

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375253	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2025
NAME OF PROVIDER OR SUPPLIER  Clinton Therapy & Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2316 Modelle Clinton, OK 73601	
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 0582  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to provide a SNF ABN to 2 (#3 and #26) of 3 sampled residents whose beneficiary notices were reviewed.</p> <p>The administrator identified four residents who were discharged from the facility with Medicare benefit days remaining.</p> <p>Findings:</p> <p>1. A SNF Beneficiary Protection Notification Review showed Res #3 was admitted to the facility on skilled services on 02/27/25 and discharged from skilled services on 04/11/25 and remained in the facility.</p> <p>A SNF Beneficiary Protection Notification Review showed an ABN was not provided to the resident.</p> <p>2. A SNF Beneficiary Protection Notification Review showed Res #26 was admitted to the facility on skilled services on 01/13/25 and discharged from skilled services on 02/17/25 and remained in the facility.</p> <p>A SNF Beneficiary Protection Notification Review showed an ABN was not provided to the resident.</p> <p>On 06/05/25 at 8:21 a.m., the administrator stated she was not aware they had to have the ABN form if they stayed in the home.</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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>49701</p> <p>Based on record review and interview, the facility failed to transmit MDS assessment data to CMS in the required timeframe for 4 (#7, 10, 21, and #23) of 12 sampled residents reviewed for MDS assessments.</p> <p>The administrator identified 28 residents resided at the facility.</p> <p>Findings:</p> <p>A facility policy titled MDS Completion and Submission Timeframe's, revised July 2017, read in part, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframe's.</p> <p>1. Resident #7's quarterly assessment, completion date 04/21/25, had a submitted date of 05/09/25. The accepted date was documented as 05/09/25.</p> <p>2. Resident # 10's annual assessment, completion date 03/25/25, had a submitted date of 04/21/25. The accepted date was documented as 04/21/25.</p> <p>3. Resident #21's quarterly assessment, completion date 03/24/25, had a submitted date of 04/21/25. The accepted date was documented as 04/21/25.</p> <p>4. Resident #23's quarterly assessment, completion date 04/23/25, had a submitted date of 05/09/25. The accepted date was documented as 05/09/25.</p> <p>On 06/04/25 at 3:48 p.m., the DON stated they had 14 days from date of completion to be submitted. They stated Resident #7, Resident #10, Resident #21, and Resident #23's most recent assessments were all submitted outside the 14 day timeframe according to CMS guidelines.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>49701</p> <p>Based on record review and interview, the facility failed to accurately code MDS assessment data for 2 (#10 and #6) of 12 sampled residents reviewed for MDS assessments.</p> <p>The administrator identified 28 residents resided at the facility.</p> <p>Findings:</p> <p>1. Resident #10's annual assessment, dated 03/23/25, had the functional assessment section coded as not assessed. Resident #10's pain section was also coded as not assessed.</p> <p>On 06/04/25 at 3:25 p.m., the DON stated Resident #10's annual assessment, dated 03/23/25, had the pain and functional assessment marked as not assessed. The DON stated Resident #10 was on routine pain management and the assessment was not a complete or accurate assessment. The DON stated the corporate nurse had completed the assessment but could have had a nurse in the facility complete the unassessed areas.</p> <p>2. Resident #6's quarterly MDS assessment, dated 03/18/25, showed the resident was not on hospice services.</p> <p>A physician order, dated 06/30/24, showed the resident was admitted to hospice.</p> <p>On 06/05/25 at 8:26 a.m., the DON reported the resident had been on hospice services since 06/30/24 and reported the MDS assessment should have documented the resident was on hospice.</p> <p>43023</p>		

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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>49701</p> <p>Based on record review and interview, the facility failed to ensure physician orders for oxygen therapy where obtained for 1 (#3) of 12 sampled residents who were reviewed for physician orders.</p> <p>The administrator identified 28 residents resided in the facility.</p> <p>Findings:</p> <p>On 05/30/25 at 12:42 a.m., a nurses note showed, Resident #3 was resting in bed with oxygen on at 4 liters per minute per nasal cannula. Their oxygen saturation was at 88%.</p> <p>A discontinued physician order, start date of 06/05/24 and an end date of 02/27/25, documented the resident was to receive oxygen continuously via nasal cannula at 2 liters to keep oxygen saturation at 91% or above. There were no current orders for oxygen documented.</p> <p>On 06/04/25 at 10:10 a.m., the DON stated they did not see any current order for oxygen, but there should have been because Resident #3 had end stage chronic obstructive pulmonary disease and always had oxygen on.</p>		

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F 0690  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>43023</p> <p>Based on observation, record review, and interview, the facility failed to obtain a physician's order for a catheter for 1 (#25) of 1 sampled resident reviewed for indwelling catheters.</p> <p>The DON identified 28 residents resided in the facility.</p> <p>Findings:</p> <p>On 06/03/25 at 1:11 p.m., Res #25 was observed sitting on the side of the bed. A catheter bag was observed hanging on the walker.</p> <p>An undated medical diagnosis form for Res #25, showed diagnoses of neuromuscular dysfunction of the bladder and alcoholic cirrhosis of the liver with ascites.</p> <p>Physician orders, dated 06/04/25, did not show an order for an indwelling catheter.</p> <p>On 06/04/25 at 4:06 p.m., the DON stated there should have been an order for the indwelling catheter.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>49701</p> <p>Based on record review and interview, the facility failed to ensure medications were administered as ordered for one (#21) of 5 sampled residents reviewed for unnecessary medications.</p> <p>The administrator identified 28 residents resided in the facility.</p> <p>Findings:</p> <p>An undated policy Physician Services, read in part, All physician orders will be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift.</p> <p>A June 2025 order summary report showed Synthroid (a thyroid hormone) 25 micrograms was to be administered in the morning related to hypothyroidism.</p> <p>A Medical Director-Director of Nursing Report, with a medication record review date of 12/17/24, showed the pharmacy identified multiple blanks on the medication administration record for levothyroxine and asked the physician if they wanted to change the administration time away from 6:00 a.m. The report showed the physician did not want to change the administration time.</p> <p>The March medication administration record showed blanks on 03/09/25, 03/10/25, 03/13/25, 03/14/25, 03/18/25, 03/22/25, and 03/23/25 for levothyroxine.</p> <p>The April medication administration record showed blanks on 04/01/25, 04/02/25, 04/07/25, 04/11/25, 04/15/25, 04/19/25, 04/20/25, 04/21/25, 04/24/25, 04/25/25, and 04/30/25 for levothyroxine.</p> <p>The May medication administration record showed blanks on 05/01/25, 05/03/25, 05/04/25, 05/05/25, 05/08/25, 05/09/25, 05/13/25, 05/14/25, 05/17/25, 05/18/25, and 05/28/25 for levothyroxine.</p> <p>On 06/05/25 at 8:43 a.m., CMA #1 stated If there is nothing in the square it probably means not given.</p> <p>On 06/05/25 at 8:46 a.m., the DON stated blanks meant it was not administered, but there should have been something marked to indicate why it was not given.</p>		

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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>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.</p> <p>43023</p> <p>Based on observation and interview, the facility failed to ensure a multidose vial of a PPD solution was dated upon opening 1 of 1 medication storage room observed.</p> <p>The DON identified 28 residents resided in the facility.</p> <p>Findings:</p> <p>On 06/04/25 at 1:00 p.m., an observation of the medication storage room was performed with the ADON. One multidose vial of Tuberculin PPD was opened and not dated.</p> <p>On 06/04/25 at 1:10 p.m., the ADON stated the multidose vial should have been dated when it was opened.</p>		