

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  Community Health Care of Gore		STREET ADDRESS, CITY, STATE, ZIP CODE  503 South Main Street Gore, OK 74435	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42171</p> <p>Based on record review and interview, the facility failed to ensure a resident's representative and the physician were notified of a fall for one (#1) of three sampled residents reviewed for falls.</p> <p>The administrator identified 47 residents resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled Community Healthcare of [NAME] Policy and Procedure, revised 12/16/22, read in part, Assess resident, contact medical director, DON, ADON, Admin and emergency family contact.</p> <p>Resident #1 had diagnoses which included a history of falling and dementia.</p> <p>A nurse note, dated 08/16/24 at 10:42 p.m., documented Resident #1 was on alert charting related to a non-injury fall.</p> <p>An Investigation Report Statement, dated 08/21/24, documented Resident #1 fell on [DATE] at around 6:33 p.m. The report further documented LPN #1 did not contact the physician or the family at the time of the incident.</p> <p>On 11/13/24 at 10:25 a.m., the DON stated when Resident #1 fell on [DATE] LPN #1 did not notify the family or the physician.</p> <p>On 11/14/24 at 9:09 a.m, the administrator stated the nurse on duty when Resident #1 fell on [DATE] did not notify anyone.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42171</p> <p>Based on record review and interview, the facility failed to assess a resident after a fall for one (#1) of three sampled residents reviewed for falls.</p> <p>The administrator identified 47 residents resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled Community Healthcare of [NAME] Policy and Procedure, revised 12/16/22, read in part, Neuro checks for falls with head injury and unwitnessed falls with possible head injury .Assess resident, contact medical director, DON, ADON, Admin and emergency family contact .Obtain vital signs, assess residents' orientation, level of consciousness, pupil size and reaction to light.</p> <p>Resident #1 had diagnoses which included a history of falling and dementia.</p> <p>A nurse note, dated 08/16/24 at 10:42 p.m., documented Resident #1 was on alert charting related to a non-injury fall.</p> <p>An Investigation Report Statement, dated 08/21/24, documented Resident #1 fell on [DATE] at around 6:33 p. m. The report further documented LPN #1 did not complete an assessment on Resident #1 after the fall.</p> <p>On 11/13/24 at 10:25 a.m., the DON stated when Resident #1 fell on [DATE] LPN #1 did not complete an assessment.</p> <p>On 11/14/24 at 9:09 a.m., the administrator stated LPN #1 failed to assess Resident #1 after their fall on 08/16/24.</p>

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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>42171</p> <p>Based on record review and interview, the facility failed to ensure staff who conducted Covid-19 testing received the appropriate training.</p> <p>The administrator identified 47 residents resided in the facility.</p> <p>Findings:</p> <p>On 11/13/24 at 8:45 a.m., the social services director stated they and the activities assistant sometimes performed Covid-19 testing on the residents at the facility. They stated they did not remember being given training on proper infection control techniques or specimen collection.</p> <p>On 11/13/24 at 8:53 a.m., LPN #2 stated various employees conducted outbreak testing, including unlicensed activities staff.</p> <p>On 11/13/24 at 10:25 a.m., the DON stated social services/activities staff were sometimes used for outbreak testing. They stated that was how it was when they took over the DON position.</p> <p>On 11/13/24 at 12:36 p.m., the activities assistant stated they routinely helped test the residents for Covid-19. They stated they were unsure if they had ever received training on infection control or specimen collection.</p> <p>On 11/14/24 at 10:00 a.m., the DON stated they were unable to locate any documentation the activities/social service staff had received training related to infection control or test specimen collection.</p>