

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Walnut Grove Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1001 South George Nigh Expressway McAlester, OK 74502	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure baths were provided as care planned for one (#2) of four sampled residents reviewed for ADL (activities of daily living) assistance.</p> <p>A facility resident report, dated 07/24/24, documented 61 residents resided in the facility.</p> <p>Findings:</p> <p>A facility ADL Care Bathing policy, dated 07/21/22, read in part, Nursing staff will assist in bathing Residents to promote cleanliness and dignity.</p> <p>A care plan focus, dated 06/16/24, read in part, BATHING/SHOWERING: Offer Bathing/Showering twice weekly and as necessary.</p> <p>Resident #2's bathing records were reviewed. Documentation stated the resident was offered baths 2 of 14 dates between 06/30/24 and 07/13/24. Of the two days the resident was offered baths, documentation indicated they had a bath on 07/02/24 and refused a bath on 07/11/24.</p> <p>On 07/25/24 at 9:33 a.m., CNA #1 stated they were assigned to work with Resident #2 that day. They stated after a bath was offered, they inform the charge nurse if the resident was given a bath or if they refused. They stated they then put the information in the resident electronic medical record (EMR).</p> <p>On 07/25/24 at 9:39 a.m., CNA #2 stated they inform the charge nurse after offering baths and then chart in the EMR if the resident was bathed or if they refused.</p> <p>On 07/25/24 at 9:46 a.m. the assistant director of nursing (ADON) stated after offering a bath to a resident the aides fill out a bath sheet and document in the electronic medical record. The ADON reviewed Resident #2's EMR and stated the button the aides would click to open the area of the EMR to document was not in the chart. They stated the aides would not be able to chart bathing in the EMR without that button. They reviewed the resident's bathing records and stated the resident had not received the required number of baths in the first two weeks of July 2024.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/25/24 at 10:54 a.m. ADON stated the staff had not documented if the resident had or had not received all the baths that had been care planned. They stated the staff had not followed facility policy regarding bathing and documentation.</p>