STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375350	A. Building B. Wing	03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seminole Pioneer Nursing Home	1705 Boren Blvd Seminole, OK 74868

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 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. 46582 Based on observation and interview, the facility failed to ensure the physical environment was maintained in good repair. The administrator identified 41 residents who resided in the facility. Findings: On 03/04/24 at 1:30 p.m., the following observations were made: a. a white five-gallon plastic bucket seated directly beneath the fire alarm control panel box in the front lobby. The bucket had approximately one inch of brown-tinged water with dark sediment in the bottom. A clear plastic light cover had been partially opened directly above the bucket. The plaster ceiling above the light cover had brown watermark stains and patches of black residue directly beside the lighting and wiring, and b. the dining room ceiling had three large areas without plaster exposing the sheetrock above. The areas had brown watermark stains. On 03/04/24 at 2:00 p.m., the maintenance supervisor stated the facility had several roof leaks over the last couple of months. They stated a roofing crew had patched the leaks in the dining area a few weeks ago but the area above the fire alarm control panel box had leaked recently. The maintenance supervisor stated they were waiting for a crew to be available to patch this area until the entire roof could be replaced. On 03/06/24 at 2:05 p.m., the administrator stated the roof over the dining area had leaked during the last ice storm and a roofing crew had repaired the leaks. They stated the residents were not able to use the dining area for meals during this time. The administrator stated a small area in the roof above the fire control panel box had leaked recently and they were currently awaiting the roofing company to assess and repair the damage. They stated the facility has plans to replace the entire roof soon.

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 46582 Based on observation, record review, and interview, the facility failed to ensure residents were bathed as scheduled for three (#3, 5, and #7) of three residents, and provided assistance with dressing for two (#5 and #7) of three sampled residents reviewed for assistance with ADLs. The administrator identified 41 residents who resided in the facility. Findings: A Shower List, dated 03/01/24, read in part, . Residents are to be cleaned and free from odors at all times. Showers are based on need as well as the schedule. If a resident needs or desires a shower, it is to be done . 1. Res #3 was admitted with diagnoses which included dementia, anxiety, and tremor. A facility shower list documented Res #3 was to receive staff assisted showers on Tuesday, Thursday, and Saturday weekly. A care plan, dated 07/15/23, documented the resident needed assistance with ADLs and required staff intervention to remain clean, neat, and free of body odors. The care plan documented an intervention to provide/assist with bath or shower two to three times weekly or more often as desired by the resident. The December 2023 bathing record documented Res #3 was not bathed 12/05/23 through 12/12/23. No refusals were documented during these dates. The January 2024 bathing record documented Res #3 was not bathed 01/06/24 through 01/10/24. No refusals were documented during these dates. A quarterly assessment, dated 01/09/24, documented the resident was moderately impaired in cognition for daily decision making and dependent on bathing. On 03/04/24 at 12:30 p.m., Res #3 was observed sitting in a wheelchair in the dining room. Food particles were observed on the resident's clothes. 2. Res #5 was admitted with diagnoses which included schizoaffective disorder, anxiety, and acute hepatic failure. A facility shower list documented Res #5 was to receive staff assisted showers on Monday, Wednesday, and Friday weekly. A care plan, dated 05/03/23, documented the resident needed assistance with ADLs and required staff intervention to remain clean, neat, and free of body odors. The care plan documented an intervention to provide/assist with bath or shower two to three times weekly or more often as desired by the resident. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The December 2023 bathing record had no documentation Res #5 had received a bath/shower. The record documented seven refusals for the month. The January 2024 bathing record had no documentation Res #5 had received a bath/shower. The record documented five refusals for the month. A quarterly assessment, dated 01/12/24, documented the resident was moderately impaired in cognition, required partial to moderate assistance with bathing, and required supervision to clean-up assistance with dressing. The February 2024 bathing record had no documentation Res #5 had received a bath/shower. The record documented one refusal for the month. On 03/04/24 at 10:20 a.m., Res #5 was observed sitting on their bed. The resident was dressed in a blue blouse and black sweatpants. The resident stated sometimes they received a bath and sometimes they didn't. Res #3 stated the staff are busy and don't always have time to assist them with care. On 03/05/24 at 8:20 a.m., Res #5 was observed ambulating in the hall with a walker. The resident was dressed in the same blue blouse and black sweatpants as the previous day. One 03/06/24 at 9:00 a.m., Res #5 was observed sitting on their bed. The resident was dressed in the same blue blouse and black sweatpants from two days previously. 3. Res #7 was admitted with diagnoses which included pain, depression, and psychosis. A facility shower list documented Res #7 was to receive staff assisted showers on Monday, Wednesday, and Friday weekly. A care plan, dated 03/30/23, documented the resident needed assistance with ADLs and required staff intervention to remain clean, neat, and free of body odors. The care plan documented an intervention to provide/assist with bath or shower two to three times weekly or more often as desired by the resident. A significant change assessment, dated 01/12/24, documented the resident was moderately impaired in cognition and required partial to moderate assistance with bathing and dressing. The January 2024 bathing record documented Res #7 was bathed eight out of thirteen opportunities. No refusals were documented. The February 2024 bathing record documented Res #7 was bathed four out of fourteen opportunities. Two refusals were documented. On 03/04/24 at 11:53 a.m., Res #7 was observed sitting on their bed dressed in a blue and green plaid shirt and blue jeans. Res #7 had unkempt hair with white flakes observed on their scalp and forehead. The resident stated the staff do not always assist them with showers or getting dressed. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/24 at 8:00 a.m., Res #7 was observed sitting on their bed. The resident was dressed in the same blue and green plaid shirt and blue jeans as the previous day. Res #7's hair was unkempt and white flakes remained on their scalp and forehead. One 03/06/24 at 8:45 a.m., Res #7 was observed ambulating in the hall. The resident was dressed in the same blue and green plaid shirt and blue jeans from two days previously. Res #7's hair was unkempt and white flakes remained on their scalp and forehead. On 03/06/24 at 9:15 a.m., CNA #1 stated it was difficult to get Res #5 and Res #7 to change clothes or shower often. They stated the residents are bathed according to the shower list schedule. CNA #1 stated all baths/showers should have been documented as completed or refused on the ADL bathing record. On 03/06/24 at 11:00 a.m., the DON stated baths/showers should have been completed or documented as refused on the scheduled days. They stated the residents should have been dressed in clean clothes daily or on their scheduled bath days at a minimum.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46582 Based on observation and interview, the facility failed to ensure staff followed infection control guidelines to prevent the potential spread of communicable disease in the shower rooms. The administrator identified 41 residents who resided in the facility. Findings: An Environmental Services Cleaning guideline, dated 2020, read in part, .It is the policy of this facility that the workplace will be maintained in a clean and sanitary condition with a written schedule of cleaning and decontamination based on the area of the facility, type of surface to be cleaned, and tasks being performed in the area .The purpose is to provide standard operation procedures for a clean, safe, and sanitary environment for the residents .Surfaces such as sinks, tubs, shower floors and all other surfaces will be cleaned daily using an EPA approved hospital grade disinfectant - detergent solution .These surfaces will also be cleaned as needed when spills or soiling occur . On 03/04/24 at 11:15 a.m., a tour of three shower rooms was conducted. The following observations were made: a. the shower room located on Hall 1 (room [ROOM NUMBER]) had an accumulation of black patches of residue along the bottom of the tiled wall of the shower stall area, b. the shower room located at the end of Hall 1 had black patches in the white grout lines around the tiled floor and drain of the shower stall area. The shower room had a musty odor, and c. the shower room located on Hall 3 had an accumulation of black patches of residue on the plaster ceiling above the shower stall area. A metal pipe adjacent to the ceiling had an accumulation of black patches of residue. The shower room had a musty odor. On 03/04/23 at 11:25 a.m., CNA #1 stated all shower rooms were supposed to be disinfected after a resident shower. CNA #1 stated a spray bottle of disinfectant should have been available in all three shower rooms to ensure proper disinfection occurred between each shower. They stated the black patches of residue in the shower areas looked like mold and the areas should have been cleaned better. On 03/04/24 at 2:18 p.m., the maintenance supervisor and maintenance #1 were made aware of the shower observations. The maintenance supervisor stated they were not aware of the black patchy residue on the ceiling or metal pipe in the shower room on Hall 3 until this morning. Maintenance #1 stated the black patches looked like mold and could make the residents sick if not treated. The maintenance supervisor stated the area had just been treated with mold/mildew removing spray a few hours ago. On 03/05/24 at 8:45 a.m., the IP was asked how the facility ensured infection control guidelines were followed in the shower rooms. The IP stated the CNAs were expected to spray each shower area with a facility approved disinfectant after each shower. The IP stated a bottle of spray disinfectant should have been in each shower room for use. They stated housekeeping was supposed to have been deep cleaning each shower room daily. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/24 at 9:00 a.m., the housekeeping supervisor stated the black patchy residue should not have been in any of the shower areas. They stated an approved hospital grade disinfectant should have been available in each room for use after each residents' shower.