

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Warr Acres Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 North MacArthur Oklahoma City, OK 73132	

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 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>45583</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident assessment was accurately coded for 1 (#2) of 15 sampled residents reviewed for resident assessments.</p> <p>The DON identified four residents with catheters resided in the facility.</p> <p>Findings:</p> <p>On 04/21/25 at 1:00 p.m., Resident #2 was observed in bed and no catheter was observed.</p> <p>An undated policy titled Conducting an Accurate Resident Assessment, read in part, The purpose of this policy is to assure that all residents receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas. The appropriate, qualified health professional will correctly document the resident's medical, functional, and psychosocial problems and identifies residents strengths to maintain or improve medical status, functional abilities, and psychosocial status.</p> <p>Resident #2's order summary, dated 06/03/22 through 04/23/25, showed diagnoses which included hypokalemia, right below the knee amputation, and major depressive disorder.</p> <p>The MDS indicators (information generated from the MDS of a residents condition) showed catheter.</p> <p>A significant change resident assessment, dated 02/26/25, showed H0100 A section of the MDS marked Yes. It indicated an indwelling catheter had been or was in place. Per the guidelines in the resident assessment instrument used for coding the MDS showed there was a seven day look back period to capture a resident with a catheter.</p> <p>There was no documentation in the progress notes of a catheter for the month of February 2025.</p> <p>A resident care plan, dated 03/11/25, did not show a catheter.</p> <p>Resident #2's order summary for active and discontinued orders from admission to current were reviewed and did not show orders for catheter placement.</p> <p>On 04/21/25 at 1:01 p.m., Resident #2 stated they never had a catheter of any type.</p> <p>(continued on next page)</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/23/25 at 11:04 a.m., certified nurse aide #1 stated Resident #2 was incontinent and had not had a catheter in place.</p> <p>On 04/23/25 at 11:14 a.m., licensed practical nurse #1 stated Resident #2 was incontinent of urine and had not had a catheter in place.</p> <p>On 04/23/25 at 11:17 a.m., the DON stated they determine the coding for a catheter on the MDS by going to the resident and assessing them to see their needs. The DON stated Resident #2 never had a catheter and did not know how it was coded that way. The DON stated they saw the catheter marked on the matrix (a facility specific document that shows what residents have certain diagnoses that need monitoring) when they were gathering the documents for survey. The DON stated the MDS was not accurate.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45583</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen concentrator filters were without debris particles for 1 (#2) of 1 sampled resident reviewed for respiratory services.</p> <p>The DON identified five residents received oxygen in the facility.</p> <p>Findings:</p> <p>On 04/21/25 at 12:58 p.m., Resident #2's oxygen concentrator filter was observed to have moderate amount of dust particles both within the filter and hanging off of the filter.</p> <p>An undated policy Oxygen Concentrator, read in part, Follow manufacturer recommendations for the frequency of cleaning filters.</p> <p>A care plan, revised 06/24/24 showed the resident used oxygen.</p> <p>A physicians, order dated 08/18/24 showed to change oxygen tubing weekly on Sunday night and clean oxygen concentrator filter under running water and pat dry.</p> <p>A significant change resident assessment, dated 02/26/25, showed the resident used oxygen.</p> <p>On 04/21/25 at 1:53 p.m., the DON stated they would have to look at the policy and procedure for the cleaning of the filter. The stated they expect their staff to look at the filters on the concentrators and all equipment to keep them clean. The DON was shown the concentrator filter. They stated, that was a lot of dust, not much air was going to get through there.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45583</p> <p>Based on observation, record review, and interview, the facility failed to ensure medications were secure/locked when not attended for 1 (Hall 300) of 2 medication carts observed.</p> <p>The administrator identified 57 residents resided in the facility.</p> <p>Findings:</p> <p>On 04/23/25 at 11:06 a.m., a medication cart was observed unlocked and unattended on hall 300 next to room [ROOM NUMBER].</p> <p>An undated policy Medication Storage, read in part, All drug and biologicals will be stored in a locked compartment .During medication pass, medication must be under the direct observation of the person administering medication or locked in the medication storage area/cart.</p> <p>On 04/23/25 at 11:08 a.m., CMA #1 returned to the cart. They stated the cart was not locked. CMA #1 stated the cart was to be locked when they walked away.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45583</p> <p>Based on observation, record review, and interview, the facility failed to ensure the floor of the walk in freezer was clean and free of debris for 1 of 1 freezers observed.</p> <p>The administrator identified 56 residents received their food from the kitchen.</p> <p>Findings:</p> <p>On 04/21/25 at 11:31 a.m., the walk-in freezer was observed. The left side, on the floor at the entrance of the freezer was a small clear bowl with a dried orange substance inside. There was a moderate to large amount of brown and orange debris on the floor and at the edge where the floor and the wall meet. To the right, on the floor under the metal rack, were three food items and a bag of unidentified substance. There was also moderate amount of brown and orange debris on the floor and at the edge where the floor and the wall meet.</p> <p>An undated policy Sanitation Inspection, read in part, Daily: Food service staff shall inspect refrigerators/coolers, freezers.</p> <p>On 04/21/25 at 11:32 a.m., the certified dietary manager stated they were the one to clean and they cleaned it last Monday.</p> <p>On 04/22/25 at 1:50 p.m., the administrator stated the freezer should be cleaned weekly other than wiping out for spills.</p>		