

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2024
NAME OF PROVIDER OR SUPPLIER  Jan Frances Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  815 North Country Club Road Ada, OK 74820	

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>41873</p> <p>Based on observation and interview, the facility failed to ensure housekeeping services maintained a clean environment.</p> <p>The ADON reported 32 residents resided in the facility.</p> <p>Findings:</p> <p>The facility Housekeeping Guideline manual, dated 01/01/05, read in part, .Daily cleaning resident rooms . Empty and clean trash cans .Dust mop floors .Damp mop floors .</p> <p>The facility housekeeping checklist order, provided by the Regional Director, not dated, read in part, .Daily order of housekeeping to-dos, this includes sweeping, mopping, picking up trash, making it look presentable . Front entrance/lobby .Around nursing station .Start on a hallway .Take all the trash out of the rooms on the hall .Sweep out all the rooms on the hall .Mop all the rooms on the hall .Sweep and mop the actual hallway itself .</p> <p>On 03/25/24 at 2:15 p.m., upon entrance to the facility, the lobby and hallway floors were observed to be dirty with brown sticky spots in multiple areas. The floors were observed to have dirt debris randomly throughout the lobby and hallways. The lobby area had a strong odor of urine. No housekeeping staff were observed cleaning the facility.</p> <p>On 03/25/24 at 2:30 p.m., resident #2's room was observed to have brown sticky spots on the floor and trash was on the floor around the overflowing trash can.</p> <p>On 03/25/24 at 2:30 p.m., resident #2 reported their room was not cleaned very often. The resident reported the floor in their room was dirty, not just old. The resident reported the floor was not swept and mopped daily. The resident reported not being aware of the last time the room was mopped.</p> <p>On 03/25/24 at 2:35 p.m., resident #1 reported their room was not cleaned very often, and was not aware of the last time it had been mopped. The resident reported the floors were not clean.</p> <p>On 03/26/24 at 11:30 a.m., the Regional Director reported three new housekeeping staff were being trained that day to get the facility cleaned properly.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/27/24 at 4:30 p.m., the Regional Director reported being in agreement the facility was dirty on 03/25/24. The Regional Director reported the housekeeping staff needed more training and needed a supervisor.</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>41873</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received showers as scheduled for two (#3 and #6) of six residents reviewed for activities of daily living.</p> <p>The ADON reported 32 residents resided in the facility.</p> <p>Findings:</p> <p>1. Resident #3 had diagnoses which included non-traumatic brain dysfunction and metabolic encephalopathy.</p> <p>Resident #3's assessment, dated 02/20/24 documented cognition severely impaired and dependent on staff for bathing.</p> <p>Resident #3's shower sheets, provided by the Regional Director for February 2024, failed to document scheduled showers were performed for February 1st, 6th, 8th, 10th, 13th, 15th, 17th, 20th, 22nd, 24th, and 29th.</p> <p>Resident #3's shower sheets, provided by the Regional Director for March 2024, failed to document scheduled showers were performed for March 2nd, 5th, 7th, 9th, 16th, 19th, 21st and 23rd.</p> <p>Resident #3's care plan, dated 03/21/24, read in part, .Resident ADL functions: Assist x 1 staff with bathing .</p> <p>The facility's shower schedule, dated 03/26/24, documented resident #3's showers were scheduled on the 6-12 shift for Tuesday, Thursday, and Saturday.</p> <p>On 03/26/24 at 1:51 p.m., Resident #3's family member #2 reported the resident did not receive showers three times a week as scheduled. Family member #2 reported the resident was scheduled for a shower that day but had not received one and the resident's blankets had not been changed.</p> <p>On 03/26/24 at 3:55 pm, the Regional Director reported resident #3 had not received the scheduled shower for that day on the 6-2 shift.</p> <p>On 03/26/24 at 4:00 p.m., CNA #1 reported residents' scheduled showers were not always completed as scheduled due to days when they were short staffed for nurse aides. The CNA reported if showers were missed they would try to get them done the next day.</p> <p>2. Resident #6 had diagnoses which included vascular dementia and non-traumatic brain dysfunction.</p> <p>The facility's Resident/Family Concern/Grievance form, dated 03/01/24, documented .Resident's family stated that resident hasn't been showered and clothes have not been changed .Nursing department head review and action taken: Resident is being showered immediately and clothes changed .We will monitor showers on the resident .</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>Resident #6's assessment, dated 03/11/24, documented cognition was moderately impaired, partial to moderate staff assistance was required for bathing, and always incontinent of bladder and bowel. The assessment documented moisture associated skin damage.</p> <p>Resident #6's care plan, dated 03/15/24, read in part, .Limited assist x 1 staff with ADLs .</p> <p>Resident #6's shower sheets, provided by the Regional Director for February 2024, failed to document scheduled showers for February 2nd, 5th, 12th, 16th, 23rd, 26th, and 28th.</p> <p>Resident #6's shower sheets, provided by the Regional Director for March 2024, failed to document scheduled showers for March 1st, 6th, and 20th.</p> <p>The facility's shower schedule, dated 03/26/24, documented resident #6's showers were scheduled on the 2-10 shift for Monday, Wednesday, and Friday.</p> <p>On 03/26/24 at 3:25 p.m., Resident #6's family member #1 reported their only concern was the resident had not received showers as scheduled. Family member #1 reported the resident was scheduled for showers three times a week and had only been receiving one a week.</p> <p>On 03/27/24 at 4:30 p.m., the Regional Director reported not being aware of any issue with showers being provided as scheduled. The Regional Director reported documentation was not available to provide proof that resident showers were provided as scheduled or had been refused by the resident.</p>		