

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375365	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER South Pointe Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5725 South Ross Oklahoma City, OK 73119	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45583</p> <p>Based on observation, record review, and interview, the facility failed to ensure ADL care was provided according to the plan of care for three (# 1, 7, #8) of four sampled residents reviewed for ADL care.</p> <p>The Assistant Administrator identified 183 residents resided in the facility.</p> <p>A Turning and Repositioning policy, dated 07/21/22, read in part, .The Facility will aid with Turning & Repositioning residents to prevent skin breakdown. Nursing employees will Turn & Reposition residents as reflected in their plan of care .</p> <p>A Incontinent Care policy, dated 07/21/22, read in part, .The Facility will Provide Incontinent Care as Directed in the Plan of Care .</p> <p>1. Resident #7 had diagnoses which included need for assistance with personal care.</p> <p>Resident #7 care plan dated 07/11/24 documented the resident had self care performance deficit and required staff participation.</p> <p>Resident #7 ADL documentation of blanks as follows:</p> <p>April 2024:</p> <p>Bed mobility were eight out of 29 opportunities.</p> <p>Personal hygiene were seven out of 19 opportunities.</p> <p>Toilet use there were nine out of 31 opportunities.</p> <p>Bowel and bladder elimination there were nine out of 31 opportunities.</p> <p>On 04/19/24 at 3:20 p.m.,CNA #3 stated Resident #7 needed staff assist with all ADL's. They stated blanks on the documentation meant that it had not been done. They stated the blanks were as follows:</p> <p>Bed mobility there were eight blanks.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Personal hygiene there were seven blanks.</p> <p>Toilet use there were nine blanks.</p> <p>Bowel and bladder elimination there were nine blanks.</p> <p>CNA #3 stated the resident did not receive care per their plan of care and that if it was not charted then it was not done.</p> <p>2. Resident #8 had diagnoses which included unspecified fracture of sacrum.</p> <p>Resident #8 care plan dated 12/01/21 documented the resident had a self care performance deficit and required staff participation.</p> <p>Resident #8 ADL documentation of blanks as follows:</p> <p>February 2024:</p> <p>Bed mobility were 29 out of 63 opportunities.</p> <p>Personal hygiene were 19 out of 63 opportunities.</p> <p>Toilet use were 27 out of 103 opportunities.</p> <p>Bowel and bladder elimination were 28 out of 104 opportunities.</p> <p>March 2024:</p> <p>Bed mobility were 36 out of 98 opportunities.</p> <p>Personal hygiene were 29 out of 62 opportunities.</p> <p>Toilet use were 36 out of 98 opportunities.</p> <p>Bowel and bladder elimination were 37 out of 98 opportunities.</p> <p>April 2024:</p> <p>Bed mobility were 23 out of 55 opportunities.</p> <p>Personal hygiene were 20 out of 37 opportunities.</p> <p>Toilet use were 21 out of 57 opportunities.</p> <p>Bowel and bladder elimination were 22 out of 58 opportunities.</p> <p>On 04/19/24 at 3:49 p.m. CNA #2 stated Resident #8 was dependent on staff. They stated blanks on the documentation meant not charted and not done.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>CNA #2 stated the blanks were as follows:</p> <p>February 2024:</p> <p>Bed mobility were 29 blanks.</p> <p>Personal hygiene were 19 blanks.</p> <p>Toilet use were 27 blanks.</p> <p>Bowel and bladder elimination were 28 blanks.</p> <p>March 2024:</p> <p>Bed mobility were 36 blanks.</p> <p>Personal hygiene were 29 blanks.</p> <p>Toilet use were 36 blanks.</p> <p>Bowel and bladder elimination were 37 blanks.</p> <p>April 2024:</p> <p>Bed mobility were 23 blanks.</p> <p>Personal hygiene were 20 blanks.</p> <p>Toilet use were 21 blanks.</p> <p>Bowel and bladder elimination were 22 blanks.</p> <p>CNA #2 stated the resident did not receive care per their plan of care.</p> <p>3. Resident #1 had diagnoses which included need for assistance with personal care.</p> <p>Resident #1 ADL documentation of blanks as follows:</p> <p>January 2024:</p> <p>Check q 2 hours there were 15 out of 52 opportunities.</p> <p>Bed mobility there were four out of 14 opportunities.</p> <p>Personal hygiene there were three out of eight opportunities.</p> <p>Toilet use there were four out of 14 opportunities.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>December 2023:</p> <p>Check q 2 hours there were 56 out of 372 opportunities.</p> <p>Bed mobility there were 14 out of 124 opportunities.</p> <p>Personal hygiene there were 11 out of 62 opportunities.</p> <p>Toilet use there were 14 out of 96 opportunities.</p> <p>On 04/19/24 at 4:00 p.m. CNA #2 stated Resident #1 was dependent with ADL's. They stated there were blanks on the documentation as follows:</p> <p>January 2024:</p> <p>Check q 2 hours there were 15 blanks.</p> <p>Bed mobility there were four blanks.</p> <p>Personal hygiene there were three blanks.</p> <p>Toilet use there were four blanks.</p> <p>December 2023:</p> <p>Check q 2 hours there were 56 blanks.</p> <p>Bed mobility there were 14 blanks.</p> <p>Personal hygiene there were 11 blanks.</p> <p>Toilet use there were 14 blanks.</p> <p>CNA #2 stated Resident #1 did not receive care according to standards of practice.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45583</p> <p>Based on observation, record review and interview, the facility failed to ensure the ice machine was clean and free from debris for one of one ice machine observed in the kitchen.</p> <p>The Assistant Administrator identified 183 residents resided in the facility.</p> <p>Findings:</p> <p>A Work History Report documented preventative maintenance to the ice machine and bins and to check filters, clean coils, sanitize interior, delime was due on 03/31/24 and was completed on 03/04/24. It also documented it was due on 02/29/24 and had been done on 03/04/24 as well.</p> <p>On 04/17/24 at 11:26 a.m., the ice machine was observed with the Dietary manager and Maintenance #1. There was black, brown and white slimmy residue and particles present at the right bottom corner of the machine on the other side of the coils above the ice bin. Maintenance #1 touched it with bare fingers and stated it was food. They stated it was to be cleaned every 30-40 days and had just been redone and was due at the end of the month.</p> <p>On 04/18/24 at 3:57 p.m., the Area Director stated that if the water sits too long it can become stagnant, slimy, and mold. They stated they need to look into cleaning more often with the amount of ice used.</p>