for geri chair positioning and contracture management . A physician's order, dated 07/19/24, documented to place a hand roll to the left hand daily. On 08/21/24 at 12:54 p.m., Resident #21 was observed in the living room in their geri chair. Resident #21 was observed to have hand rolls in bilateral hands and pillows for positioning. Review of the clinical record did not reveal the resident received restorative services after the PT recommendation on 03/30/24. On 08/23/24 at 3:49 p.m., the DON stated they could not locate the restorative book or documentation in the clinical record the resident was offered/provided restorative services per the PT recommendation. On 08/23/24 at 3:52 p.m., corporate RN #1 stated they had contacted the former DON about the restorative recommendation for Resident #21. Corporate RN #1 stated the former DON informed them the resident was not agreeable to restorative therapy at that time. Corporate RN #1 stated they did not have documentation the PT recommendation was initiated or followed up on.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 46703 Based on observation and interview, the facility failed to ensure the urinary drainage bag was properly positioned for one (#59) of one resident observed for urinary catheter. The Resident Matrix, documented six residents who had a urinary catheter. Findings: On 08/20/24 at 8:21 a.m., Resident #59 was observed in bed on their left side with the urinary catheter bag on the floor. On 08/22/24 at 8:34 a.m., Resident #59 was observed in bed on their right side with the urinary catheter bag on the floor. On 08/22/24 at 8:36 a.m., CNA #2 stated the urinary catheter bag should not be on the floor. On 08/23/24 at 9:16 a.m., the DON stated the facility did not have a policy regarding positioning of a urinary catheter bag, but it should not have been on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 35474 Based on observation, record review, and interview, the facility failed to ensure the medication error rate was 5% or less during medication administration. A total of 25 opportunities were observed with three medication errors. The medication error rate was 12%. The DON identified 78 residents who resided in the facility who received medications. Findings: 1. Resident #24 had diagnoses which included GERD and constipation. A Physician's Order, dated 01/31/24, documented an order for docusate sodium 100 mg twice daily for constipation. A Physician's Order, dated 06/03/24, documented an order for famotidine 20 mg once daily for GERD. On 08/21/24 at 8:49 a.m., CMA #1 was observed to administer medications to Resident #24. Docusate sodium and famotidine were not medications CMA #1 administered during the medication pass. On 08/23/24 at 9:25 a.m., CMA #1 stated they did not know how they forgot to administer the docusate sodium or the famotidine. CMA #1 stated they remembered they had verified they had 15 pills in their medication cup and one patch to administer. CMA #1 stated they had forgotten to review the MAR to obtain the two medications from the house stock supply after retrieving the patch. 2. Resident #9 had diagnoses which included glaucoma. A Physician's Order, dated 04/17/24, documented the resident was ordered bimataprost ophthalmic solution 0.01% one drop in both eyes at bedtime. On 08/22/24 at 2:42 p.m., CMA #2 was observed to administer medications to Resident #9. CMA #2 administered one drop of latanoprost ophthalmic solution 0.005% to both eyes. On 08/22/24 at 3:34 p.m., CMA #2 stated Resident #9 was ordered bimataprost eye drops twice daily at 8:00 a.m. and 8:00 p.m. CMA #2 stated the resident had requested an eye drop so they had administered the medication early. On 08/22/24 at 4:02 p.m., the DON stated bimataprost and latanoprost were interchangeable medications. The DON reviewed the electronic clinical record and stated the bimataprost was ordered to be administered at 8:00 p.m. and CMA #2 should not have administered at 2:42 p.m. On 08/23/24 at 9:42 a.m., ADON #1 stated they monitored medication administration three times a week for medication errors. They stated they had not observed missed medications like the docusate sodium and famotidine or medications administered at the wrong time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 35474 Based on observation, record review, and interview, the facility failed to ensure medications were labeled and dated when opened for four (north hall medication cart, east hall treatment cart, south hall medication cart, and south hall treatment cart) of four medication/treatment carts observed. The DON identified eight medication/treatment carts in the facility. Findings: 1. On 08/23/24 at 2:42 p.m., the north hall medication cart was observed with CMA #3. A bottle of house stock milk of magnesia was observed to be opened and not dated. CMA #3 stated they were to date medications when they were opened. 2. On 08/23/24 at 2:50 p.m., the east hall treatment cart was observed with LPN #1. LPN #1 stated they were to date medications when they were opened. The following items were observed to be opened and not dated: a. a bottle of glucometer check strips; b. a Novolog insulin pen for Resident #41; c. a Lantus insulin pen and a Humalog insulin pen for Resident #18; d. an Anoro inhaler for Resident #58; and e. an albuterol inhaler 90 mcg for Resident #4. 3. On 08/23/24 at 2:59 p.m., the south hall medication cart was observed with CMA #2. CMA #2 stated they were to date medications when they were opened. The following items were observed to be opened and not dated: a. a bottle of house stock geri tussin; b. a bottle of fluticasone 50 mcg nasal spray for Resident #181; c. two bottles of fluticasone 50 mcg nasal spray for Resident #180; b. a bottle of fluticasone 50 mcg nasal spray for Resident #28; and c. two bottles of fluticasone 50 mcg nasal spray for Resident #37. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. On 08/23/24 at 3:25 p.m., the south hall treatment cart was observed with LPN #2. LPN #2 stated they were to date opened medications. The following medications were observed to be opened but not dated: a. a Humalog insulin pen for Resident #15; b. a insulin glargine pen for Resident #24; c. an albuterol inhaler for Resident #40; d. an albuterol inhaler for Resident #24; Proair inhaler albuterol no name/no opened date e. an albuterol inhaler for Resident #6; f. a Proair inhaler with no resident name; and g. a zip top bag with a Breo Ellipta inhaler and a Spiriva inhaler with no label or resident name. On 08/23/24 at 3:35 p.m., the DON stated medications were to be dated when they were opened. On 08/23/24 at 4:13 p.m., the DON stated medications should contain a pharmacy label with the resident's name and dosage information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 46703 Based on observation, record review and interview, the facility failed to ensure food items were labeled, dated, and stored according to facility policy. The administrator identified 77 residents received services from the kitchen. Findings: A policy titled Refrigeration, revised on 08/21/24, read in part, .all leftovers shall be labeled and dated with an expiration date . On 08/20/24 at 8:00 a.m., one unlabeled, undated zip lock freezer bag containing frozen biscuits, and one unlabeled, undated zip lock freezer bag containing frozen cookies were observed in the freezer. On 08/20/24 at 8:05 a.m., an opened, unsecured bag of lettuce was observed without a label or date. On 08/20/24 at 8:15 a.m., the DM stated all left over food should be securely closed and labeled with a date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375230	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Leisure Village Health Care Center	2154 South 85th East Avenue Tulsa, OK 74129

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46703 Based on observation and interview, the facility failed to ensure enhanced barrier precautions were used for one (#13) of one resident observed for peg tube care. The administrator identified one resident with a peg tube. Findings: Resident #13 had diagnoses which included dysphasia. On 08/20/24 at 9:34 a.m., enhanced barrier precautions signage was observed on Resident #13's door. EBP supplies were observed on the back of the door. On 08/20/24 at 9:40 a.m., LPN #3 was observed to administer medication to Resident #13 via the peg tube. The nurse was not observed to wear a gown. On 08/20/24 at 9:45 a.m., LPN #3 stated the resident was not on infection control precautions. On 08/23/24 at 9:12 a.m., the infection preventionist stated enhanced barrier precautions should be used when performing wound care, colostomy care, catheter care, port care, or providing peg tube care. On 08/23/24 at 11:35 a.m., the DON stated enhanced barrier precautions should be used when providing peg tube care, catheter care, incontinent care, or wound care. They stated an enhanced barrier precaution policy had not yet been implemented.