

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375385	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Parkland Manor Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 922 West Parkland Avenue Prague, OK 74864	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46582</p> <p>Based on record review and interview, the facility failed to ensure a resident representative was notified in a timely manner when a resident experienced a change in condition for one (#1) of three sampled residents reviewed for change in condition.</p> <p>The DON identified 17 residents who resided in the facility.</p> <p>Findings:</p> <p>An undated Change in a Resident's Condition or Status policy, read in parts, Our facility shall promptly notify the resident, [their] attending physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status .Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: It is necessary to transfer the resident to a hospital/treatment center .Except in medical emergencies, notifications will be made within twenty-four hours of a change occurring in the resident's medical/mental condition or status.</p> <p>Res #1 had diagnoses which included pneumonitis and dysphagia.</p> <p>Res #1's admission record, original admitted [DATE], documented resident representative #1 was their legal guardian and first emergency contact.</p> <p>A quarterly assessment, dated 07/25/24, documented Res #1 had moderate cognitive impairment.</p> <p>A nurse note, dated 10/25/24 at 9:58 p.m., documented Res #1 was transferred via emergency services to the hospital. There was no documentation resident representative #1 was contacted regarding Res #1's change in condition and transfer.</p> <p>A nurse note, dated 10/26/24 (no time documented), documented Res #1's representative and legal guardian was contacted via phone call. The note documented a message was left regarding the resident's status and transfer to the hospital.</p> <p>A nurse note, dated 01/16/25 at 1:00 a.m., documented Res #1 was transferred via emergency services to the hospital. There was no documentation resident representative #1 was contacted regarding Res #1's change in condition and transfer.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nurse note, dated 01/16/25 at 10:05 a.m., documented Res #1's representative and legal guardian was contacted via phone call. The note documented resident representative #1 was informed of Res #1's change in condition and transfer to the hospital.</p> <p>On 01/27/25 at 11:25 a.m., the administrator stated the facility contacted Res #1's secondary emergency contact instead of their primary emergency contact and legal guardian upon Res #1's transfer to the hospital on 10/25/24 and 01/16/25. They stated resident representative #1 should have been notified of the change in condition and transfer to the hospital prior to other family members.</p> <p>On 01/27/25 at 11:45 a.m., the DON stated the facility did not contact Res #1's legal guardian immediately upon transfer to the hospital on 10/25/24 and 01/16/25, but should have. They stated staff contacted the secondary emergency contact because that family member lived closer and visited Res #1 daily. The DON stated they contacted resident representative #1 as soon as the errors were observed.</p>		