

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Golden Age Nursing Home of Guthrie, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 419 East Oklahoma Guthrie, OK 73044	

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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45462</p> <p>Based on observation and interview, the facility failed to ensure incontinent care was provided to dependent residents at least every two hours for two (#4 and #5) of five dependent residents observed for receiving incontinent care.</p> <p>The DON identified 112 residents resided in the facility.</p> <p>Findings:</p> <p>1. A Comprehensive Assessment for Resident #4, dated 06/10/24, documented they had impaired ROM to both lower extremities, was incontinent of bowel and bladder, and was dependent on staff for all ADL's.</p> <p>2. A Comprehensive Assessment for Resident #5, dated 06/18/24, documented they had impaired ROM to both lower extremities, was incontinent of bowel and bladder, and was dependent on staff for all ADL's.</p> <p>On 08/13/24 at 11:30 a.m., Resident #4 and Resident #5 were observed in the facility dining room on the lower level.</p> <p>On 08/13/24 at 12:30 p.m., Residents #4 was escorted in their reclining geri-chair from the dining room to their room and placed beside their bed by CNA #1.</p> <p>On 08/13/24 at 1:12 p.m., Residents #5 was escorted in their reclining geri-chair from the dining room to their room and placed beside their bed by CNA #2.</p> <p>On 08/13/24 at 2:00 p.m., after uninterrupted observation on the hall from 12:30 p.m., Resident #4 and Resident #5 were observed in their rooms sitting in their reclining geri-chairs, at the side of their beds. No staff had been observed entering or exiting Resident #4's room since 12:30 p.m. No staff had been observed entering or exiting Resident #5's room since 1:12 p.m.</p> <p>On 08/13/24 at 2:50 p.m., after uninterrupted observation from 2:00 p.m. to this time, CNA #1 and CNA #2 were observed while they put Resident #5 in bed and performed peri-care. Resident #5's brief was observed to be grossly saturated and contained a medium bowel movement.</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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(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 - Few</p>	<p>On 08/13/24 at 3:14 p.m., after further observation of Resident #4 sitting in their reclining geri-chair at the side of their bed, this surveyor asked CNA #3 who from the day shift was responsible for Resident #4's care. CNA #3 stated, I am, but I'm working 16 hours. CNA #3 was informed of my observations and immediately following our conversation, CNA #3 and CNA #4 were observed while they put Resident #4 in bed and performed peri-care. Resident #4's brief was observed to be moderately saturated and blanchable redness was noted to entire buttocks and sacral area.</p> <p>On 08/14/24 at 2:16 p.m., the DON was asked the facility policy regarding incontinent care for dependent residents. They reported dependent residents should be checked and/or provided incontinent care at least every two hours. The DON was informed of my observation for Residents #4 and #5. They acknowledged facility policy had not been followed for the above residents.</p>		