

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Talihina Manor		STREET ADDRESS, CITY, STATE, ZIP CODE First & Emmert Street Talihina, OK 74571	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on record review and interview, the facility failed to complete criminal history background checks for 8 (dietary manager, social services director/activities director, CMA #1, CNA #1, CNA #2, CNA #3, CNA #4, and CNA #5) of 10 sampled employees reviewed for criminal history background checks.</p> <p>The administrator identified 26 residents who resided in the facility and 39 facility employees.</p> <p>Findings:</p> <p>A facility policy titled Abuse - Reportable Events, revised 01/2018, read in part, Pre-employment screening will be completed on all employees, to include:</p> <ul style="list-style-type: none"> * Criminal History Check * Background Check <p>1. An untitled and undated employee list showed the dietary manager was hired 09/13/24.</p> <p>There was no criminal history background check results found in the dietary manager's employee file for the hire date 09/13/24.</p> <p>2. An untitled and undated employee list showed the social services/activities director was hired 02/09/24.</p> <p>There was no criminal history background check results found in the social services/activities director's employee file for the hire date 02/09/24.</p> <p>3. An untitled and undated employee list showed CMA #1 was hired 03/01/22.</p> <p>There was no criminal history background check results found in CMA #1's employee file for the hire date 03/01/22.</p> <p>4. An untitled and undated employee list showed CNA #1 was hired 07/01/22.</p> <p>There was no criminal history background check results found in CNA #1's employee file for the hire date 07/01/22.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. An untitled and undated employee list showed CNA #2 was hired 04/05/23.</p> <p>There was no criminal history background check results found in CNA #2's employee file for the hire date 04/05/23.</p> <p>6. An untitled and undated employee list showed CNA #3 was hired 01/31/24.</p> <p>There was no criminal history background check results found in CNA #3's employee file for the hire date 01/31/24.</p> <p>7. An untitled and undated employee list showed CNA #4 was hired 05/23/24.</p> <p>There was no criminal history background check results found in CNA #4's employee file for the hire date 05/23/24.</p> <p>8. An untitled and undated employee list showed CNA #5 was hired 11/19/24.</p> <p>There was no criminal history background check results found in CNA #5's employee file for the hire date 11/19/24.</p> <p>On 07/02/25 at 12:25 p.m., the administrator stated criminal history background checks were to be completed for new employees. The administrator stated they were not aware a criminal history background check was required for employees who had been rehired.</p> <p>On 07/03/25 at 10:40 a.m., the BOM reviewed the employee files. The BOM stated criminal history background checks had not been completed for employees who had been rehired.</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>Based on record review and interview, the facility failed to maintain a water management program to prevent the growth of Legionella and other opportunistic waterborne pathogens in the building water system.</p> <p>The DON reported 26 residents resided in the facility.</p> <p>Findings:</p> <p>An undated Reducing the Risk of Legionella in Facility Water Systems Policy, read in part, The facility will complete the following steps to implement a Water Management Program that considers the ASHRAE industry standard and the CDC toolkit . Establish a Water Management Program Team that will meet monthly and as needed to address any issues that arise that could pose a threats to water safety . Describe the building water systems using text and flow diagrams .Document and communicate all the activities of the Water Management Program.</p> <p>The water management program was reviewed. There was no documentation to indicate maintenance of the water management program.</p> <p>On 07/02/25 at 12:07 p.m., the assistant administrator/BOM reported they could only find the Legionella Policy.</p>		