STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375256	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowlake Estates	959 Southwest 107th Street Oklahoma City, OK 73139

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 46582 Based on observation, record review, and interview, the facility failed to ensure residents were bathed as scheduled for 1 (#1) of 5 sampled residents reviewed for assistance with ADLs. The DON identified 114 residents who resided in the facility. Findings: On 03/11/25 at 12:25 p.m., Res #1 was observed lying in bed. The resident's hair was braided and kempt. No odors were observed. A policy titled Bathing, revised 02/12/20, read in part, Staff will provide bathing services for residents within standard practice guidelines .If the resident refuses to independently or allow staff to assist with bathing, document the refusal in the record. Res #1 was admitted with diagnoses which included quadriplegia, multiple sclerosis, and muscle wasting. A quarterly assessment, dated 11/22/24, showed Res #1 had a brief interview for mental status score of 15 and was cognitively intact. The assessment showed Res #1 was dependent with bathing and mobility. A care plan, dated 12/18/24, showed the resident preferred to be bathed in the morning and for staff to provide the resident assistance with self-care as needed. An undated shower schedule sheet showed Res #1 was to be bathed every Wednesday and Saturday. The shower sheets, dated January 2025, showed the resident was bathed one out of seven opportunities. There were no shower sheets with documentation of completed or refused baths found for February 2025. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375256	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowlake Estates	959 Southwest 107th Street Oklahoma City, OK 73139

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/11/25 at 12:30 p.m., Res #1 stated their scheduled shower days were every Wednesday and Saturday on the dayshift. Res #1 stated they were frustrated because their showers were often not completed. Res #1 stated their last shower was last Wednesday. They stated the staff do not offer to bathe them at all during some weeks. Res #1 stated when their shower was missed on its scheduled day, the staff never offered to complete the shower later in the day or the following day. On 3/12/25 at 9:36 a.m., CNA #1 stated all showers should be documented on shower sheets as completed or refused. They stated the completed shower sheets were then given to the nurse to review. CNA #1 stated Res #1 had the tendency to refuse baths, but all refusals should have been documented. On 3/12/25 at 9:45 a.m., LPN #1 stated shower sheets were documented as completed or refused. They stated the nursing aides did not always provide refusals to the nurse as they should. LPN #1 stated Res #1 was picky as to who they would let assist them with bathing. They stated there should have been documentation of a completed or refused shower for every scheduled bath day for this resident. On 03/12/25 at 12:00 p.m., the DON stated they could not locate any documentation of completed baths for the missing opportunities in January 2025 or for the month of February 2025 for Res #1. They stated all of Res #1's scheduled baths should have been documented as completed or refused on the shower sheets.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375256	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowlake Estates	959 Southwest 107th Street Oklahoma City, OK 73139

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 43023 Based on observation, record review, and interview, the facility failed to: a. provide incontinent care to prevent a moisture associated pressure ulcer for 1 (#5); and b. ensure care was provided as ordered by the physician for 1 (#6) of 3 residents sampled for ADL care to prevent/worsening of pressure ulcers. The DON reported 114 residents resided in the facility. Six residents had wounds. Findings: A facility policy titled Prevention of Pressure Ulcers/Injuries, dated July 2018, read in part,Based upon the assessment and the resident's clinical condition, choices and identified needs, basic or routine care could include, but is not limited to, interventions to: a. Redistribute pressure (such as repositioning, protecting and/or offloading heels); b. Minimize exposure to moisture and keep skin clean, especially of fecal contamination. 1. Res #5 admitted with diagnoses of muscle wasting and atrophy, major depressive disorder, and muscle weakness. An Incident Investigation Report, dated 02/23/24, read in part, On 02/23/25, it was reported by the 11-7 nurse that the residents: [Res #6], name withheld, name withheld, [Res #5], and name withheld were observed to be brown ringed and soaking wet. Focused assessment completed. Stage II noted to [Res #5]. A skin assessment, dated 02/23/25, showed a pressure wound to the saccrum. A physican order, dated 02/23/25, ordered hydrocolloid three times weekly. A wound care physican note, dated 02/25/25, showed moisture assosicated wound area with surrounding dermatitis. The open area meausred 0.7x1x.01. A wound care physician note, dated 03/06/25, showed the wound was resolved. On 3/12/25 at 2:57 p.m., the DON reported the resident should have been checked every two hours and the CNA had been terminated. 2. On 03/11/25 at 10:50 a.m., Res #6 was observed resting in bed with eyes open. The resident's heels were observed resting directly on the mattress. On 03/12/25 at 8:50 a.m., Res #6 was observed resting in bed with eyes open. The resident's heels were observed resting directly on the mattress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375256	A. Building B. Wing	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowlake Estates	959 Southwest 107th Street Oklahoma City, OK 73139

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/12/25 at 10:16 a.m., Res #6 was observed resting in bed with eyes closed. LPN #2 was asked to uncover the resident's feet. The resident's feet were observed resting directly on the mattress. Res #6 admitted with diagnoses of dementia, anxiety disorder, and macular degeneration. A physician order, dated 09/11/24, documented treatment every shift float heels while in bed. On 03/12/25 at 2:27 p.m., LPN #2 reported they were not aware of the resident's order to float heels while in bed. On 03/12/25 at 2:54 p.m., the DON reported a physician's order should always be followed.