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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 33097 Based on record review and interview, the facility failed to ensure a resident with a new diagnosis of a serious mental health condition had a PASARR updated for 1 (#7) of 1 sampled resident reviewed for PASARR level II. The DON identified nine residents with serious mental health diagnoses. Findings: Resident #7 had diagnoses which included pseudobulbar affect and a mood affective disorder. A PASARR level I, dated 10/26/18, showed the resident did not have a diagnosis of serious mental illness or other psychotic disorder. The annual assessment, dated 11/09/24, showed the resident currently was not considered by the state PASARR level II process to have serious mental illness and/or intellectual disability or a related condition. On 02/04/25 at 2:57 p.m., the DON reviewed the resident's clinical record and stated the resident had a diagnosis of mood affective disorder and a psychotic disorder. The DON stated a PASARR level II referral should have been made to the Level of Care Evaluation Unit.

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