

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2026
NAME OF PROVIDER OR SUPPLIER  Cedarcrest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1306 East College Broken Arrow, OK 74012	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on record review and interview, the facility failed to ensure initial competencies were completed upon hire for 3 (CNA #5, CNA 10, and CNA #11) of 6 sampled employees reviewed for staff competencies. The DON identified 14 licensed staff members that should have initial competencies completed. Findings: 1. The employee file for CNA #5 showed a hire date of 04/11/25 and a competency/skills checklist was not completed upon hire. 2. The employee file for CNA #10 showed a hire date of 12/02/25 and a competency/skills checklist was not completed upon hire. 3. The employee file for CNA #11 showed a hire date of 09/25/25 and a competency/skills checklist was not completed upon hire. On 03/04/26 at 9:28 a.m., the business office manager stated there were no skills checklists/competencies for the requested files. On 03/04/26 at 11:03 a.m., the DON stated they should be doing initial skills competencies on staff and did not know why they were not completed.</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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