

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER Washita Valley Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Washington Pauls Valley, OK 73075	

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 - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34333</p> <p>Based on record review and interview, the facility failed to follow a physician order to obtain a follow-up appointment for 1 (#37) of 1 sampled resident reviewed for assistance with medical appointments.</p> <p>The administrator reported 35 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Referrals, Social Services, dated December 2008, read in part, Social services personnel shall coordinate most resident referrals with outside agencies .Social services will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been ordered by the physician .Social services will document the referral in the resident's medical record.</p> <p>A physician order, dated 12/06/24, showed Resident #37 was to have a follow-up neurology appointment scheduled with (name withheld) in two weeks.</p> <p>A care plan for Resident #37, dated 12/10/24, showed the resident was admitted to skilled services after a hospitalization due to a fall resulting in anterior displaced type 2 dens fracture (cervical neck fracture). The care plan showed the resident would have a follow-up with neurology (name withheld) in two weeks.</p> <p>A discharge summary for Resident #37, dated 01/05/25, showed the resident had been admitted to the facility with diagnoses which included anterior displaced type 2 dens fracture, chronic obstructive pulmonary disease, congestive heart failure, osteoarthritis, peripheral vascular disease, muscle wasting and atrophy, anxiety, depression, and heart disease. The discharge summary showed the resident had a steady decline and passed away on 01/05/25 under hospice care.</p> <p>On 04/21/25 at 10:32 a.m., the DON reported they had reviewed Resident #37's clinical record and could not find where a two week follow-up neurology appointment was scheduled as ordered for the resident. The DON reported the appointment would have fallen during the holidays and the facility had new social services staff, but the appointment should have been scheduled as ordered.</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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