STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375358	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Skilled Nursing and Therapy Jenks	711 North 5th Street Jenks, OK 74037

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 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. 20960 Based on record review, and interview, the facility failed to ensure a resident who had not had a bowel movement for three more days had their attending physician notified for one (#16) of one sampled resident reviewed for constipation. The DON identified 70 residents who had a diagnosis of constipation. Findings: The facility policy, titled Nursing Policies and Procedures Constipation, dated 10/10/03, read in part, .It is the policy of the facility to identify bowel elimination problems and intervene to assist residents with optimal bowel elimination. Assessment for constipation is initiated from a resident complaint or observation that the resident has been 3 days without a bowel movement .procedure for identification .review the flow sheet documentation to determine frequency .assess for signs and symptoms of constipation .identify usual bowel elimination patterns .procedure for correction notify the attending physician . Resident #16 had diagnoses which included encounter for orthopedic aftercare following a surgical ambulation and constipation. Resident #16's quarterly assessment, dated 08/07/24, documented they had moderate impairment with cognition and was always continent of bowel and bladder. ADL documentation for 08/29/24 through 09/05/24 documented Resident #16 had a bowel movement on 08/30/24. The next documented bowel movement for Resident #16 was five days later on 09/05/24. Resident #16 had not had a bowel movement in five days and the documentation on 09/05/24 indicated the resident was constipated. There was no documentation Resident #16's physician had been notified of them not having a bowel movement for five days and being constipated. (continued on next page)

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: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #16's September 2024 MAR documented they received an as needed order of magnesium hydroxide oral suspension (laxative medication) 400 MG/5 ML (magnesium hydroxide) 30 ml for constipation on 09/05/24 at 10:50 p.m. Resident #16's ADL documentation for 09/06/24 documented they did not have a bowel movement. There was no documentation Resident #16's physician had been notified of no bowel movements on 09/06/24. Resident #16 ADL documentation for 09/07/24 documented the they did not have a bowel movement. Resident #16's progress note, dated 09/07/24 at 4:36 p.m., documented, Therapy here working with resident. [He/She] states that resident states that [he/she] is constipated. Abdomen soft, ABS x 4. [He/She] is complaining of [his/her] rectum hurting I checked it and a sm amt of runny BM at entrance. No impaction noted. Bedside commode has wipes in it with smears of BM. No noted BM in commode. Informed [Name withheld] and new order received for Miralax [laxative medication] 17GM daily and Dulcolax [laxative medication] 5mg 2 BID PRN. A progress note, dated 09/07/24 at 4:36 p.m., documented notification to Resident #16's physician. On 09/19/2024 at 9:53 a.m., RN # 1 stated they were not aware Resident #16 was constipated and went five days without a bowel movement. They stated they had never notified the physician. RN #1 stated the physician was not notified until 09/07/24 when the resident went out to the hospital. On 09/19/24 at 11:11 a.m., the DON stated they identified the resident had not had a bowel movement for more then three days when they came back from vacation. They stated they realized nothing had been addressed. They stated the physician had not been notified until 09/07/2024 when the resident went to the hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 20960 Based on record review and interview, it was determined the facility failed to report an allegation of neglect to OSDH for one (#86) of one sampled resident reviewed for neglect. The DON identified 123 residents resided in the facility. Findings: The Resident Abuse, Neglect and Misappropriation of Property policy, revised 12/28/17, read in part, . neglect is defined as failure to provide good and services necessary to avoid physical harm, mental anguish or mental illness. Neglect occurs on an individual basis when a resident receives a lack of care in one or more areas .Facility responsibility .All allegations and incidents of abuse, neglect .must be reported to appropriate Federal and State Agencies including OSDH and investigated . Resident #86's quarterly MDS assessment, dated 07/18/24 , documented their cognition was intact and they had no cognitive impairments. The facility form, Quality Assurance Patient Concern Form, dated 09/10/24, read in part, .Resident complained about nurse aide not providing good care. Nurse Aide was told to help change people but refused . There was no documentation the facility had reported the allegation of neglect to OSDH. On 09/17/24 at 8:28 a.m., Resident #86 stated they had turned on their call light and after several hours an aide shut it off without providing care to both their roommate and themselves. The resident stated the nurse aide, after shutting off the call light, stated they would come back and provide care to the roommate and never returned. The resident stated they had spoken with and filed a complaint of the care not being provided with the ADON about two weeks previously. They stated nothing was done about it. On 09/18/24 at 3:12 p.m., the ADON confirmed Resident #86 had complained about the lack of care and they stated they reported it to the administrator. The ADON stated a grievance form was filled out and the administrator completed everything after that. They stated they did not document the report from the resident and was not sure who it all was reported to. On 09/19/24 at 2:10 p.m., the administrator confirmed they had spoken with the ADON and a grievance form was filled out. They stated they only reported to OSDH if they felt abuse occurred and it was the opinion of Resident #86 care was not provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 20960 Based on record review and interview, it was determined the facility failed to thoroughly investigate an allegation of neglect for one (#86) of one sampled resident reviewed for neglect. The DON identified 123 residents resided in the facility. Findings: The Resident Abuse, Neglect and Misappropriation of Property policy, revised 12/28/17, read in part, . neglect is defined as failure to provide good and services necessary to avoid physical harm, mental anguish or mental illness. Neglect occurs on an individual basis when a resident receives a lack of care in one or more areas .Facility responsibility .All allegations and incidents of abuse, neglect .must be .investigated . Resident #86's quarterly MDS assessment, dated 07/18/24 , documented their cognition was intact and they had no cognitive impairments. The facility form, Quality Assurance Patient Concern Form, dated 09/10/24, read in part, .Resident complained about nurse aide not providing good care. Nurse Aide was told to help change people but refused . There was no documentation the facility completed a thorough investigation into the allegation of neglect. On 09/17/24 at 8:28 a.m., Resident #86 stated they had turned on their call light and after several hours an aide shut it off without providing care to both their roommate and themselves. The resident stated that the nurse aide, after shutting off the call light, stated they would come back and provide care to the roommate and never returned. The resident stated they had spoken with and filed a complaint of the care not being provided with the ADON about two weeks previously. They stated nothing was done about it. On 09/18/24 at 3:12 p.m., the ADON confirmed Resident #86 had complained about the lack of care. They stated they reported it to the administrator. The ADON stated a grievance form was filled out and the administrator completed everything after that. They stated they did not document the report from the resident and was not sure who it all was reported to. The ADON stated they did not complete an investigation and only reported it to the administrator. On 09/19/24 at 2:10 p.m., the administrator confirmed they had spoken with the ADON and a grievance form was filled out. The administrator stated they only spoke to one aide that was working on the hall and did not speak with the roommate or take a full statement from Resident #86. The administrator stated they did not interview other residents, but completed a full investigation. The administrator then stated they did not have statements to provide for the one aide that was interviewed. They did not document anything due to Resident #86 always complaining about the aide.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375358	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Skilled Nursing and Therapy Jenks	711 North 5th Street Jenks, OK 74037

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 20960 Based on record review, and interview, the facility failed to ensure a resident who had not had a bowel movement for three more days had their attending physician notified for one (#16) of one sampled resident reviewed for hospitalization . Resident #16 had not had a bowel movement for five days and was not assessed for the constipation. Resident #16 was sent to the hospital in pain with and admitted for stercoral colitis (a condition caused by constipation). The DON identified 70 residents who had an active diagnosis of constipation. Findings: The facility policy titled Nursing Policies and Procedures Constipation, dated 10/10/03, read in part, .It is the policy of the facility to identify bowel elimination problems and intervene to assist residents with optimal bowel elimination. Assessment for constipation is initiated from a resident complaint or observation that the resident has been 3 days without a bowel movement .procedure for identification .review the flow sheet documentation to determine frequency .assess for signs and symptoms of constipation .identify usual bowel elimination patterns .procedure for correction notify the attending physician . Resident #16 had diagnoses which included encounter for orthopedic aftercare following a surgical amputation and constipation. Resident #16's quarterly assessment, dated 08/07/24, documented they were moderately impaired with cognition and were always continent of bowel and bladder. Resident #16's physician's order, dated 08/28/24, documented they had an as needed order for magnesium hydroxide oral suspension (laxative medication) for constipation. A review of ADL documentation for 08/29/24 through 09/05/24 documented Resident #16 had a bowel movement on 08/30/24. The next documented bowel movement for Resident #16 was five days later on 09/05/24. Resident #16 had not had a bowel movement in five days and the documentation on 09/05/24 indicated the resident was constipated. There was no documentation Resident #16's physician had been notified of the resident not having a bowel movement for five days and being constipated. There was no documentation the facility assessed the resident after three days of no bowel movements. Resident #16 's September 2024 MAR documented they received an as needed order of magnesium hydroxide oral suspension 400 MG/5ML (magnesium hydroxide) 30 ml for constipation on 09/05/24 at 10:50 p.m. This was the only documented administration of the medication from 08/30/24 through 09/05/24. Resident #16 ADL documentation for 09/06/24 documented the resident did not have a bowel movement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Skilled Nursing and Therapy Jenks	711 North 5th Street Jenks, OK 74037

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There was no documentation Resident #16's physician had been notified of no bowel moments on 09/06/24. There was no documentation the facility had administered the as needed medication for constipation in the continued absence of bowel movements. Resident #16 ADL documentation for 09/07/24 documented the resident did not have a bowel movement. Resident #16's progress note, dated 09/07/24 at 4:36 p.m., documented, Therapy here working with resident. [He/She] states that resident states that she is constipated. Abdomen soft, ABS x 4. [He/She] is complaining of [his/her] rectum hurting I checked it and a sm amt of runny BM at entrance. No impaction noted. Bedside commode has wipes in it with smears of BM. No noted BM in commode. Informed [Name withheld] and new order received for Miralax [laxative medication] 17GM daily and Dulcolax [laxative medication] 5mg 2 BID PRN. This was the first documented notification Resident #16's physician had been notified of the constipation. Resident #16's progress note, dated 09/07/24 at 5:32 p.m., documented, Resident is now crying saying [he/she] wants to go to hospital. [He/She] refused at first but now want to go. Hypoactive bowel sounds and cry's out when I press on [his/her] stomach. Call in to Dr .Awaiting call back. Resident #16's progress note, dated 09/07/24 at 6:34 p.m., documented EMSA was present to transport the resident to the hospital. A Hospital Trauma Surgery Consult note, dated 09/07/24, read in part, .seen/examined longstanding constipation, presents with rectal pain .recommended medical admission, aggressive bowel regimen with disimpaction .scan demonstrated large stool ball within the patient's rectum, with findings concerning for stercoral colitis . A hospital discharge summary, dated 09/09/24, documented Resident #16 was admitted to the hospital with a diagnosis of stercoral colitis. On 09/19/24 at 9:33 a.m., CNA #1 stated they charted in the computer when there was a bowel movement. They stated if the resident had not had one in a while they would let the nurse know. CNA #1 stated Resident #16 had regular bowel movements and they were not aware of them being constipated. On 09/19/24 at 9:43 a.m., CMA #1 stated prior to Resident #16 coming back from the hospital for constipation there were no routine orders for preventive measures. They stated the aides monitored and reported to the nurse if there had not been any bowel movements. CMA #1 stated there were no medications provided for constipation between 08/30/24 and 09/04/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER: Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE: 711 North 5th Street Jenks, OK 74037	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/19/24 at 9:53 a.m., RN #1 stated the electronic health record would flag the nurse and let them know after three days if a resident did not have a bowel movement for three days. They stated if the resident had not a bowel movement they would provide a laxative and call the physician. They were asked how many bowels movements Resident #16 had between the dates of 08/31/2024 through 09/07/2024. They stated after reviewing the documentation they had one on 09/05/24. They stated the resident had gone five days without a bowel movement. RN #1 stated Resident #16 was not on any medications for constipation between 08/30/24 through 09/07/24. They stated the resident went to the hospital on 09/07/24 complaining of abdominal pain and crying. They stated it was not flagged in the computer and they were not aware of the constipation. RN #1 was asked to provide information on assessments and notification to the physician and the constipation. They stated Resident #16 bowels were not assessed and the physician was not notified until 09/07/24. RN #1 then stated the physician should have been notified and they were not aware the resident had been constipated and required assessing. They stated the facility should have acted quicker on the resident's constipation and did not follow the facility policy. 09/19/24 at 11:11 a.m., the DON stated the facility had a dashboard as part of the electronic record and if a resident had not gone for three days it would send a report to them. They stated they would then flag it in the electronic record for the nurses to assess and call the physician. The DON stated if a resident did not have a bowel for three days they were to be assessed, provided medication, and the physician should be notified. They stated Resident #16 had one bowel movement on 09/05/24 and it was documented the resident was constipated. The DON stated the MAR documented the as needed medication was provided. They stated Resident #16 did not have a bowel movement again on 09/06/24 and was sent to the hospital on 09/07/24. The DON was asked to locate assessments and the notification to the physician for Resident #16's constipation. The DON stated there were no assessments or nurses' notes regarding the constipation. They stated the physician was not notified until 09/07/24 when Resident #16 went to the hospital. They stated when they got back from vacation they identified the constipation had not been addressed and it was a concern. On 09/19/24 at 11:59 a.m., Resident #16 stated they went to the hospital in pain due to constipation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375358	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Skilled Nursing and Therapy Jenks	711 North 5th Street Jenks, OK 74037

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35474 Based on observation, record review, and interview, the facility failed to ensure chemicals were secured for three (100/200 hall, 700 hall, and 800 hall) of eight halls observed. The facility map identified eight halls in the facility. Findings: The Housekeeping policy, dated 06/29/12, read in part, .ALL HARMFUL CHEMICALS .MUST BE STORED IN A LOCKED STORAGE AT ALL TIMES, BEFORE AND AFTER USE . The Red Juice Stain Remover MSDS, dated 03/25/15, read in part, .KEEP OUT OF REACH OF CHILDREN . The Film Away MSDS, dated 04/16/15, read in parts, .Store locked up . The Shineline Emulsifier Plus MSDS, read in part, .Keep out of reach of children . The PRO-543 Universal Wallcovering Adhesive MSDS, dated 08/09/18, read in part, .Keep out of the reach of children . The FiberPRO TLC MSDS, dated 10/07/21, read in part, .Causes severe skin burns and eye damage .Store locked up . The [NAME] Clean + Protect or Advanced Clean + Protect MSDS, dated 06/20/23, read in part, .Store Out Of Reach Of Children . The Xcelente MSDS, dated 12/18/23, read in part, .Keep out of reach of children . The Heavy Duty Floor Stripper MSDS, dated 07/31/24, read in part, .Store locked up . On 09/16/24 at 12:26 p.m., the 800 hall linen closet was observed to be unlocked. The closet was observed to contain the following. a. six bottles of 7.5 fluid ounce periwash. The label documented to keep out of reach of children; and b. one, 11 ounce can of shaving cream. The label documented to keep out of reach of children. On 09/16/24 at 12:35 p.m., the 700 hall house keeping closet was observed to be unlocked. The closet was observed to contain the following. a. one box of multi-purpose floor finish. The label documented to keep out of reach of children; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. three, 32 ounce bottles of Betco spot cleaner. The label documented to keep out of reach of children; c. four, 946 ml bottles of red juice stain remover bottles. The label documented to keep out of reach of children; d. two, 32 ounce bottles of easy task cleaner. The label documented to keep out of reach of children; e. two, unlabeled bottles of blue liquid with approximately 11 ounces in one bottle and 32 ounces in the other one; f. one gallon of fiber pro tlc. The label documented to keep out of reach of children; g. one bottle of Xcelente multipurpose cleaner. The label documented to keep out of reach of children; h. three, five gallon buckets of hard as nails film floor finish. The label documented to keep out of reach of children; i. one bottle of film away with approximately 10 ounces of product in it. The label documented to keep out of reach of children; j. one gallon of heavy duty stripper floor stripper. The label documented to keep out of reach of children; k. one gallon of shine line emulsifier plus. The label documented to keep out of reach of children; l. one, 62 ounce bottle of [NAME] advanced clean and refresh approximately half full. The label documented to keep out of reach of children; m. one gallon of pro 543 universal wallpaper border adhesive. The label documented to keep out of reach of children; and n. one, 16.9 ounce bottle labeled as purified drinking water. The bottle was observed to contain a green liquid that foamed at the top when moved. On 09/16/24 at 12:37 p.m., the 100/200 hall central supply closet was observed to be unlocked. The latch on the door was observed to be taped open causing the door not to lock when shut. The closet was observed to contain iodine swab sticks. The label documented to keep out of reach of children. On 09/16/24 at 12:48 p.m., the DON stated the floor technician had been in the facility the previous night and must not have locked the door to the 700 hall housekeeping closet when they were finished. The DON stated the 800 hall linen closet did not lock, but the chemicals were to be stored in a locked cabinet. On 09/16/24 at 12:52 p.m., the administrator stated the green liquid in the purified drinking water bottle in the 700 hall housekeeping closet was not water and the door should have been locked. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/16/24 at 12:55 p.m., the DON observed the tape on the latch for the 100/200 hall central supply closet and stated nothing should be utilized to keep the door from locking. On 09/17/24 at 9:46 a.m., the 800 hall linen closet and the cabinet inside the closet were observed to be unlocked. The unlocked cabinet contained eight bottles of periwash and one bottle of shaving cream. The labels on the periwash and the shaving cream documented to keep out of reach of children. On 09/17/24 at 9:53 a.m., the DON stated they had placed a lock on the cabinet in the 800 hall linen closet yesterday. They stated central supply personnel were to monitor to ensure chemicals were secure when they stocked supplies daily.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 41220 Based on record review and interview, the facility failed to keep medication records in order and keep an accurate account of reconciled controlled drugs for one (Resident #110) of one sampled resident reviewed for drug reconciliation. The administrator reported 123 residents received medications in the facility. Findings: A policy titled Medication Storage in the Facility, dated January 2022, read in part, .Completed accountability records are submitted to the director of nursing and kept on file for 5 years at the facility . A facility policy titled Specific Medication Administration Procedure, dated January 2022, read in part, Chart medication administration on Medication Administration Record immediately following each resident's medication administration. Resident #110 had diagnosis which included an unspecified fracture of right pubis. A physician order, dated 03/15/24, documented oxycodone (opioid medication) 5 mg. Give one table by mouth every 4 hours as needed for pain. The order was discontinued on 07/31/24. A review of the MARS for March, April, May, June, and July of 2024 documented the resident had received a total of 18 doses of oxycodone during this period. A review of the narcotics sheets for oxycodone for March, April, May, June, and July of 2024 documented a total of 49 doses of oxycodone was administered from 03/15/24 to 07/31/24. The first page of the narcotics count sheet was not provided. On 09/19/24 at 2:02 p.m., CMA #4 stated narcotics were counted at the end of each shift. They stated CMAs and LPNs would do the controlled medication counts. On 9/19/24 at 2:02 p.m., The corporate nurse stated an investigation was conducted into Resident #110's controlled medication due to a report of a missing medication card. They stated the investigation determined medication had been ordered, but the pharmacy had not sent the medication. They stated during their investigation it was discovered the CMAs and LPNs were not documenting the medication given in the electronic record, but were frequently only documenting on the narcotic sheets. The corporate nurse stated they looked at the narcotic sheets to determine if there was potential medication diversion, but determined there was not evidence of diversion. They stated there was a problem with documentation in the electronic record. They stated after the investigation and drug reconciliation with the pharmacist, the first sheet of the narcotic record had been misplaced. The corporate nurse stated they and the DON and medical records staff were searching for the missing sheet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/19/24 at 04:07 p.m., the pharmacist stated they were confident the missing count sheet was available during medication destruction. The missing count sheet was not provided to the survey team by the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 35474 Based on observation, record review, and interview, the facility failed to ensure residents were free from significant medication errors for one (#4) of four sampled residents who were observed during medication administration. The DON identified 123 residents who received medication in the facility. Findings: The Specific Medication Administration policy, dated January 2022, read in parts, .For liquid medications: Pour correct amount directly into a graduated/calibrated medication cup or measuring device or pull up correct amount into an oral syringe .Any dropper supplied with a medication should be used to measure dose. If none is supplied, oral dosing syringes with appropriate calibrations are used . Resident #4 had diagnoses which included seizures. The Care Plan, dated 08/01/24, documented the resident had seizures and to administer Dilantin (anti-epileptic medication) as ordered by the physician. The Laboratory Report, dated 08/09/24, read in part, .Dilantin .Abnormal 3 L .Reference Range .10-20 mg/L . The Physician's Order, dated 08/10/24, documented the resident was to receive Dilantin 125 mg/5 ml give 8 mls via peg tube three times a day for seizures. The Laboratory Report, dated 08/16/24, read in part, .Dilantin .Critical 27 H .Reference Range .10-20 mg/L . The report documented to hold the Dilantin until another level had been resulted. The Laboratory Report, dated 08/17/24, read in part, .Dilantin .In Range 16.5 ug/mL .Reference Range . 10-20 . The Laboratory Report, dated 08/22/24, read in part, .Dilantin .Abnormal 22 H .Reference Range 10-20 mg/L . On 09/18/24 at 1:39 p.m., ACMA #1 was observed to prepare medications during medication administration observation for Resident #4. ACMA #1 was observed to pour 7.5 mls of Dilantin into a 30 ml medication cup and 5 ml of Dilantin into a second 30 ml medication cup. The ACMA stated the first medication cup contained 7.5 mls of Dilantin and the second medication cup contained 0.5 mls of Dilantin for a total of 8 mls. ACMA #1 stated the 30 ml medication cup did not have an 8 ml marking so they divided the medication between two cups to get the appropriate dose. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER: Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE: 711 North 5th Street Jenks, OK 74037	

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/18/24 at 1:47 p.m., ACMA #1 stated the pharmacy usually sent a syringe to draw up the liquid medications but they did not have one so they utilized two medication cups. ACMA #1 was asked what the marking was under the 5 ml marking on the medication cup. They stated 2.5 mls. They stated the zero and the dot were not visible on the medication cup but 5 mls meant 0.5 mls. ACMA #1 then donned a gown and gloves and entered the resident's room with the tray of medications. On 09/18/24 at 1:49 p.m., LPN #1 observed the medication cups which contained the liquid Dilantin with CMA #1. LPN #1 stated one cup had 7.5 mls and one cup had 5 mls. ACMA #1 stated Is that 0.5 mls? The LPN stated it was 5 mls and the ACMA needed to draw the medication up in a syringe to get the appropriate dosage for the resident. On 09/19/24 at 3:33 p.m., the DON stated if the ordered dose was indicated on the medication cup, liquid medications could be measured in the medication cups. They stated if the dose was not indicated on the cup staff were to utilize a syringe to measure the amount. The DON stated Resident #4's Dilantin level had fluctuated quite a bit in August so they monitored the medication given by implementing a count record for the Dilantin. On 09/19/24 at 3:41 p.m., the liquid Dilantin and the count record was observed with the DON. The DON stated the bottle of Dilantin contained 300 mls and the count record documented the bottle should have 312 mls. They stated they had not been notified of the discrepancy with the Dilantin count, but they were to be notified by the CMAs if the count on the bottle was different than the count on the count record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER: Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE: 711 North 5th Street Jenks, OK 74037	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 35474 Based on observation and interview, the facility failed to ensure medications were dated when opened for four (200 hall medication cart, 200/400 hall treatment cart, 100/300 hall treatment cart, and the 600 hall medication cart) of four medication/treatment carts observed. The DON identified eight medication/treatment carts in the facility. Findings: On 09/20/24 at 11:50 a.m., the 200 hall medication cart was observed with CMA #2. Ventolin inhaler for Resident #35 was observed to be opened, but not dated. On 09/20/24 at 12:02 p.m., the 200/400 treatment cart was observed with LPN #1. LPN #1 stated they were to date medications when they were opened. The following medications were observed to be opened but not dated. a. insulin lispro (diabetic medication) for Resident #115; b. fluticasone propionate inhaler for Resident #83; c. Trelegy inhaler and an albuterol inhaler for Resident #224; and d. one bottle of glucometer test strips. On 09/20/24 at 12:21 p.m., the 100/300 hall treatment cart was observed with LPN #3. The following medications were observed to be opened but not dated. a. a vial of lidocaine 1% for Resident #225; and b. a house stock vial of sterile water. On 09/20/24 at 12:28 p.m., the 600 hall medication cart was observed with CMA #3. CMA #3 stated they were to date medications when they were opened. The following medications were observed to be opened but not dated. a. Refresh eye drops for Resident #23; b. Refresh eye drops for Resident #17; and c. polyvinyl alcohol liquifilm tears for Resident #15. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/20/24 at 12:37 p.m., the DON stated staff were to date eye drops, nose sprays, insulin, inhalers, and glucometer test strips when they were opened. They stated the consultant pharmacist audited the medication carts monthly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Grace Skilled Nursing and Therapy Jenks		STREET ADDRESS, CITY, STATE, ZIP CODE 711 North 5th Street Jenks, OK 74037	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 46703 Based on observation and interview, the facility failed to ensure food items were labeled and dated. The DON identified 122 residents received nourishment from the kitchen. Findings: On 09/16/24 at 8:50 a.m., two plastic containers with sliced cheese, one plastic container with diced onion, one plastic container with diced tomatoes, one plastic container with diced honey dew melon, one paper plate with sliced cheese, and one opened container of tuna salad were observed in refrigerator #1. The food products were not labled and dated. On 09/16/24 at 8:55 a.m., dietary manager #1 stated they do not know why the containers were not labeled or dated, but they should be.