

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure a medical appointment was completed for one (#1) of two sampled residents reviewed for quality of care.</p> <p>The BOM identified 74 residents who resided in the facility.</p> <p>Findings:</p> <p>A Transportation, Social Services policy, revised December 2023, read in parts, .Our facility shall help arrange transportation for residents as needed .Social services will help the residents as needed to obtain transportation for dialysis, pcp appointments, and etc .</p> <p>Res #1 was admitted with diagnoses which included cerebral infarction, urinary catheter, hemiplegia, and stage II pressure ulcers to the left and right buttocks.</p> <p>A care plan, dated 11/01/23, documented Res #3 had a supra-pubic catheter related to urinary retention and needed social services to assist as needed with appointment scheduling and arranging transportation.</p> <p>A quarterly assessment, dated 02/26/24, documented Res #1 was cognitively intact, dependent with most ADLs and mobility, and had an indwelling urinary catheter.</p> <p>A nurse note, dated 02/29/24 at 8:45 a.m., documented Res #1 attended an appointment at the urology clinic yesterday. The note documented the resident's next appointment was scheduled for 04/29/24.</p> <p>A physician progress note, dated 04/26/24, documented Res #1 was scheduled for urology surgery. The note documented the resident hoped the urologist would be able to clear the urethra and get rid of the supra-pubic catheter.</p> <p>A nurse note, dated 04/29/24 at 10:14 a.m., documented Res #1's procedure scheduled for today had been rescheduled.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/21/24 at 11:25 a.m., Res #1 was observed lying in bed. A urinary catheter drainage bag with medium yellow urine was observed attached to the bed frame. They stated the supra-pubic catheter had caused chronic pain and irritation for a while now. Res #1 stated they had an appointment scheduled with their urologist on 04/29/24 for a surgical procedure to evaluate possible permanent removal of the supra-pubic catheter. They stated the facility had cancelled the appointment at the last minute due to not having paperwork ready that had been prior requested from the urology clinic. Res #1 stated the facility had never rescheduled the appointment or explained why the appointment continued to be postponed. Res #1 stated frustration with having missed the appointment causing continued presence of the need for a urinary catheter.</p> <p>On 05/22/24 at 2:20 p.m., LPN #1 was asked if Res #1 attended the 04/29/24 medical appointment. LPN #1 stated the facility had cancelled the appointment. They stated the facility transport vehicle was not available on this day because another resident was transported to a medical appointment instead. LPN #1 stated the appointment had not been rescheduled yet. They stated social services were responsible for making medical appointments. LPN #1 stated there had not been a consistent social services staff member over the last few months due to resignations and terminations.</p> <p>There was no documentation of a scheduled urology appointment since 04/29/24 found in the medical record.</p> <p>On 05/23/24 at 8:35 a.m., the interim DON stated Res #1 had not been transported to their medical appointment on 04/29/24. They stated the facility transported another resident with the facility van on this date. The DON stated the facility should have ensured both residents attended their appointments. They stated the facility should have planned better and utilized additional transportation on this day. The DON stated the medical appointment should have been re-scheduled immediately but wasn't.</p> <p>On 05/23/24 at 10:00 a.m., the SSD stated they had just begun employment two days prior. They stated they had called and made a urology appointment for Res #1 on 05/22/24 per request of the charge nurse. The SSD stated Res #1 was scheduled for an appointment on 05/30/24.</p> <p>On 05/23/24 at 11:17 a.m., the urology clinic was contacted. The patient service representative stated Res #1 was scheduled for a cystoscopy on 04/29/24. They stated the facility had called on 04/26/24 and cancelled the appointment due to lack of transportation for Res #1. They stated the follow-up appointment had not been made by the facility until 05/22/24.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure menus were followed for one of one meal service observed.</p> <p>The BOM identified 74 residents who received services from the kitchen.</p> <p>Findings:</p> <p>A Substitutions policy, revised April 2007, read in part, .The Food Services Manager, in conjunction the Clinical Dietician, may make food substitutions as appropriate or necessary. The Food Services Shift Supervisor will make substitutions only when unavoidable .</p> <p>The lunch menu for 05/20/24 documented residents were to have turkey pot pie with biscuit top, oven roasted potatoes, tossed side salad with dressing, frosted cinnamon roll, and a beverage of choice.</p> <p>On 05/20/24 at 11:40 a.m., [NAME] #1 stated they did not have all the ingredients to prepare turkey pot pie for lunch. They stated meat loaf would be served instead per instruction from the DM. [NAME] #1 stated the DM had been on sick leave for several days and would not be present in the facility until the following day.</p> <p>On 05/20/24 at 11:45 a.m., the lunch service was observed. The residents were served meat loaf, au gratin potatoes, mixed vegetables, cherry cheesecake, and a bread roll.</p> <p>On 05/20/24 at 12:20 p.m., [NAME] #1 served the last amount of au gratin potatoes before all residents had received a meal. [NAME] #1 delayed serving at this time to prepare mashed potatoes for the remaining residents' meals.</p> <p>On 05/21/24 at 2:20 p.m., the DM was made aware of the observation of the lunch meal. The DM stated they had not been made aware that meat loaf was served instead of turkey pot pie by the dietary staff. The DM stated they had not approved a change to the menu on 5/20/24. They stated the ingredients were available for turkey pot pie and the cook should not have changed the lunch meal.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>46582</p> <p>Based on observation and interview, the facility failed to ensure food was palatable, attractive, and at appetizing temperatures for two of two meal services observed.</p> <p>The DM identified 74 residents who received services from the kitchen.</p> <p>Findings:</p> <p>A Food and Nutrition Services policy, revised October 2017, read in parts, .Food and nutrition services staff will inspect food trays to ensure the food appears palatable and attractive, and is served at a safe and appetizing temperature .</p> <p>A Food Preparation and Service policy, revised October 2017, read in parts, .Proper hot and cold temperatures are maintained during food service . The temperature of food held in steam tables are monitored throughout the meal by food and nutrition services staff .</p> <p>A Food Temperature Chart, dated 05/12/24 through 05/18/24, had no documentation of steam holding temperatures for the 05/15/24 breakfast meal or any of the meals on 05/16/24, 05/17/24, or 05/18/24.</p> <p>On 05/20/24 at 11:45 a.m., the lunch service was observed. The food containers were uncovered on the steam table prior to the serving process. [NAME] #2 was observed checking the steam table holding temperatures of the pureed lunch meal. The temperature of the meat loaf was 121 degrees F, mixed vegetables were 113 degrees F, and the potatoes were 115 degrees F.</p> <p>On 05/20/24 at 11:50 a.m., [NAME] #2 stated the food items were not the correct holding temperature. They stated the lids had been left off the food too long and the food had cooled.</p> <p>On 05/20/24 at 1:05 p.m., a lunch test tray was obtained from the front hall serving cart. The temperature of the meat loaf was 117 degrees F, mashed potatoes were 116 degrees F, mixed vegetables were 126 degrees F, and the dinner roll was 119 degrees F. The food was cool to the touch and non-appetizing in taste and appearance.</p> <p>On 05/21/24 at 9:05 a.m., Res #6 stated the food did not taste good.</p> <p>On 05/21/24 at 10:35 a.m., Res #3 stated the meals from the kitchen were always cold and never tasted good.</p> <p>On 05/21/24 at 11:25 a.m., Res #1 stated the food was always cold and tasted terrible. They stated the salad is often wilted and rotten.</p> <p>On 05/22/24 at 11:55 a.m., Res #7 stated the facility meals were not good. They stated they ate cereal for most meals because the food did not taste good.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/22/24 at 1:00 p.m., a lunch test tray was obtained from the front hall serving cart. The temperature of the pork rib was 105 degrees F, baked beans were 118 degrees F, fried okra was 107 degrees F, and the biscuit was 100 degrees F. The food was cold to touch and the palate.</p> <p>On 05/22/24 at 2:28 p.m., the DM was made aware of the meal temperature observations. The DM stated the staff should have been obtaining and documenting the food temperatures for each meal on the food temperature chart. They stated the serving meal temperatures on the steam tables and food trays should have been at least 135 degrees F.</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>46582</p> <p>Based on observation and interview, the facility failed to ensure the kitchen was maintained to promote food safety and sanitation.</p> <p>The DM identified 74 residents who received services from the kitchen.</p> <p>Findings:</p> <p>A Sanitization policy, revised October 2008, read in part, .All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects .If a sink is used for washing utensils, cooking equipment or dishes, and also used to wash produce or thawed food, it will be cleaned between uses with an approved cleaning and sanitizing agent .Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime .</p> <p>A Refrigerators and Freezers policy, revised December 2014, read in parts, .Refrigerators and freezers will be kept clean, free of debris, and mapped with sanitizing solution on a scheduled basis and more often as necessary .Monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures . monthly tracking sheets will include time, temperature, initials, and action taken.All food shall be appropriately dated to ensure proper rotation by expiration dates. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened .</p> <p>On 05/20/24 at 9:00 a.m., a tour of the kitchen was conducted. The following observations were made:</p> <p>a. There was an accumulation of grease, black residue, and food debris on and around the griddle.</p> <p>b. There was an accumulation of black grease on the back panel and floor directly behind the griddle.</p> <p>c. There were four 5-pound plastic rolls of hamburger meat sitting in approximately one inch of dirty dish water in the outer compartment of the three-compartment sink. The meat packages were warm to the touch. Dirty dishes were sitting in the first and second compartment of the sink adjacent to the meat.</p> <p>d. There was an accumulation of food debris, grease, and dead cockroaches on the floor in the cook and preparation areas.</p> <p>e. A large plastic garbage can without a lid was observed next to the metal food preparation table. The garbage can was filled with refuse including food waste from the breakfast meal. A second large plastic garbage can without a lid was observed next to the refrigerator and freezer area. The garbage can was filled with refuse including food waste. Three live cockroaches were observed crawling around the open garbage cans.</p> <p>(continued on next page)</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>f. Numerous cockroaches, both dead and alive, were observed in the dry storage area underneath the wire racks and food bins. Dead cockroaches were observed around the refrigerators and freezers.</p> <p>g. There was an open uncovered cardboard box of hamburger patties in the freezer.</p> <p>h. There were undated open packages of sliced cheeses, shredded cheese, and coleslaw mix in the refrigerator.</p> <p>i. There was a smashed unsealed plastic jug of peanut butter and a smashed plastic jug of salsa leaking down the bottle and down into the bottom of the refrigerator, and</p> <p>j. There was an accumulation of food debris and liquid in the bottom of the refrigerator.</p> <p>A Freezer and Refrigerator Temperature Chart, dated May 2024, had no documentation of daily temperatures for 05/14/24 through 5/20/24.</p> <p>On 05/20/24 at 9:35 a.m., [NAME] #1 stated the kitchen was dirty from the weekend staff. They stated the kitchen should have been deep cleaned several days ago but it had not been cleaned due to several staff calling off work that day. [NAME] #1 stated the garbage should have been covered and there should not have been grease and food debris on and around the griddle and cooking area. [NAME] #1 stated the kitchen continued to have a cockroach problem but it had improved over the last few months. They stated the meat in the sink had been thawed earlier in the morning using hot running water and they had not realized dirty water from the other compartments had leaked in around the meat.</p> <p>On 05/21/24 at 2:12 p.m., the DM was made aware of the observations on 05/20/24. The DM stated having been out on sick leave for the last several days. They stated having been upset and embarrassed by the condition of the kitchen area. The DM stated cockroaches remained present in the kitchen and dry storage area but felt the problem had improved recently. They stated the facility had not promoted food safety and proper sanitation in the kitchen.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>46582</p> <p>Based on observation and interview, the facility failed to ensure garbage containers in the food preparation area were covered with lids.</p> <p>The DM identified 74 residents who received services from the kitchen.</p> <p>Findings:</p> <p>A Food-Related Garbage and Refuse Disposal policy, revised October 2017, read in parts, .All garbage and refuse containers are provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use .Garbage and refuse containing food wastes will be stored in a manner that is inaccessible to pests .</p> <p>On 05/20/24 at 9:15 a.m., a tour of the kitchen was conducted. A large plastic garbage can without a lid was observed next to the metal food preparation table. The garbage can was filled with refuse including food waste from the breakfast meal. A second large plastic garbage can without a lid was observed next to the refrigerator and freezer area. The garbage can was filled with refuse including food waste. Three live cockroaches were observed crawling around the open garbage cans.</p> <p>On 05/20/24 at 9:34 a.m., [NAME] #1 stated the garbage cans should have been covered with lids.</p> <p>On 05/21/24 at 2:28 p.m., the DM stated the garbage cans should be always covered to decrease the risk of contamination and decrease the potential for pests.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>46582</p> <p>Based on observation and interview, the facility failed to maintain an effective pest control program.</p> <p>The BOM identified 74 residents who resided in the facility.</p> <p>Findings:</p> <p>On 05/20/24 at 9:15 a.m., a tour of the kitchen was conducted. Numerous cockroaches, both dead and alive, were observed in the kitchen and dry storage area underneath the wire racks and food bins. Dead cockroaches were observed around the refrigerators and freezers. Three live cockroaches were observed crawling around the open trash cans in the meal preparation area of the kitchen.</p> <p>On 05/20/24 at 9:40 a.m., [NAME] #1 stated cockroaches had been present in the kitchen for a while now. They stated the cockroach problem had improved some recently but remained a problem.</p> <p>On 05/21/24 at 10:22 a.m., Res #4 stated they had found a cockroach in their eggs during breakfast a few months ago. They stated the staff were aware of the cockroach problem but had done nothing to fix it.</p> <p>On 05/21/24 at 10:35 a.m., Res #3 stated they had observed cockroaches in the dining area on numerous occasions.</p> <p>On 05/21/24 at 2:15 p.m., the DM was made aware of the observation of cockroaches in the kitchen area. The DM acknowledged the presence of cockroaches. They stated the number of cockroaches had decreased in the last few months but remained a major concern.</p>