

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  New Hope Retirement & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1220 East Electric Blvd McAlester, OK 74501	

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 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> 45913</p> <p>Based on record review and interview, the facility failed to ensure a baseline care plan was accurate for one (#1) of three sampled residents whose care plans were reviewed.</p> <p>The administrator identified a census of 46 residents.</p> <p>Findings:</p> <p>Res #1 was admitted on [DATE] with diagnoses which included right hip fracture, osteoarthritis, hypertension, anxiety and impulse disorder.</p> <p>Res #1's progress notes documented the resident was in the hospital with an infected right hip incision and returned to the facility on [DATE] with a JP Drain, indwelling urinary catheter, wound vac to right hip incision, PICC line with IV antibiotics and wounds to coccyx and buttocks.</p> <p>Res #1's baseline care plan started on 05/09/24 and updated on 05/21/24 did not include a care plan for Res #1's JP drain, indwelling urinary catheter, wound vac to right hip incision, PICC line with IV antibiotics and wounds to coccyx and buttocks.</p> <p>On 06/17/24, the DON reported the baseline care plan for Res #1 should have included a plan for Res #1's JP Drain, indwelling urinary catheter, wound vac to right hip incision, PICC line with IV antibiotics and wounds to coccyx and buttocks.</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
---	-------	-----------