

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Glenhaven Retirement Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3003 Iowa Chickasha, OK 73023	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>46387</p> <p>Based on observation, record review and interview, the facility failed to ensure:</p> <p>a. a diuretic was included on the care plan for one (#23) of five sampled residents reviewed for unnecessary meds; and</p> <p>b. assist rails were included on the care plan for one (#43) of two sampled residents reviewed for restraints.</p> <p>The administrator in training identified 51 residents resided in the facility and 15 residents received diuretics. MDS Coordinator #1 identified three residents had assist rails.</p> <p>Findings:</p> <p>1. Resident #23 had diagnoses which included hypertensive heart disease with heart failure.</p> <p>A physician order, dated 05/10/24, documented to administer hydrochlorothiazide (diuretic medication) 25 mg in the morning for hypertensive heart disease with heart failure.</p> <p>A physician order, dated 06/22/24, documented to administer furosemide (diuretic medication) 40 mg in the morning for hypertensive heart disease with heart failure.</p> <p>The resident's care plan was reviewed and did not document the use of diuretics.</p> <p>On 12/19/24 at 10:22 a.m., MDS Coordinator #1 stated they did not see diuretics on the care plan. They stated it should have been included.</p> <p>2. Resident #43 had diagnoses which included arthritis and obesity.</p> <p>A physician order, dated 10/30/24, documented transfer bars in place at all times.</p> <p>A record review did not document a U-rail or positioning bar on the care plan.</p> <p>On 12/17/24 at 9:05 a.m., a U-rail was observed attached to the middle of the bed on the side of the bed touching the wall.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/19/24 at 2:03 p.m., MDS Coordinator #1 stated the U-rail/positioning bar was not on the care plan. They stated it should have been included.</p>		