

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375284	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Arbor Village		STREET ADDRESS, CITY, STATE, ZIP CODE 310 W Taft Ave Sapulpa, OK 74066	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</p> <p>Based on record review and interview, the facility failed to ensure the PASRR for a resident with a serious mental health diagnosis was filled out correctly and referred to the OHCA for two (#14 and #25) of three sampled residents reviewed for PASRR evaluations.</p> <p>The Administrator identified 77 residents resided in the facility.</p> <p>Findings:</p> <p>1. Res #14 admitted to the facility with diagnoses of PTSD, COPD, A-Fib, Depression, and alcohol abuse. A PASRR Level I, dated 06/13/23, documented the resident did not have a mental health diagnosis. A quarterly assessment dated , 01/09/24, documented the resident had a mental health diagnosis.</p> <p>2. Res #25 was admitted to the facility on [DATE] with diagnoses of PTSD, heart failure, HTN, dementia, obstructive sleep apnea, DM, and GERD. A PASRR level I, dated 10/12/23, documented the resident did not have a mental health diagnosis. A quarterly assessment, dated 1/11/24, documented the resident had a mental health diagnosis.</p> <p>On 03/14/24 at 11:20 a.m., the Administrator and ADON reported that OHCA should have been notified of the mental health diagnosis of PTSD.</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</p> <p>Based on record review and interview the facility failed to ensure the physician responded to the pharmacist medication reviews related to the GDR request with a clinical rational for three (#1, 25, and #34) of five sampled residents reviewed for unnecessary medications.</p> <p>The Administrator reported 77 residents resided in the facility.</p> <p>Findings:</p> <p>1. Res #1 admitted to the facility with diagnoses of Hypertension, Dementia, and depression.</p> <p>A pharmacy recommendation, dated 06/24/23, documented to evaluate the use of Glimeperide 4mg QD. The physician marked- report reviewed- no changes, no rational was documented by the physician.</p> <p>A pharmacy recommendation, dated 10/21/23, documented to evaluate the use of an opioid with a Gabapentinoid, Morphine ER, Norco, and Gabapentin. The physician did not document a rational.</p> <p>2. Res #25 admitted to the facility with diagnoses of heart failure, DM, HTN, dementia, PTSD, and obstructive sleep apnea.</p> <p>A pharmacy recommendation, dated 10/21/23, documented: Please evaluate the routine use of an Opioid with a Gabapentoid, Tylenol with Codeine and Gabapentin. This combination has been deemed by CMS as an inappropriate due to potential adverse drug reaction. The physician did not document a rational.</p> <p>3. Res #34 admitted to the facility on [DATE] with diagnoses of depression, COPD, DM, Parkinson's, anxiety, and HTN.</p> <p>A pharmacy request, dated 10/21/23, to evaluate the routine use of an Opioid with a Gabapentinoid, Tramadol and Gabapentin. The physician did not document a rational.</p> <p>On 03/14/24 at 11:14 a.m., the DON reported the GDRs should have had a rational from the physician.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33097</p> <p>Based on observation, record review, and interview the facility failed to store, prepare, and serve food under sanitary conditions for 77 residents who ate meals prepared by the kitchen.</p> <p>The administrator identified 77 residents who resided in the facility and ate meals prepared by the kitchen.</p> <p>Findings:</p> <p>A policy titled Food Service/Distribution documented .Dietary staff shall wear hair restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food .</p> <p>A policy titled Sanitization documented .All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks,corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning .</p> <p>On 03/11/24 at 10:12 a.m., a scoop was observed in the sugar bin.</p> <p>On 03/11/24 at 10:13 a.m., the dietary cook #1 stated the scoop should not be left in the sugar bin.</p> <p>On 03/11/24 at 10:15 a.m., a staff member entered the kitchen and identified their job title as a host for the residents. The staff had a beard and was not wearing a beard guard.</p> <p>On 03/11/24 at 10:16 a.m., the host stated they should have been wearing a beard guard.</p> <p>On 03/11/24 at 10:30 a.m., the dish machine had dust and dirt debre on top of the machine.</p> <p>On 03/11/24 at 10:31 a.m., the dish washing staff stated the dish machine had not been cleaned since they had been hired two months.</p> <p>On 03/11/24 at 10:32 a.m., a can of soda was observed in the freezer that had frozen and had burst open. The stove had a black substance layer on the bottom and the door had a large amount of brown substance on the inside.</p> <p>On 03/11/24 at 10:36 a.m., cook #1 stated they did not know the can of soda was in the freezer and shouldn't have been there. The cook stated there was no current cleaning schedule. The cook provided the last documented cleaning schedule dated for November. The cook stated that was most likely the last time the oven was cleaned.</p> <p>On 03/13/24 at 11:56 a.m., during a meal service observation it was noted there were two cases of unpasteurized eggs, but no pasteurized eggs available. The dietary supervisor stated the facility does offer eggs prepared over easy.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/13/24 at 12:46 p.m., the dietary supervisor stated per review of the food delivery receipt for this week only unpasteurized eggs had been received. The dietary supervisor stated they were unsure when the last time pasteurized eggs had been received.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>33097</p> <p>Based on observation, record review, and interview the facility failed to maintain an infection prevention and control program for one (#10) of one resident reviewed for pressure ulcers.</p> <p>The director of nursing identified 12 residents who received wound care.</p> <p>Findings:</p> <p>A policy titled Hand Hygiene documented .All staff will perform proper had hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .Hand hygiene is indicated and will be performed under conditions listed in, but not limited to, the attached hand hygiene table .After handling contaminated objects .Before applying and after removing personal protective equipment (PPE), including gloves .When, during resident care, moving from a contaminated body site to a clean body site .</p> <p>Resident #10 had diagnoses which included hemiplegia and hemiparesis, type 2 diabetes mellitus, and pain.</p> <p>The care plan, dated 01/18/24, documented the resident had actual impairment to skin integrity of the right ankle on the lateral side.</p> <p>A discharge return anticipated assessment, dated 02/04/24, documented the resident was modified independent with daily decision making. The assessment documented the resident had a stage 2 pressure ulcer.</p> <p>On 03/13/24 at 8:00 a.m., a wound care observation was conducted. LPN #1 gathered supplies, entered the resident's room, placed the supplies on the bedside table, and washed their hands. The LPN did not clean the bedside table before placing their supplies. The LPN donned a pair of gloves, removed the bedding from the resident's lower extremities, removed the resident's heel protectors, and repositioned the resident. The LPN placed the Triamcinolone Acetonide External Lotion 0.025 % (Triamcinolone Acetonide (Topical) to the left top of the foot. The LPN did not change their gloves or wash their hands. The LPN continued the treatment with the same gloved hands opening and obtained a new skin prep pad for both heels, the right ankle, and upper left side of foot without changing their gloves or washing their hands between areas or opening new packages. The LPN removed their gloves, exited the room, and used the alcohol hand gel dispenser in the hall by the medication cart.</p> <p>On 03/13/24 at 8:24 a.m., LPN #1 stated they did not change their gloves or wash their hands between tasks or from clean to dirty areas and should have.</p> <p>On 03/13/24 at 9:37 a.m., the DON stated the LPN should have provided a clean surface for placing supplies and changed their gloves and washed their hands between tasks.</p>		