

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>41873</p> <p>Based on record review and interview, the facility failed to ensure the person designated to serve as the dietary supervisor had completed their certification for dietary management.</p> <p>The DON reported 34 residents received food from the kitchen.</p> <p>Findings:</p> <p>A dietary manager policy was not provided by the facility.</p> <p>A review of the dietary supervisor's ServeSafe certification showed a completion date of 02/25/25. There was no documentation the dietary supervisor was certified as a dietary manager.</p> <p>On 04/15/25 at 9:30 a.m., the dietary supervisor reported they had not completed the dietary manager certification training. The dietary manager reported they were unsure how long they had served as the dietary supervisor. The dietary supervisor reported they had been working in dietary for many years on and off.</p> <p>On 04/16/25 at 3:00 p.m., the administrator reported the dietary supervisor's hire date was 03/16/11. The administrator reported the employee had worked as the dietary supervisor on and off since being hired. The administrator reported the dietary supervisor had not been sent to the course for dietary manager training due to having unreliable transportation.</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
---	-------	-----------

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41873</p> <p>Based on observation, record review, and interview, the facility failed to ensure pureed food preparation was conducted in a sanitary manner.</p> <p>The dietary supervisor reported four residents were on a pureed diet.</p> <p>Findings:</p> <p>An undated policy titled Puree Food Preparation, showed to provide puree food that has been prepared in a manner to conserve nutritive value, palatable flavor, and attractive appearance.</p> <p>On 04/15/25 at 12:00 p.m., dietary cook #1 was observed washing the food processor bowl and blade attachment. Dietary [NAME] #1 was observed returning to the food processor and work station, setting down the food processor bowl and blade attachment on the work station. Dietary [NAME] #1 was observed dipping a dish rag into a pail of disinfecting solution with their bare hand, then wiping off the food processor and the work station with the dish rag. Dietary [NAME] #1 was observed returning the dirty dish rag back to the pail of disinfection solution. Dietary [NAME] #1 was observed placing the food processor bowl back onto the food processor and inserting the blade attachment, and touching the inside of the food processor bowl without washing their hands first. Dietary [NAME] #1 was observed putting four pieces of cake into the food processor with a spatula without performing hand hygiene.</p> <p>On 04/15/25 at 12:15 p.m. the dietary supervisor was asked if the cook should have washed their hands after using the dirty rag in the disinfecting solution before continuing the food preparation. The dietary supervisor reported the cook should have washed their hands after using the dish rag. The dietary supervisor reported the cook should discard the cake, re-wash the food processor, wash their hands, and redo the pureed cake food preparation.</p>		

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 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>41873</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper personal protective equipment was used for 2 (#34 and #87) of 2 sampled residents reviewed for enhanced barrier precautions.</p> <p>The assistant director of nursing reported three residents required enhanced barrier precautions.</p> <p>Findings:</p> <p>1. On 04/16/25 at 10:12 a.m., Resident #34 was observed in bed with an indwelling catheter in place. LPN #1 gathered catheter care supplies, washed their hands and applied gloves. LPN #1 was observed cleaning the resident's peri area and catheter tubing with a wash rag and peri wash. LPN #1 placed the dirty wash rag in a plastic bag and discarded gloves. LPN #1 was observed performing hand hygiene, reapplying gloves, and rinsing the resident's peri area with a clean wash rag and water. LPN #1 placed the use wash rag in the plastic bag and discarded gloves. LPN #1 was observed carrying the plastic bag with used wash rags to the dirty linen room. LPN #1 was observed performing hand hygiene. LPN #1 was not observed to wear a gown for catheter care.</p> <p>A policy titled Enhanced Barrier Precautions, dated 04/24/24, showed an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. The policy showed high-contact resident activities include device care or use of urinary catheters and feeding tubes.</p> <p>An admission assessment, dated 03/24/25, showed Resident #34 had an indwelling catheter and a diagnosis of urinary tract infection in the last 30 days. The assessment showed the resident's cognition was intact with a BIMS score of 15.</p> <p>A care plan, dated 04/02/25, showed Resident #34 had a catheter with a leg bag and an intervention of cath care every shift.</p> <p>On 04/17/25 at 9:33 a.m., the DON reported the resident was on enhanced barrier precautions and gown and gloves should have been worn for cath care.</p> <p>2. On 04/16/25 at 10:06 a.m., Resident #87 was observed in bed with a feeding tube in place to the abdomen.</p> <p>On 04/16/25 at 10:06 a.m., LPN #1 was observed gathering supplies for feeding tube site care for Resident #87. LPN #1 was observed to wash their hands and apply gloves. LPN #1 was not observed to don a gown for feeding tube care. LPN #1 was observed attempting to perform feeding tube site care, but the resident refused. LPN #1 was observed discarding their gloves in the trash and washing their hands before leaving the room.</p> <p>On 04/17/25 at 8:59 a.m., Resident #87 was in bed with feeding tube in place.</p> <p>(continued on next page)</p>		

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/17/25 at 8:59 a.m., LPN #1 was observed washing their hands and unhooking Resident #87's feeding tube to perform medication administration. LPN #1 was observed to check feeding tube placement and administer medication. LPN #1 was observed reconnecting the tube feeding and restarting the feeding, their gloves thrown in the trash, and their hands washed before exiting the room.</p> <p>A care plan, dated 04/07/25, showed Resident #87 required tube feeding for all nutrition and hydration due to dysphagia related to stroke and being nothing by mouth.</p> <p>An admission assessment, dated 04/08/25, showed Resident #87 had a feeding tube and a swallowing disorder. The assessment showed the resident's cognition was severely impaired with a BIMS score of 01.</p> <p>On 04/17/25 at 9:14 a.m., LPN #1 reported Resident #87 was not on enhanced barrier precautions. LPN #1 reported residents with catheters, any intruding medical device, and wounds required enhance barrier precautions. LPN #1 reported they were wrong and a gown should have been worn for administering Resident #87's medication and when providing feeding tube site care. LPN #1 reported a gown should have also been worn with Resident #34's catheter care.</p> <p>On 04/17/25 at 9:34 a.m. the DON reported Resident #87 should be on enhanced barrier precautions for the feeding tube, and a gown and gloves should be worn for site care and medication administration. The DON reported staff needed to be retrained on the enhanced barrier precaution policy.</p>		