

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Ballard Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West 5th Street 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)		
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents were offered vaccines and received education related to COVID-19 immunizations, and if the vaccine was declined, the required documentation was in place for 1 (#54) of 5 sampled residents reviewed for immunizations. The administrator reported 60 residents resided in the facility. Findings: The admission assessment for Resident #54, dated 06/09/25, showed the resident was admitted to the facility on [DATE] with diagnoses which includes Congestive heart failure, diabetes mellitus, and hypertension. The assessment showed a BIMS score of 12 which indicated moderate cognitive impairment. A facility vaccination consent form dated 05/29/25, read in part, COVID-19 VACCINE CONSENT, followed by I do ___ do not ___ want resident to receive COVID-19 vaccine or boosters. Resident #54's consent form showed a check mark to indicate they wanted the COVID-19 vaccine. In Resident #54's medical record, there was no documentation to indicate a COVID-19 vaccine was received. On 08/27/25 at 2:50 p.m. the administrator and RN were asked to verify Resident #54 received the injection for the COVID-19 vaccine. Resident #54 had given consent for back on 5/29/25. They stated no because they have not had a vaccine clinic. The administrator or RN were unable able to produce a vaccine policy for COVID-19 vaccination education and administration.		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to ensure food service equipment was free from grease and grime. The dietary manager reported plate warming lids were used for residents who receive their meals in their rooms. Findings: An undated policy General Sanitation of Kitchen, read in part, Food and nutrition services staff will maintain the sanitation of the kitchen. On 08/26/25 at 12:15 p.m., during a tour of the kitchen, the metal rack that held multiple plate warming lids were observed with visible buildup of grease and grime. There were no visible signs of the lids containing grease and grime. The residue on the metal rack was sticky to the touch and extended across all shelving levels where the lids were stored. On 08/26/25 at 12:17 p.m., the dietary manager stated the rack had not been cleaned and its proximity to the stove contributed to the accumulation of the grease and grime. The dietary manager stated the buildup of grease and grime on the metal rack was an oversight and needed to be cleaned.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility to ensure a food allergy was included on the comprehensive care plan for 1 (#31) of 1 sampled resident reviewed for food allergies. The administrator reported 60 residents resided in the facility. Findings: A nutritional risk assessment, dated 05/20/24, showed Resident 31's diet was regular with an allergy to fish. A quarterly assessment, dated 08/19/25, showed Resident #31 required set-up assistance with eating. On 08/27/25 at 10:01 a.m., Resident #31's dietary card showed a food allergy to fish. An incident report, dated 05/28/25, showed the resident was accidentally given a tuna sandwich and had eaten a couple of bites before the CNA could take it back. The incident report was sent to the emergency room for evaluation due to the known fish allergy. An emergency room report, dated 05/28/25, showed the resident was not in any distress. The emergency room report showed the resident reported feeling funny and was medicated for a known food allergy. A care plan, dated 05/30/25, showed the resident has a known food allergy to fish. On 08/27/25 at 4:02 p.m., LPN #1 reported Resident #31's fish allergy had not been added to the care plan before 05/30/25. The LPN reported the fish allergy should have been on the care plan before 05/30/25.		