STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wagoner Health & Rehab	205 North Lincoln Avenue Wagoner, OK 74467

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. Based on record review and interview, the facility failed to ensure the wasting of narcotic medications was witnessed by 2 staff members for 1 (#5) of 3 sampled residents reviewed for medication administration.The infection preventionist identified 48 residents received medication in the facility. Findings: An undated Discarding and Destroying Medications policy showed documenting the destruction of narcotics required the signatures of at least two witnesses.An admission record for Res #5, dated 08/20/24, showed the resident had diagnoses which included emphysema and heart failure.A physician's order for Res #5, dated 12/06/25, showed the resident was to receive oxycodone 10 mg (a narcotic pain medication) by mouth every six hours.A Controlled Drug Receipt/Record/Disposition Form, dated 02/2026, showed on 02/13/26 at 6:00 a.m. one 10 mg oxycodone tablet was wasted. The form only included one signature.On 02/24/26 at 11:15 a.m., LPN #1 stated if they needed to waste a narcotic medication a nurse had to witness and sign off with the other employee.On 02/24/26 at 3:25 p.m., the infection preventionist stated two staff members had to sign off if a narcotic medication was wasted.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375369	A. Building B. Wing	02/25/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation and interview, the facility failed to provide meals at a palatable temperature for 3 (#4, 6, and #7) of 3 sampled residents reviewed for meal palatability.The infection preventionist identified 48 residents received meals from the kitchen. Findings:On 02/23/26 at 12:50 p.m., a test tray was sampled for temperature and palatability. The fried potatoes were undercooked and lukewarm, the turnip greens were lukewarm, the cornbread was cold and dry.1. An annual assessment for Res #4, dated 11/21/25, showed the resident had a BIMS score of 15 which indicated intact cognition.On 02/23/26 at 8:30 a.m., Res #4 stated when they ate in their room the food was always cold. Res #4 stated the food did not taste good.2. A quarterly assessment for Res #6, dated 01/10/26, showed the resident had a BIMS score of 15 which indicated intact cognition.On 02/23/26 at 8:55 a.m., Res #6 stated the food was cold by the time it was delivered to their room. Res #6 stated the food had tasted bad for a long time.On 02/24/26 at 7:50 a.m., Res #6 stated the potatoes they had for lunch the day before were undercooked, crunchy, and the meal was cold.3. A quarterly assessment for Res #7, dated 12/11/25, showed the resident had a BIMS score of 15 which indicated intact cognition.On 02/24/26 at 1:10 p.m., Res #7 stated they ate all meals in their room, and the food was almost always cold by the time it arrived.On 02/25/26 at 10:00 a.m., the DM stated they were working to get the trays out to the residents quicker and ensure the food was warm and palatable.

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(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. Based on observation, record review, and interview, the facility failed to ensure 2 (dietary aide #1 and the DM) of 2 dietary staff washed their hands immediately upon entry to the kitchen.The infection preventionist identified 48 residents received meals from the kitchen. Findings:On 02/23/26 at 11:55 a.m., dietary aide #1 was observed to enter the kitchen and begin working without washing their hands.On 02/23/26 at 11:59 a.m., dietary aide #1 was observed to enter the kitchen and begin working without washing their hands.On 02/23/26 at 12:00 p.m., the DM was observed to enter the kitchen and begin working without washing their hands.On 02/23/26 at 12:04 p.m., dietary aide #1 was observed to enter the kitchen and begin working without washing their hands.On 02/23/26 at 12:07 p.m., dietary aide #1 was observed to enter the kitchen and begin working without washing their hands.An undated policy titled Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices showed staff were required to wash their hands when entering the kitchen.On 02/24/26 at 8:00 a.m., the DM stated when someone entered the kitchen, they were to wash their hands.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to ensure EBP was utilized during PEG tube care for 1 (#7) of 7 sampled residents reviewed for infection control.The infection preventionist identified 23 residents were on EBP. Findings:On 02/23/26 at 9:20 a.m., LPN #1 was observed during PEG tube care for Res #7. LPN #1 was not observed to wear a gown. A sign was observed on the resident's door that showed Res #7 was on EBP.A facility Enhanced Barrier Precautions policy, dated 04/29/24, read in part, EBP requires donning of gown and gloves during high-contact resident/guest care activities.EBP is indicated for resident/guests with any of the following when contact precautions do not apply.Wounds or an indwelling medical device.Indwelling medical devices examples include central lines, urinary catheters, feeding tubes and tracheostomies.A care plan focus for Res #7, initiated 05/09/25, showed the resident was at risk of infection due to the presence of a PEG tube and EBP was to be utilized when providing care.On 02/23/26 at 9:25 a.m., LPN #1 stated they should have worn a gown while proving PEG tube care for Res #7.On 02/24/26 at 3:35 p.m., the infection preventionist stated gowns were to be utilized when care was provided to a resident on EBP.