STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375371	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Services	1008 Arkansas Street Arkoma, OK 74901

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 45462 Based on record review and interview, the facility failed to provide RN coverage for eight consecutive hours seven days per week during 2 (October 2024 and January 2025) of 4 months reviewed for having RN coverage for eight consecutive hours seven days per week. The administrator identified 40 residents resided in the facility. Findings: The CASPER report for fisal year Quarter 4 2024 triggered for no RN coverage on four or more days within the quarter. A review of payroll documents for October 2024 and January 2025 showed there was no RN coverage on the following days since the last period covered on the CASPER report: October 5-6, 12-13, and 26-27 and January 5, 12, 19, and 26. On 02/05/25 at 4:44 p.m., the business office manager was asked if they had submitted all of the documents to verify RN coverage for October 2024 and January 2025. They stated that was all they could account for in their punch system. They stated the DON did not punch, but completed missed visit forms. They stated they gave all that they had. On 02/06/25 at 8:24 a.m., the DON acknowledged there was no RN coverage on the dates listed above.

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