

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Southern Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1401 4th Street Pawnee, OK 74058	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>45913</p> <p>Based on record review and interview, the facility failed to ensure a resident assessment was accurate related to falls for one (#7) of six residents whose resident assessments were reviewed.</p> <p>The resident roster documented a census of 44 residents.</p> <p>Findings:</p> <p>Res #7 had diagnoses which included dementia, weakness, lack of coordination and hemiplegia/hemiparesis following cerebral infarction affecting the left side.</p> <p>A progress note for 06/17/24 at 9:19 p.m. documented Res #7 fell in their room and sustained a laceration to the left side of their head. Res #7 was sent to the hospital for an evaluation.</p> <p>A quarterly resident assessment, dated 07/16/24, documented Res #7 had one fall without injury since the last resident assessment.</p> <p>On 09/12/24 at 1:08 p.m., the DON reported the MDS should have documented a fall with injury. The DON reported the MDS Coordinator relied on a fall report that was inaccurate and did not review the progress notes.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Southern Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1401 4th Street Pawnee, OK 74058	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>35749</p> <p>Based on observation, record review, and interview, the facility failed to ensure:</p> <p>a. staff remained with residents until medications were taken for four (#7, 8, 16, and #23), and</p> <p>b. medications were administered as ordered for two (#26 and #98) of nine sampled residents reviewed for medications.</p> <p>The DON identified 44 residents resided in the facility.</p> <p>Findings:</p> <p>An Administering Oral Medications policy, dated October 2010, documented to remain with the resident until all medications have been taken.</p> <p>A. On 09/10/24 at 7:43 a.m., Resident #16 was observed at a dining room table eating breakfast. A medication cup, containing medications, was observed on the dining table next to the resident's breakfast tray. Resident #16 was observed to pour the medications into their hand. Ten medications were observed in their hand.</p> <p>On 09/10/24 at 7:44 a.m., Resident #7 was observed at a dining room table eating breakfast. A medication cup, containing medications, was observed on the dining table next to the resident's breakfast tray.</p> <p>On 09/10/24 at 7:46 a.m., Resident #23 was observed at a dining room table eating breakfast. A medication cup, containing medications, was observed on the dining table next to the resident's breakfast tray. Resident #23 was asked when they take their medications. Resident #23 stated they take them while they are eating.</p> <p>On 09/10/24 at 7:47 a.m., Resident #8 was observed at a dining room table eating breakfast. A medication cup, containing medications, was observed on the dining table next to the resident's breakfast tray. Resident #8 was asked when they take their medications. Resident #8 stated they take them after they eat.</p> <p>On 09/10/24 at 7:55 a.m., CMA #1 was asked what the policy was for administering medications. They stated the would click on the resident's name, press which medications they will be giving, chart it, lock the computer, and go to the resident. CMA #1 stated some of the residents like to take their medication while they are eating. CMA #1 was asked the process for a resident to self administer medications. They stated to stand there and watch them. CMA #1 was asked if residents had to have a physician's order to self administer medications. They stated, Yes. CMA #1 was asked if Residents #16, 7, 23, and #8 had orders to self administer medications. They stated, No.</p> <p>B. 1. Resident #26 had diagnoses which included hypertension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Southern Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1401 4th Street Pawnee, OK 74058	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician's order, dated 08/13/24, documented to administer Hydralazine HCl 25 mg three times a day.</p> <p>A Medication Administration record, dated September 2024, documented '9' for Hydralazine twice on 09/01, twice on 09/02, three times on 09/03, and once on 09/11/24.</p> <p>A '9' indicates see other/progress notes per the MAR legend.</p> <p>There was no documentation found regarding the Hydralazine.</p> <p>On 09/12/24 at 12:50 p.m., CMA #2 was asked what a '9' on the MAR indicated. They stated it could mean there is a new order or it's awaiting delivery. CMA #2 stated it doesn't necessarily mean it's not here. They stated there should be a note if there is a '9.' CMA #2 was made aware of the '9's on Resident #26's MAR.</p> <p>CMA #2 was asked when medications were re-ordered. They stated they re-ordered medications weekly if the resident was on skilled services. CMA #2 stated Resident #26 ended up running out. CMA #2 was asked if the medication had been administered per physician's orders. They stated if the medicine was in the building, yes, and if not, no.</p> <p>B. 2. Resident #98 had diagnoses which included fractured left femur and chronic pain.</p> <p>A Physician's Order, dated 09/03/24, documented to administer Tylenol 325 mg two tablets every four hours as needed for pain.</p> <p>A Medication Administration record, dated September 2024, documented '9' for the Tylenol on 09/04, 09/05, 09/06, 09/09, and on 09/10/24.</p> <p>On 09/12/24 at 1:00 p.m., CMA #2 was made aware of Resident #96's MAR documenting '9' for the Tylenol. They stated at the time they did not have that strength. CMA #2 stated they had to ask administration how they wanted to do that since it was not an OTC they kept at the facility.</p> <p>CMA #2 was asked if the medication had been administered per physician's orders. They stated if the medicine was in the building, yes, and if not, no.</p>