

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER Burford Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 505 South 7th Street Davis, OK 73030	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and record review, the facility failed to provide housekeeping and maintenance to maintain a sanitary and comfortable facility for: a. 1 (North hall shower room) of 2 sampled shower rooms; and b. 1 (North hall carpet) of 3 sampled halls reviewed for a homelike environment. The DON identified 16 residents were located on North hall. Findings: On 07/14/26 at 1:26 p.m., an observation of North hall shower room was completed. The North hall shower had a leaking shower head and cracked tiles with caulk peeling in multiple areas. A black substance was observed on tile of the shower wall. On 07/15/26 at 9:50 a.m., the North hall shower head was observed leaking. On 07/17/26 at 9:59 a.m. the maintenance supervisor stated the North hall shower leaked from the handheld shower head and equipment needed repaired. They stated the shower tile needed repaired and caulking applied to cracks in tile needed replaced. They stated black marks on the shower wall/tile were from resident wheelchairs. On 07/17/26 at 10:09 a.m., CNA #1 stated approximately 16 residents used the shower on North hall. They described the shower as leaking from handheld shower equipment, nasty, dirty, and the floor tile was coming up. 2. On 07/14/26 at 1:36 p.m., the North hall carpet was observed to have a black, tacky substance at the entrance to the common area. On 07/16/26 at 9:53 a.m., Housekeeper #1 stated the facility's carpet was vacuumed daily and spritzed with cleaner. They stated the carpet had been shampooed one time in the past year, and it didn't help much. Housekeeper #1 stated the carpet did not appear clean to them. On 07/17/26 at 10:14 a.m., CNA #1 stated the carpet on North hall is nasty and needed to be replaced. CNA #2 stated they had not seen the carpet being cleaned.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 375325 If continuation sheet Page 1 of 1