

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 10/10/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30875</p> <p>Based on observation, record review, and interview, the facility failed to ensure availability of hot water for three (#7, 8, and #9) of nine sampled residents reviewed for reasonable accommodations of needs.</p> <p>The ADON reported 39 residents resided in the facility.</p> <p>Findings:</p> <p>1. Resident #7 admitted to the facility on [DATE] with diagnoses which included encephalopathy, cerebral infarction, and pressure ulcer of left heel. Resident #7's cognition was moderately impaired.</p> <p>On 10/09/24 at 1:25 p.m., Resident #7 reported they could not shave in their bathroom or wash their hands without hot water. The hot water measured 72.5 degrees Fahrenheit in their bathroom sink.</p> <p>2. Resident #8 admitted to the facility on [DATE] with diagnoses which included hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side, cerebrovascular disease, and acute appendicitis. Resident #8's cognition was intact.</p> <p>On 10/09/24 at 1:29 p.m., Resident #8 reported there was no hot water and they could not shave in their bathroom. The hot water measured 73.4 degrees Fahrenheit.</p> <p>3. Resident #9 admitted to the facility on [DATE] with diagnoses which included COPD, chronic pain, and diarrhea. Resident #9's cognition was intact.</p> <p>On 10/09/24 at 1:53 p.m., Resident #9 reported it took ten minutes for the water to get hot. They reported they would like to wash their hands with hot water. The hot water measured 93 degrees Fahrenheit.</p> <p>On 10/09/24 at 4:20 p.m., Maintenance reported the water pumps sent out hot water to different areas of the building. They reported two water pumps were not functioning and had been ordered. They reported those rooms did not reach a comfortable temperature and the water temperature should be comfortable for the residents.</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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