STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375334	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shady Rest Care Center	210 South Adair Pryor, OK 74361

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 42171 Based on record review and interview, the facility failed to ensure the residents right to refuse treatment was respected for one (#28) of two residents reviewed for resident's rights. The administrator reported the census was 34. Findings: An undated facility policy titled Resident rights Guidelines for All Nursing Procedures read in part, .Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on resident rights, including . Resident right of refusal (medication and treatments) . Resident #28 had diagnoses which included benign prostate hyperplasia and depression. A physician order, dated 07/21/24, indicated the resident had urinary catheter. A nurse note, dated 07/23/24 at 3:43 am, indicated the resident wanted the catheter removed. A nurse note, dated 07/24/24 at 9:51 am, indicated the resident wanted the catheter removed. A nurse note, dated 07/25/24 at 12:17 pm, indicated the resident wanted the catheter removed. A nurse note, dated 07/30/24 at 2:03 pm, indicated the resident wanted the catheter removed. A nurse note, dated 07/31/24 at 1:57 pm, indicated the resident wanted the catheter removed. A nurse note, dated 08/03/24 2:02 pm, indicated the resident wanted the catheter removed. A nurse note, dated 08/14/24 3:25 am, indicated the resident wanted the catheter removed. A nurse note, dated 08/14/24 2:37 pm, indicated the resident wanted the catheter removed. A nurse note, dated 08/15/24 3:38 am, indicated the resident wanted the catheter removed. A nurse note, dated 08/17/24 4:33 pm, indicated the resident wanted the catheter removed. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/26/24 at 12:40 pm, the Resident #28 stated the catheter was very uncomfortable and they would like it removed. They also stated they had spoken to staff about it repeatedly. On 08/27/24 at 1:40 pm, the DON stated the resident has the right to refuse treatment.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 34270 Based on record review and interview, the facility failed to notify a resident's responsible party when the resident was transferred to a hospital for one (#37) of four sampled resident reviewed for hospitalization s. The DON stated 26 residents had been transferred from the facility in the six months prior to the survey. Findings: A Change in Resident's Condition or Status policy, dated 2001, documented a nurse was to notify a resident's representative when the resident was transferred to a hospital. A progress note, dated 07/30/24 at 10:00 p.m., documented Resident #37 wanted to be sent to a hospital and a medical transport was called. The note did not document if the resident's representative was notified of the transfer. A progress note, dated 07/31/24 at 3:54 p.m., documented Resident #37's family member called the facility to complain they were not made aware the resident had gone to the hospital. On 08/28/24 at 9:07 a.m. The DON stated they recalled the phone call from the family member that was documented in the 07/31/24 progress note. They stated they had reviewed Resident #37's medical record and did not find documentation anyone at the facility had notified the two emergency contacts when the resident transferred to a hospital on 07/31/24. They stated someone should have notified them.

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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. 34270 Based on observation and interview, the facility failed to ensure a broken window pane was replaced and not covered with a Styrofoam and tape for two (#17 and #24) of twelve sampled resident reviewed homelike environment. A facility resident roster, dated 08/26/24, documented 34 residents resided in the facility. Findings: On 08/28/24 at 10:19 a.m. a white piece of Styrofoam was observed taped to the window next to the bed of Resident #24. The second occupant of the room was Resident #17. They stated the window had been broken by their previous roommate but could not recall the date. They stated they could not see broken window because of the curtain but they wanted it to be fixed. They stated staff was aware of the broken window as they had put on the Styrofoam but they had not returned to fix it properly. At 10:24 a.m., the maintenance supervisor stated the window had been broken the week prior. They stated they were going to fix it but they had not been given any money to replace the window pane. At 10:31 a.m. the corporate nurse stated the use of Styrofoam to replace a broken window was not provide a homelike appearance. They stated they had provided money to the maintenance supervisor that morning to get materials to replace the missing glass.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42171 Based on record review and interview, the facility failed to ensure an admission MDS was completed within 14 days of admission for one (#139) of five residents reviewed for MDS assessments. The administrator reported the facility census was 34. Findings: An undated facility policy titled MDS Completion and Submission Timeframes read in part, .Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes . Resident #139 was admitted to the facility on [DATE]. An MDS 3.0 assessment summary documented the admission assessment for Resident #139 was in process. On 08/28/24 at 1030 am, the ADON stated the admission MDS for Resident #139 had not been completed and was late.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 34270 42171 Based on record review and interview, the facility failed to implement a comprehensive care plan for one (#139) of five sampled residents reviewed for unnecessary medications. A facility resident roster, dated 08/26/24, documented 34 residents resided in the facility. Findings: Resident #139 had diagnoses which included bipolar disorder and anxiety disorder. A physician order, dated 08/09/24, documented the resident was receiving clonazepam (an antianxiety medication) 0.5 mg by mouth twice a day. A physician order, dated 08/09/24, documented the resident was receiving fluoxetine (an antidepressant) 40 mg by mouth daily. A physician order, dated 08/09/24, documented the resident was receiving trazodone (an antidepressant) 50 mg by mouth at bedtime. A review of Resident #139's care plan did not address the use antidepressant or antianxiety medications. On 08/27/24 at 1:40 pm, the DON stated psychotropic medication use should be included on the resident's care plan. On 08/28/24 at 10:30 am, the ADON stated the use of antidepressant and antianxiety medications should be included on the care plan.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 34270 Based on record review and interview, the facility failed to ensure a resident's attending physician participated in care plan conferences for one (#6) of twelve sampled resident reviewed for care plans. A facility resident roster, dated 08/26/24, documented 34 residents resided in the facility. Findings: A facility policy, titled Care Planning - Interdisciplinary Team, dated 2001, documented the interdisciplinary team was to include a resident's attending physician. Resident #6 had diagnoses which include chronic obstructive pulmonary disease and chronic kidney disease. A care conference information note, dated 07/16/24, documented a care plan conference for a quarterly assessment had occurred on that date. The list of attendees to the meeting did not include the resident's attending physician. On 08/29/24 at 10:43 a.m., the ADON stated the medical director was the attending physician for Resident #6. They stated medical director had not participated in the resident care plan meeting. They stated they had no documentation the medical director had attended any of the care plan meeting for the resident since January of 2024. They stated they do inform the physician if any issues were talked about during those meetings but they have no documentation of those discussions. They stated the facility policy did require the physician to be present during the care plan process.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 42171 Based on record review and interview, the facility failed to ensure residents receiving psychotropic medications were monitored for side effects for one (#139) of five residents reviewed for unnecessary medications. The corporate nurse reported 23 residents in the facility received psychotropic medications. Findings: Resident #139 had diagnoses which included bipolar disorder and anxiety disorder. A physician order, dated 08/09/24, documented the resident was receiving clonazepam (an antianxiety medication) 0.5 mg by mouth twice a day. A physician order, dated 08/09/24, documented the resident was receiving fluoxetine (an antidepressant) 40 mg by mouth daily. A physician order, dated 08/09/24, documented the resident was receiving trazodone (an antidepressant) 50 mg by mouth at bedtime. A review of the EHR did not document Resident #139 was being monitored for medication side-effects. On 08/27/24 at 1:40 pm, the DON stated all residents receiving psychotropic medications should have side-effect monitoring in place. On 08/28/24 at 10:30 am, the ADON stated medication side-effect monitoring was not in place for resident #139.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 34270 Based on record review, observation, and interview, the facility failed to provide the correct amount of food to residents in accordance with the facility menu. A facility resident roster, dated 08/26/24, documented 34 residents resided in the facility. Findings: A facility food portion policy, dated 01/02/23, documented it was the policy of the facility for food portions served be those written on the menus. A facility Spring/Summer 2024 Diet Spreadsheet, documented a serving of fried potatoes was one half cup. On 08/27/24 at 12:07 p.m., the afternoon meal service was observed. [NAME] #1 was observed filling the plates of each resident. They were observed using tongs to measure and place fried potatoes onto each plate. They were observed using serving spoons marked for specific serving sizes for the other food items. The amount of potatoes going on each plate were easily observed to be of various amounts. On 08/28/24 at 9:26 a.m. [NAME] #1 stated the serving size for the fried potatoes was suppose to be one half cup per serving but they did not have that size of serving spoon. They stated they did not have all the correct sizes of measuring spoons at that time and needed to purchase some. They stated they were not aware of how long they had been without all of the spoons. [NAME] #1 provided the printed menu for the afternoon meal on 08/27/24 that included the serving sizes for each food item. At 10:00 a.m., the Administrator stated they were unaware of the need for the spoons and would order replacements. They stated it was important for resident to get the correct amount of each food item.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34270 Based on record review and interview, the facility failed to provide have a director of food services employed at the facility. A facility resident roster, dated 08/26/24, documented 34 residents resided in the facility. Findings: A facility document, titled [NAME] Rest Active, undated, documented the names and titles of the facility staff. Under the subheading, Dietary the title of CMA/Dietary Manager had no name associated with it. On 08/28/24 at 8:35 a.m., [NAME] #1 stated the facility did not have a dietary manager at that time. They stated the last person in that role had left four or five months prior to the survey. They stated the facility administrator was ordering food for the kitchen and the dietician comes in once or twice a month. They stated they had not accepted any of the responsibilities of the dietary manager. At 8:49 a.m. the Administrator stated the last dietary manager was terminated on 08/19/24 and they had not found a new one yet. They stated they currently had no one performing the duties of the dietary manager.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 42171 Based on observation, record review and interview, the facility failed to provide food that accommodated resident allergies for one (#30) of two residents reviewed for dining. Corporate Nurse #1 reported 32 residents received meals from the kitchen. Findings: An undated facility policy titled Food Allergies and Intolerances read in part, .Residents with food allergies and/or intolerances are identified upon admission and offered foods substitutions of similar appeal and nutritional value. Steps are taken to prevent resident exposure to the allergen(s) . Resident #30 had diagnoses which included congestive heart failure and depression. A physician's order, dated 08/05/24, documented the resident was to receive a regular diet with thin liquids, the order did not document the resident's allergies. The EHR documented the resident was allergic to pork. On 08/26/24 at 9:00 am, Resident #30 was observed eating breakfast in his room, bacon was observed on their plate. On 08/26/24 at 9:00 am, Resident #30 stated they were served bacon this morning and had been served sausage the day before. They stated they had spoken to the staff, but they continued to serve pork products. On 08/28/24 at 8:43 am, [NAME] #1 stated that resident preferences and allergies should be listed on the meal card and whoever was plating the meal should check the card to ensure the residents preferences and allergies were accommodated. Resident #30's meal card indicated he was allergic to pork. On 08/29/24 at 12:10 pm, LPN #1 stated the person plating the food should check the card for allergies and preferences and so should the person who is taking the food to the resident.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 42171 Based on observation and interview, the facility failed to ensure dryer lint screens were routinely cleared for two of two dryers observed in the laundry room. The administrator reported the census was 34. Findings: A facility policy titled Policy on Lit [sic] and cleaning under, around, and behind dryer, dated 02/11/1995, read 1. Minimum of every shift and as needed for build-up. 2. The area of the lit [sic] trap, behind the dryer and areas around the dryer. A Dryer Lint Log, dated August 2024, documented the lint screens had been cleared on 17 out of 84 opportunities. On 08/29/24 at 8:57 am, the housekeeping supervisor stated that the lint screens should be cleared at the end of every shift, but they could not get the 2nd shift to clear them, and the 3rd shift often forgot to document clearing the screens.