

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 08/14/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>48344</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents have access to the grievance procedure and failed to post information regarding the name of the grievance official.</p> <p>The DON identified 176 residents resided in the facility.</p> <p>Findings:</p> <p>The GRIEVANCE/MISSING PROPERTY policy, revised 04/26/23, read in part, To provide an opportunity for Residents, Residents Representatives, and/or Families to present concerns or Grievances to the proper authorities at the Facility and receive responses to the issue(s) raised.</p> <p>On 08/12/24 at 10:25 a.m., a tour of the facility was conducted. Ombudsman contact name, resident rights, and the facility's senior management concern procedure poster was observed on a wall near the main dining room entrance. There was no signage to indicate the person to contact to file a grievance or available forms in the resident units.</p> <p>On 08/12/24 at 11:47 a.m., Resident #3 stated they did not know who the grievance official was or where to locate the information to file a grievance.</p> <p>On 08/12/24 at 1:17 p.m., Resident #2 stated they informed nursing staff about their grievance. They were unsure who the grievance official was.</p> <p>On 08/12/24 at 1:51 p.m., Resident #5 stated they did not know how to file a grievance or where to find the information to file a grievance.</p> <p>On 08/12/24 at 2:17 p.m., the DON stated social service was responsible for grievances in the facility.</p> <p>On 08/12/24 at 2:22 p.m., the Social Services Director stated all residents were educated on the facility's grievance process on admit.</p> <p>On 08/12/24 at 2:28 p.m., the DON and the Social Services Director stated the grievance procedure and responsible official's information was not posted in the facility for resident access.</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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>48344</p> <p>Based on observation, record review, and interview, the facility failed to ensure the menu was followed and adequate portion sizes were offered to residents for one of one meal service observed.</p> <p>The DON identified 173 residents received services from the kitchen in the facility.</p> <p>Findings:</p> <p>The NUTRITIONAL SERVICES MENUS policy, revised 03/31/21, read in part, Menus shall be followed which have been reviewed and approved by a Registered Dietitian (RD) in compliance with the Federal and State Regulations and consistent with Standards of Practice on nutritional care.</p> <p>A menu, dated 08/12/24, documented the following for regular/NAS lunch:</p> <p>Meat sauce with spaghetti noodle - 8 oz ladle,</p> <p>Italian vegetable blend - 1/2 cup (4 oz),</p> <p>Garlic bread - one slice.</p> <p>A menu, dated 08/12/24, documented the following for pureed lunch:</p> <p>Meat sauce with spaghetti noodle - #8 scoop spaghetti (4 oz) and #8 scoop meat sauce (4 oz),</p> <p>Italian vegetable blend - #10 scoop,</p> <p>Garlic bread one slice - #20 scoop.</p> <p>On 08/12/24 at 10:53 a.m., the CDM identified the above menu as scheduled to be served for lunch on 08/12/24.</p> <p>On 08/12/24 at 11:50 a.m., Resident #1 stated sometimes they did not have enough food.</p> <p>On 08/12/24 at 12:07 p.m., Dietary Aide #1 was observed to serve three regular diet plates with one tong of spaghetti, one spoodle of meat sauce, one vegetable blend, and one slice of garlic bread.</p> <p>Resident #1's meal card documented regular diet, nectar thick fluids, puree, and double portions.</p> <p>On 08/12/24 at 12:17 p.m., Dietary Aide #1 was observed to serve Resident #1's plate with one blue scoop pureed spaghetti, one blue scoop pureed meat sauce, and one blue scoop pureed vegetable blend.</p> <p>There was no pureed garlic bread. The serving size was not listed on the three blue scoops used for serving.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/12/24 at 12:19 p.m., Dietary Aide #1 stated Resident #1 does not get the garlic bread because they would choke. They stated they did not know what the serving size was for the blue scoops.</p> <p>On 08/12/24 at 12:20 p.m., Dietary Aide #1 stated they could not tell if they served 8 oz of spaghetti and meat sauce for the three plates observed.</p> <p>On 08/12/24 at 12:21 p.m., the CDM stated the spaghetti was served with a tong. The meat sauce and vegetable blend was served with a 2 oz ladle. They stated it should have been 4 oz each.</p> <p>On 08/12/24 at 12:25 p.m., the CDM stated the serving size was not adequate for the three plates observed.</p> <p>On 08/12/24 at 12:27 p.m., the CDM observed the blue scoops used to serve the puree diet. They were unable to determine the serving size for the blue scoops. They stated Resident #1 should have double portions and pureed garlic bread. They stated the menu was not followed and Resident #1 did not receive adequate portion size.</p>