

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 05/22/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41873</p> <p>Based on record review and interview, the facility failed to ensure RN coverage for eight consecutive hours per day, seven days a week.</p> <p>The regional director reported 32 residents resided in the facility.</p> <p>Findings:</p> <p>A staffing policy, not dated, read in part A registered nurse will be employed full time on the day shift, with coverage seven days a week, as the facility's director of nursing service.</p> <p>Clinical staff time detail reports were reviewed for 04/01/24 through 05/21/24. The reports documented no RN coverage in the facility seven days a week.</p> <p>On 05/21/24 at 11:05 a.m., the Regional Director reported the facility had not hired a DON since the last DON had walked out in March 2024. The Regional Director reported the corporate RN was working as the DON.</p> <p>On 05/22/24 at 10:55 a.m., the Regional Director reported the corporate RN worked in the facility eight hours a day, five days a week. The Regional Director reported the facility had no RN coverage on the weekends.</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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>41873</p> <p>Based on record review and interview, the facility failed to have a licensed administrator.</p> <p>Findings:</p> <p>A Administrator policy, dated 07/01/11, read in part</p> <p>.Qualifications/Experience/Requirements: A current, valid state nursing home administrator license is required .</p> <p>The Regional Director reported 32 residents resided in the facility.</p> <p>The staff list provided by the Regional Director, dated 05/21/24, documented no Administrator.</p> <p>On 05/21/24 at 11:05 a.m., the Regional Director reported no licensed Administrator had been hired since the last Administrator walked out in March 2024. The Regional Director reported they had hired a new office staff member that would start Administrator school the first week of June. The Regional Director reported not being a licensed Administrator and was covering until the office staff member was licensed.</p> <p>On 05/22/24 at 10:25 a.m., the Regional Director reported the facility had submitted paperwork to name an Administrator they were operating under. The Regional Director reported the named Administrator was only used for on-call for questions and in the facility as needed. The Regional Director reported the listed Administrator was over two other nursing homes.</p>