

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2024
NAME OF PROVIDER OR SUPPLIER  Wildewood Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  1913 Northeast 50th Street Oklahoma City, OK 73111	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48344</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident's representative was informed about a fall intervention for one (#237) of two residents reviewed for falls.</p> <p>The Administrator identified 80 residents resided in the facility.</p> <p>Findings:</p> <p>The Fall Program policy, revised 05/24, read in part, Educate resident's family .regarding these interventions and encourage family assistance and support.</p> <p>Resident #237 was admitted on [DATE] and had diagnoses which included history of falling, hemiplegia, and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>Resident #237's care plan for falls, revised 09/06/24, documented intervention for mattress on the floor.</p> <p>On 09/11/24 at 10:37 a.m., Resident #237 was observed laying on a floor mattress. There were two mattresses laid side by side.</p> <p>On 09/12/24 at 9:56 a.m., Resident #237 stated they did not like sleeping on the floor mattress. They stated staff told them it would stop them from falling. Resident #237 stated they fell because staff did not answer their call light in a timely manner.</p> <p>On 09/12/24 at 11:02 a.m., a fall incident report, dated 09/06/24, was reviewed. It did not document Resident Representative #1 was notified about putting the resident's mattress on the floor as a fall intervention.</p> <p>On 09/12/24 at 1:28 p.m., CMA #1 stated Resident #237's bed was taken away because they kept trying to get out of bed and they were a fall risk. They stated the Resident required two person assistance with transfers. They stated the bed was taken away about a week ago.</p> <p>On 09/12/24 at 1:35 p.m., LPN #3 stated Resident #237 kept falling so they took away the Resident's bed.</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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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/12/24 at 1:39 p.m., the DON stated the mattress on the floor was implemented as a fall intervention on 09/06/24.</p> <p>On 09/12/24 at 1:42 p.m., the DON stated Resident #237 had two other falls prior to the fall on 09/06/24. The DON stated they spoke with Resident's Representative #1 about the fall and they both agreed on placing the mattress on the floor as a fall intervention. They stated the in person conversation was not documented.</p> <p>On 09/12/24 at 2:10 p.m., Resident Representative #1 stated they were not made aware of the Resident sleeping on a floor mattress. They stated they found out when they visited the Resident.</p> <p>On 09/12/24 at 2:13 p.m., Resident Representative #1 stated the facility did not educate them on any implemented fall interventions for Resident #237.</p> <p>On 09/12/24 at 2:36 p.m., the DON stated the facility did not have a system in place to determine what fall interventions to implement prior to taking away a resident's bed.</p> <p>On 09/12/24 at 3:00 p.m., the Infection Preventionist provided an incident report dated 09/06/24. The incident report documented Resident Representative #1 was verbally spoken to. It documented Resident #237 and Resident Representative #1 agreed on putting the mattress on the floor as a fall intervention.</p> <p>The above statement was not on the 09/06/24 incident report the surveyor reviewed prior to interviewing staff.</p> <p>On 09/12/24 at 3:03 p.m., the Infection Preventionist and the DON were asked why the 09/06/24 incident report was no longer on the historical list. They stated the 09/06/24 incident report was still active. They stated the surveyor would not be able to access any active incidents.</p> <p>On 09/12/24 at 3:04 p.m., the DON was asked how the surveyor was able to access the 09/06/24 incident report under the historical list. They stated they were not sure.</p> <p>On 09/12/24 at 3:05 p.m., the DON was asked when the statement about Resident Representative #1 was added to the incident report. They stated they were not sure but if an incident is active, they can add information to it.</p>		

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>46216</p> <p>Based on record review and interview, the facility failed to provide mail service to residents on Saturdays.</p> <p>The Administrator identified 80 residents resided in the facility.</p> <p>Findings:</p> <p>On 09/12/24 at 2:52 p.m. during a Resident Council group meeting with 18 residents in attendance, they stated they were not aware of any mail being delivered on Saturdays.</p> <p>On 09/13/24 at 2:00 p.m., the Social Services Director stated the BOM received the mail from the reception desk and sorts through it. They stated the residents personal mail went in to the Social Service Director's box. The Social Services Director stated they delivered personal mail to the residents.</p> <p>On 09/13/24 at 2:01 p.m., the DON stated the mail was not delivered on the weekends.</p>

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48344</p> <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on record review and interview, the facility failed to provide a NOMNC to one (#239) of three residents reviewed for beneficiary notification.</p> <p>Regional Nurse Consultant #1 identified two residents who received skilled services in the facility.</p> <p>Findings:</p> <p>Resident #239 admitted to Part A skilled services on 02/12/24 and discharged from Part A services on 03/06/24. Resident #239 discharged home.</p> <p>There was no documentation a NOMNC was provided to Resident #239.</p> <p>On 09/12/24 at 1:39 p.m., the DON stated they could not locate a NOMNC for Resident #239.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48344</p> <p>Based on observation and interview, the facility failed to maintain a home like environment for one (#30) of two residents reviewed for homelike environment.</p> <p>The Administrator identified 80 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #30 had diagnoses which included acute and chronic respiratory failure with hypercapnia.</p> <p>On 09/10/24 at 2:44 p.m., Resident #30's bed had an off white, dirty fitted sheet with a yellow spot and a torn pillow with no pillowcase.</p> <p>On 09/11/24 at 9:37 a.m., multiple brown spots were observed on Resident #30's fitted sheet. The yellow spot was still on the Resident's fitted sheet. Resident #30 stated their linens needed to be changed.</p> <p>On 09/11/24 at 10:16 a.m., CNA #1 stated they personally changed residents' linens every day. They stated the facility's process was Monday, Wednesday, and Friday.</p> <p>On 09/11/24 at 10:17 a.m., CNA #1 stated if a resident had dirty linens, they would change them.</p> <p>On 09/11/24 at 10:18 a.m., CNA #1 stated the use of torn pillows was not acceptable and they would replace them.</p> <p>On 09/11/24 at 10:19 a.m., CNA #1 stated the last time they were in Resident #30's room was this morning.</p> <p>On 09/11/24 at 10:21 a.m., CNA #1 made observation of the Resident's room. They stated the bed linens were dirty and needed to be changed. They stated the pillow needed to be replaced.</p> <p>On 09/12/24 at 11:18 a.m., the DON stated linens were to be changed as needed and at residents' request.</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>46216</p> <p>Based on record review and interview, the facility failed to ensure residents were free from abuse for one (#39) of one sampled resident reviewed for abuse.</p> <p>The Administrator identified 80 residents resided in the facility.</p> <p>Findings:</p> <p>A Resident Abuse, Neglect, and Misappropriation of Property policy, undated, read in part, .The resident has the right to be free from verbal, sexual, physical, and mental abuse .Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enable through the use of technology .</p> <p>Resident #39 had diagnosis which included vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, and anxiety.</p> <p>Resident #39's quarterly assessment, dated 08/04/24, documented Resident #39 had severe cognitive impairment and required substantial assistance with ADLs.</p> <p>An Initial State Reportable Incident form, dated 12/01/23, documented an allegation of Abuse/Mistreatment. It documented on 12/01/23 it was reported that there was a video with [Resident #39] and employee [name withheld]. Family doctor, police, and APS notified.</p> <p>An Notification of Nurse Aide/Nontechnical Service Worker form, dated 12/01/23, documented the allegation had been reported on 12/01/23, and dietary aide #1 had been terminated.</p> <p>A Follow up Information State Reportable Incident, form faxed to OSDH on 12/01/23 at 4:00 p.m., documented video was observed by the Administrator of employee [name withheld] displaying inappropriate content of language in the presence of [Resident #39]. No physical or sexual content was exhibited in the video. Employee was terminated immediately.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Follow up and Final Information State Reportable Incident, form faxed to OSDH on 12/04/23, documented, Facebook video observed by Administrator, shows employee [name withheld], waving their hand in front of resident [name withheld] asking them where their paper is at and stating you are goofy, at some point in the video employee [name withheld] also made a statement of [explicit remark]. Employee [name withheld] proceeded to state they can do whatever they wants and can go mess with another [explicit language]. Part C. The facility completed an initial investigation by interviewing involved resident [name withheld], resident does not recall anything regarding the video, involved employee [name withheld] interviewed and admitted to the video and stated resident [name withheld] was the only resident included in the video. Facility interviewed [13] residents and [eight] staff members and by completing a focused assessment on the resident [name withheld], a head to toe assessment, an evaluation of his medication, medical and history incident and chart and record review. The resident [name withheld] was seen by [name withheld] health services for emotional support. Facility will continue to monitor resident for any changes in behavior and will follow up with [name withheld] services to re-evaluate for any changes. Focus assessments performed on [13] residents with no complaints or signs of abuse and completed compliance rounds. Dr. [name withheld] notified, family notified, police department notified [case # withheld], APS and nurse aide registry notified. Employee [name withheld] was terminated immediately. Upon completion the facility substantiated the allegation of abuse. The facility has educated the family and all staff members on the residents updated plan of care, residents' preferences/choices for ADL care, the signs and symptoms on abuse, neglect, and misappropriation, residents' right to respect and protect resident privacy, HIPPA violation, media photography, and threatening behavior, and on the policy and procedure for reporting allegations of abuse, neglect, and misappropriation.</p> <p>The facility form titled Compliance Rounds documented compliance rounds were made on 12/01, 12/02, 12/03, 12/04, 12/05, 12/06, 12/07, 12/08, 12/09, and 12/10/23.</p> <p>In-services, dated 12/01/23, documented in-services on media, photographs, threatening behavior, abuse, neglect, and misappropriation.</p> <p>A suspension of a crime drill was held on 12/14/23.</p> <p>On 09/13/24 at 2:23 p.m., the Administrator stated as soon as they had come in on the day of the incident, Resident #39's [family member] had made her aware of the incident.</p> <p>On 09/13/24 at 2:24 p.m., the Administrator stated Resident #39's [family member] had shown them the video.</p> <p>On 09/13/24 at 2:25 p.m., the Administrator stated they had interviewed Resident #39 and other residents' of the facility to make sure there weren't video's of them.</p> <p>On 09/13/24 at 2:26 p.m., the Administrator stated they had interviewed residents, made sure Resident #39 was safe, asked facility therapist to see Resident #39, and a head to toe assessment with [name withheld] health services. They stated five day compliance rounds were completed and no residents or staff had any concerns.</p> <p>On 09/13/24 at 2:30 p.m., the Administrator stated the facility did a PIP each month to review abuse allegations.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/16/24 at 11:06 a.m., Resident #9 stated the facility would come ask every now and then if they felt safe in the facility.</p> <p>On 09/16/24 at 1:11 p.m., Resident #52 stated they could not remember but that did not mean they did not talk with them.</p> <p>On 09/16/24 at 2:11 p.m., CMA #2 stated we always talking about abuse and resident safety in our huddles. We monitor the residents for abuse. They stated that they did not witness the incident and they were sure the facility spoke with them because they talked with a lot of staff around that time.</p> <p>On 09/16/24 at 2:13 p.m., CMA #3 stated yes, they spoke to me about the abuse. They stated they had not witnessed the incident. CMA #3 stated the facility often came and spoke with them about abuse and resident safety.</p> <p>On 09/16/24 at 2:21 p.m., Resident #67 stated the facility did speak with them concerning abuse. I can't remember the specific time frame but they speak with us about safety and abuse.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46216</p> <p>Based on record review and interview, the facility failed to ensure a baseline care plan was completed in a timely manner for one (#84) of 18 sampled residents reviewed for baseline care plans.</p> <p>The Administrator identified 80 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #84 admitted on [DATE] with diagnoses which included acute kidney failure and general anxiety disorder.</p> <p>There was no baseline care plan located in Resident #84's EHR or hard chart.</p> <p>On 09/12/24 at 12:40 p.m., MDS coordinator #1 stated the policy for initiating a baseline care plan was to access the baseline assessment on the EHR and it should be completed upon admission by the nurse admitting the resident.</p> <p>On 09/12/24 at 12:44 p.m., MDS Coordinator #1 stated Resident #84 did not have a baseline care plan in their records.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>46216</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents with limited range of motion received restorative services to prevent further decrease in range of motion for one (#4) of one sampled resident reviewed for restorative services.</p> <p>The Administrator identified 80 residents resided in the facility. MDS Coordinator #1 identified 10 residents on restorative services.</p> <p>Findings:</p> <p>A Restorative Nursing policy, revised 07/06/09, read in part, .It is the policy of this facility to provide restorative nursing services to promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on maintaining optimal physical, mental and psychosocial function. Skill practice in such activities as walking and mobility, dressing and grooming, eating and swallowing, transferring, amputation care, and communication can maintain function in physical abilities and ADLs and prevent further impairment .Interventions will be assigned to designated nursing assistants and they will initial the daily record of treatment .and document actual minutes to provide each time the resident participates in the activity. A licensed nurse will evaluate the restorative care plan and revise as indicated and complete the monthly assessment .includes active or passive-should maintain function .Focus on maintaining the resident's self performance.</p> <p>Resident #4 had diagnoses which included paraplegia and pain in left ankle and joints of left foot.</p> <p>A quarterly assessment, dated 06/17/24, documented Resident #4 had impairment with both lower extremities.</p> <p>A fall care plan, revised 11/19/19, documented PT, OT, and ST to screen, evaluate and treat prn. Restorative therapy as indicated.</p> <p>An ADL care plan, initiated on 04/20/17, read in part, .Resident #4 requires assist with ADL's .Restorative as needed .</p> <p>A Restorative Program/Nursing care plan Goals and Interventions form, dated 08/23/23, documented, long and short term goals: PROM to bilateral legs 3 sets of 15 repetitions 2 times a week times 4 weeks as tolerated.</p> <p>Facility Task History documented the following:</p> <ul style="list-style-type: none"> <li>a. Nursing Rehab: Active/Passive ROM to bilateral lower extremities, revision date 12/07/22,</li> <li>b. Nursing Rehab: Active/Passive ROM to bilateral lower extremities, revision date 12/10/22,</li> <li>c. Nursing Rehab: Passive ROM to bilateral lower extremities, revision date 08/23/23,</li> </ul> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>d. Nursing Rehab: Passive ROM to bilateral lower extremities 3 set of 15 repetitions two times a week times four weeks as tolerated, revision date 08/23/23, and</p> <p>e. Nursing Rehab: Passive ROM to bilateral lower extremities 3 set of 15 repetitions two times a week times four weeks as tolerated, revision date 01/30/24.</p> <p>On 09/11/24 at 11:30 a.m., Resident #4 stated they had asked for restorative service due to their legs being stiff. Resident #4 stated they were told they were on a list and restorative just hadn't gotten around to Resident #4. They stated they just wanted some range of motion with their legs and the facility had just gotten a restorative aide in the past three or four months. Resident #4 stated they were able to move their legs a little bit.</p> <p>On 09/12/24 at 2:47 p.m., MDS Coordinator #1 provided a list of 10 residents who were currently receiving restorative services, Resident #4 was not on the list. They stated if the resident came off of therapy they would give her notification if the resident was determined appropriate for restorative therapy. They stated if a resident had a fall or a decline restorative interventions could get them back to where they were. They stated restorative therapy was done for 60 days and if no improvement services would be discontinued.</p> <p>On 09/12/24 at 3:30 p.m., MDS Coordinator #1 stated the facility did not have a restorative aide for two and a half years. There was an aide who was working the floor a lot. They stated they now had a restorative aide for three or four months. MDS Coordinator #1 stated their was no documentation of restorative services being provided to Resident #4 for the 08/23/23 restorative plan of care.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48344</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen was administered as ordered for one (#38) of two sampled residents reviewed for respiratory care.</p> <p>The DON identified eight residents who received continuous oxygen therapy in the facility.</p> <p>Findings:</p> <p>Resident #38 had diagnoses which included COPD and heart failure.</p> <p>A physician's order, dated 05/24/24, documented continuous oxygen at 2 liters per minute via nasal cannula related to COPD.</p> <p>On 09/10/24 at 3:34 p.m., Resident #38 was observed receiving oxygen. They stated they were on continuous oxygen at 2 liters. The concentrator was set at 3 liters per minute.</p> <p>On 09/10/24 at 3:46 p.m., LPN #1 reviewed Resident #38's orders. They stated the Resident was to receive 2 liters oxygen and there were no orders to increase as needed.</p> <p>On 09/10/24 at 3:49 p.m., LPN #1 observed Resident #38's concentrator. They stated it was set at 3 liters per minute. They stated it was wrong and adjusted the concentrator to 2 liters per minute.</p> <p>On 09/12/24 at 10:10 a.m., the DON stated oxygen should be administered as ordered.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2024
NAME OF PROVIDER OR SUPPLIER  Wildewood Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  1913 Northeast 50th Street Oklahoma City, OK 73111	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>46216</p> <p>Based on record reviewed and interview, the facility failed to ensure a dialysis resident had orders for monitoring for one (#78) of one sampled resident who were reviewed for dialysis.</p> <p>The Administrator identified 80 residents who resided in the facility. The DON identified five residents who received dialysis.</p> <p>Findings:</p> <p>Resident #78 had diagnoses which included hypertensive heart and chronic kidney disease without heart failure, with stage five chronic kidney disease, or end stage renal disease.</p> <p>Resident #78's renal care plan, initiated 01/24/24, documented the following interventions;</p> <ul style="list-style-type: none"> <li>a. check and change dressing daily at access site,</li> <li>b. check AVF for thrill and bruit every shift. If absent notify the physician,</li> <li>c. monitor AVF for S/S trauma and/or infection every shift, and</li> <li>d. remove AVF dressing four hours after dialysis treatment one time a day every Monday, Wednesday, and Friday.</li> </ul> <p>There were no orders or documentation for monitoring the above.</p> <p>On 09/16/24 at 1:25 p.m., LPN #2 stated dialysis residents were monitored by taking vital signs and checking the thrill and bruit upon return, and for bleeding. They stated they removed the dressing applied by the dialysis center four hours after the residents returned. They stated on non-dialysis days, the residents' labs, food and fluid intake were monitored.</p> <p>On 09/16/24 at 1:27 p.m., LPN #2 stated the thrill and bruit, signs/symptoms of trauma and/or infection, dressing changes are documented in the TAR.</p> <p>On 09/16/24 at 1:37 p.m., LPN #2 stated he must have gone out to the hospital, there are no orders.</p> <p>On 09/16/24 at 1:45 p.m., the DON stated they did not see any orders for Resident #39's dialysis monitoring, but they had just put in the orders.</p>		

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NAME OF PROVIDER OR SUPPLIER  Wildewood Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  1913 Northeast 50th Street Oklahoma City, OK 73111	
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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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46216</p> <p>Based on record review and interview, the facility failed to administer medication as ordered for one (#30) of five sampled residents reviewed for unnecessary medications.</p> <p>The Administrator identified 80 residents resided in the facility. Regional Nurse Consultant #1 identified 15 residents who received insulin in the facility.</p> <p>Findings:</p> <p>A Specific Medication Administration Procedures policy, effective 01/22, read in part, .To administer medications via subcutaneous .routes in a safe, accurate, and effective manner .Check the order on the medication administration record to see that an injection is currently ordered and due .Document administration .</p> <p>Resident #30 had diagnoses which included type two diabetes mellitus with unspecified complications and for type 2 diabetes mellitus with diabetic chronic kidney disease.</p> <p>A Physician's order, dated 01/23/24, documented Humalog injection solution inject 5 units intramuscularly with meals related to type two diabetes mellitus with unspecified complications.</p> <p>A Physician's order, dated 01/23/24, documented Humalog injection solution inject as per sliding scale intramuscularly before meals and at bedtime related to type two diabetes mellitus with unspecified complications.</p> <p>A Physician's order, dated 05/16/24, documented insulin glargine subcutaneous solution 100 unit/ml inject 50 unit subcutaneously one time a day related to type two diabetes mellitus with unspecified complications.</p> <p>A Physician's order, dated 07/16/24, documented Lantus Solostar subcutaneous solution pen-injector 100 unit/ml inject 60 unit subcutaneously at bed time for type 2 diabetes mellitus with diabetic chronic kidney disease.</p> <p>The August MAR documented the following blanks:</p> <p>a. Humalog injection solution inject 5 units intramuscularly on the 3rd, 7th, 23rd, and the 26th at 1200 p.m.,</p> <p>b. Humalog injection solution inject as per sliding scale intramuscularly on the 3rd and the 7th at 12:00 p.m., the 15th at 8:00 p.m., and the 30th at 8:00 p.m., and</p> <p>c. Lantus Solostar subcutaneous solution pen-injector 100 unit/ml inject 60 unit subcutaneously on the 30th at 8:00 p.m.</p> <p>The September MAR documented the following blanks:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Wildewood Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  1913 Northeast 50th Street Oklahoma City, OK 73111	

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Humalog injection solution inject 5 units intramuscularly on the 5th at 8:00 a.m. and 12:00 p.m.,</p> <p>b. Humalog injection solution inject as per sliding scale intramuscularly on the 5th at 8:00 a.m. and 12:00 p.m. , and on the 6th at 8:00 p.m., and</p> <p>c. insulin galrgine subcutaneous solution pen-injector 100 unit/ml inject 60 unit subcutaneously on the 5th for the 7:00 a.m. to 11:00 a.m. medication administration.</p> <p>On 09/16/24 at 1:44 p.m., LPN #2 stated the policy for administering insulin to residents was to administer per physician's orders. LPN #2 reviewed the administration record for Resident #30. They stated the blanks on the insulin administration record meant it was not given.</p> <p>On 09/16/24 at 1:55 p.m., the DON stated the policy for insulin administration depended on the physician's orders. They stated the blanks on the insulin administration record could be a variety of things. The DON was informed of the blanks on the August and September MAR and was provided opportunity to provide documentation for the blanks.</p> <p>On 09/16/24 at 2:44 p.m., the DON provided documentation of resident being out of the facility on 09/15/24 during the 8:00 a.m. and 12:00 p.m. insulin administration times. They could not provide documentation for the above blanks.</p>