

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Claremore Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 920 East 16th Street Claremore, OK 74017	
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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>Based on record review and interview, the facility failed to respond to concerns and recommendations of the resident council. The administrator identified 87 residents who resided at the facility. Findings: A Resident Council Response Form, dated 01/08/26, showed: a. concerns from the resident council regarding the nursing department, including slow call light response. The form directs the department head to respond in writing to the council by 01/22/26. The form does not show a written response from the DON; b. concerns from the resident council regarding the dietary department, including wanting fresh fruit and a varied menu. The form directs the department head to respond in writing to the council by 01/22/26. The form does not show a written response from the dietary department; and c. concerns from the resident council regarding the housekeeping department, including wanting labels for clothes. The form directs the department head to respond in writing to the council by 01/22/26. The form does not show a written response from the housekeeping department. A Resident Council Response Form, dated 02/05/26, showed: a. concerns from the resident council regarding administration, including the exterior doors opening from the outside without a code. The form directs the person responsible to respond in writing by 02/17/26. The form does not show a written response from the administrator; and b. concerns from the resident council regarding housekeeping, including resident rooms not being cleaned. The form directs the department head to respond in writing to the council by 02/17/26. The form does not show a written response from the housekeeping supervisor. On 03/03/26 at 10:42 a.m., the SSD stated that they were responsible for taking the minutes during the resident council meetings. They also stated that they noted the council's concerns on a form and gave the form to the appropriate department head for a written response. They stated that the department heads did not always respond to the concerns of the resident council. On 03/04/26 at 7:55 a.m., the housekeeping supervisor stated that they signed and returned the council response form but did not document a response on the form. On 03/04/26 at 8:30 a.m., the dietary manager stated they did not always respond to the council in writing.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record review and interview, the facility failed to ensure bathing was provided according to the plan of care for 3 (#9, 11, and #74) of 3 sampled residents reviewed for ADL care. The administrator reported 87 residents who resided in the facility. Findings: 1. An admission assessment, dated 12/10/25, showed Res #9 had a BIMS score of 15, which indicated intact cognition. The assessment also showed Res #9 required substantial/maximal assistance with bathing. A care plan, reviewed 12/16/25, showed Res #9 required substantial staff assistance with bathing and was dependent on staff to transfer to the shower. The task portion of Res #9's EHR showed the resident was to receive showers on Monday and Thursday. The EHR also showed that Res #9 had received a shower on 02/17/26. The EHR did not show Res #9 was given a shower on 02/02/26, 02/05/26, 02/09/26, 02/12/26, 02/19/26, 02/23/26 or 02/26/26. Res #9 received one shower out of eight opportunities for February 2026. Additional documentation of showers for Res #9 was requested, but none was provided by the end of the survey. On 03/03/26 at 1:45 p.m., CNA #4 stated on 03/02/26 they were responsible to give Res #9 a bath, but they did not have enough time to complete that task during their shift. On 03/03/26 at 1:50 p.m., Res #9 stated they did not get a bath yesterday, and they had not had a bath in over a week. 2. An annual assessment, dated 02/03/26, showed Res #11 had a BIMS score of 14, which indicated intact cognition. The assessment also showed Res #11 required partial/moderate assistance with bathing. A Follow Up Question Report, dated 03/03/26, showed Res #11 was scheduled to receive showers on Tuesdays and Sundays. The report showed during the month of February 2026, Res #11 was offered or received a shower on 02/10/26, 02/17/26 and 02/26/26. The report did not show Res #11 was offered or received a shower on 02/01/26, 02/08/26, 02/15/26, or 02/22/26. Res #11 received three showers out of seven opportunities for February 2026. On 03/01/26 at 10:34 a.m., Res #11 stated they were usually only given one shower a week. 3. An annual assessment, dated 01/30/26, showed Res #74 had a BIMS score of 14, which indicated intact cognition. The assessment also showed Res #74 required substantial/maximal assistance with bathing. A Follow Up Question Report, dated 03/03/26, showed Res #74 was scheduled to receive showers on Monday and Fridays. The report showed during the month of February 2026, Res #74 was given a shower on 02/09/26, 02/16/26, and 02/24/26. The report does not show Res #74 was given a shower on 02/02/26, 02/06/26, 02/13/26, 02/20/26 or 02/27/26. Res #74 received three showers out of eight opportunities for the month of February 2026. On 03/01/26 at 11:44 a.m., Res #74 stated showers were not being given as often as they should be. On 03/03/26 at 1:30 p.m., CNA #2 stated residents are supposed to get 2 showers a week, but sometimes they do not because the facility is short staffed. On 03/03/26 at 1:35 p.m., CNA #3 stated sometimes they just don't have enough time in their shift to get all the showers they are assigned given. On 03/04/26 at 7:45 a.m., CNA #5 stated that CNAs are responsible to give showers on their assigned hall, but they are not always able to complete them. They also stated when they worked last Tuesday, they were supposed to give six showers, but they were only able to complete two. On 03/04/26 at 8:35 a.m., LPN #2 stated the charge nurse was responsible to ensure showers were given. They also stated that if a CNA was unable to complete a shower it should be passed on to the night shift. On 03/04/26 at 10:10 a.m., the DON stated they had some issues with staffing, but it was improving. They stated that residents should be getting two showers a week.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on record review and interview, the facility failed to have sufficient staff to meet the needs of the residents for 3 (#9, 11, and #74) of 3 sampled residents reviewed for ADL care. The administrator reported 87 residents who resided in the facility. Findings: 1. An admission record, dated 07/25/24, showed Res #9 had diagnoses which included respiratory failure and chronic kidney disease. An admission assessment, dated 12/10/25, showed Res #9 had a BIMS score of 15, which indicated intact cognition. The assessment also showed Res #9 required substantial/maximal assistance with bathing. A care plan, reviewed 12/16/25, showed Res #9 required substantial staff assistance with bathing and was dependent on staff to transfer to the shower. The task portion of Res #9's EHR showed the resident was to receive showers on Monday and Thursday. The EHR also showed that Res #9 had received a shower on 02/17/25. The shower on 02/17/25 was the only shower documented between 02/01/26 and 03/03/26. On 03/03/26 at 1:45 p.m., CNA #4 stated on 03/02/26 they were responsible to give Res #9 a bath, but they did not have enough time to complete that task during their shift. On 03/03/26 at 1:50 p.m., Res #9 stated they did not get a bath yesterday, and they had not had a bath in over a week. 2. An annual assessment, dated 02/03/26, showed Res #11 had a BIMS score of 14, which indicated intact cognition. The assessment also showed Res #11 required partial/moderate assistance with bathing. A Follow Up Question Report, dated 03/03/26, showed Res #11 was scheduled to receive showers on Tuesdays and Sundays. The report showed during the month of February 2026, Res #11 was offered or received a shower on 02/10/26, 02/17/26 and 02/26/26. The report did not show Res #11 was offered or received a shower on 02/01/26, 02/08/26, 02/15/26, or 02/22/26. Res #11 received three showers out of seven opportunities for February 2026. On 03/01/26 at 10:34 a.m., Res #11 stated they were usually only given one shower a week. 3. An annual assessment, dated 01/30/26, showed Res #74 had a BIMS score of 14, which indicated intact cognition. The assessment also showed Res #74 required substantial/maximal assistance with bathing. A Follow Up Question Report, dated 03/03/26, showed Res #74 was scheduled to receive showers on Monday and Fridays. The report showed during the month of February 2026, Res #74 was given a shower on 02/09/26, 02/16/26, and 02/24/26. The report does not show Res #74 was given a shower on 02/02/26, 02/06/26, 02/13/26, 02/20/26 or 02/27/26. Res #74 received three showers out of eight opportunities for the month of February 2026. On 03/01/26 at 11:44 a.m., Res #74 stated showers were not being given as often as they should be. On 03/03/26 at 1:30 p.m., CNA #2 stated residents are supposed to get 2 showers a week, but sometimes they do not because the facility is short staffed. On 03/03/26 at 1:35 p.m., CNA #3 stated sometimes they just don't have enough time in their shift to get all the showers they are assigned given. On 03/04/26 at 7:45 a.m., CNA #5 stated that CNAs are responsible to give showers on their assigned hall, but they are not always able to complete them. They also stated when they worked last Tuesday, they were supposed to give six showers, but they were only able to complete two. On 03/04/26 at 8:35 a.m., LPN #2 stated the charge nurse was responsible to ensure showers were given. They also stated that if a CNA was unable to complete a shower it should be passed on to the night shift. On 03/04/26 at 10:10 a.m., the DON stated they had some issues with staffing, but it was improving. They stated residents should be getting two showers a week.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff: a. served food in a manner to reduce the risk of cross contamination; b. kept the kitchen clean; c. wore hair and beard restraints when in the food preparation area; and d. discarded leftover food per facility policy during 1 of 2 kitchen observations. The dietary manager identified 87 residents received meals prepared by the kitchen. Findings: On 03/01/26 at 10:14 a.m., dietary aide #1 was observed standing by the stove in the kitchen. Dietary aide #1 had a beard and was not wearing a hair restraint or a beard guard. On 03/01/26 at 10:17 a.m., the deep fryer was observed to have dark grease and food particles floating in the grease and piled on the outer edges. On 03/01/26 at 10:22 a.m., a steam table pan labeled sausage was observed in the refrigerator and dated 02/26. On 03/01/26 at 10:28 a.m., there was a thick black substance observed around the wheels of the oven, and a brown substance had dripped down the outside of the stove. A tater tot was observed under the stove. A facility policy titled Dining Services Policies and Procedures, dated 01/01/00, read in part, Hairnets or hair covers must be worn at all times. Facial hair must also be covered with a protective covering. A facility policy titled Dining Services Policy and Procedure, dated 11/28/17, read in part, leftovers will only be kept for 24 hours and then discarded. On 03/01/26 at 10:15 a.m., dietary aide #1 stated they should have worn a hair restraint and beard guard. On 03/01/26 at 10:18 a.m., cook #2 stated the deep fryer was used daily. They stated they thought the deep fryer was last cleaned about three days ago. [NAME] #2 could not provide a cleaning schedule for the deep fryer. On 03/01/26 at 10:23 a.m., cook #2 stated leftovers were to be thrown away after 24 hours. They stated the sausage should have been thrown away. On 03/01/26 at 10:30 a.m., dietary cook #2 stated the black substance around the oven wheels and the brown substance that had dripped down the side of the oven was grease. They stated the tater tot was from the dinner meal served the night before. [NAME] #2 stated the floor area around the oven wheels was cleaned about a month ago. Dietary [NAME] #2 stated they were not aware of a cleaning schedule for 02/2026.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure quarterly care plan meetings were held for 1 (#1) of 17 sampled residents reviewed for care plans. The administrator identified 87 residents residing in the facility findings. Findings: An admission assessment, dated 07/03/25, showed Res #1 had been admitted to the facility on [DATE]. It further showed the resident had a BIMS score of 13 which indicated intact cognitive functioning. A review of Res #1's EHR showed a comprehensive care plan meeting had occurred on 07/11/25. No other care-plan meetings notes were found in the resident's EHR. On 03/01/26 at 11:36 a.m., Res #1 stated they did not recall attending any care plan meetings. On 03/03/26 at 10:34 a.m., MDS Coordinator #1 stated they were assigned to conduct the care plan meetings for the long-term care residents at the facility. They stated they had not known they were supposed to have quarterly care plan meetings with the residents or their representatives. They stated the only care plan meeting they found in Res #1's EHR occurred in July 2025. On 03/03/26 at 12:25 p.m., the DON stated the facility did not have a policy and procedure for care planning and just followed CMS guidelines. On 03/04/26 at 9:39 a.m., the DON stated MDS Coordinator #1's supervisor was Corp. Nurse Consult #1. On 03/04/26 at 9:41 a.m., Corp. Nurse Consult #1 stated they were the manager of MDS Coordinator #1. They stated MDS Coordinator #1 had been training on tracking care-plan meetings. They stated MDS Coordinator #1 had turned in a schedule for their care-plan meetings but for some reason those meetings did not occur. They stated they had retrained the employee and will monitor them closely.</p>		