STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375385	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkland Manor Living Center	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on record review and interview, the facility failed to ensure accuracy of a level I PASRR assessment for 1 (#3) of 2 sampled residents reviewed for PASRR assessments.The administrator identified 32 residents resided in the facility. Findings: Resident #3 had a medical diagnosis report, dated 09/05/25, showed Resident #3 was admitted with diagnoses which included schizoaffective disorder- bipolar type and bipolar disorder.Resident #3's level I PASRR screen, dated 09/08/25, showed a primary diagnosis of chronic diastolic congestive heart failure and a secondary diagnosis of atherosclerotic heart disease. The level I PASRR screen showed the resident had no diagnosis of a serious mental illness.On 12/03/25 at 4:25 p.m., the administrator was shown the level I PASSR form and Resident #3's admission diagnoses. The administrator was asked if these diagnoses had been reported to the OHCA to see if a level II PASSR was required.On 12/03/25 at 4:30 p.m., the administrator stated the level I PASSR form was not completed correctly. They stated there was no documentation the OHCA had been notified of the serious mental illness diagnosis.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, and interview, the facility failed to change oxygen tubing per the facility policy for 1 (#30) of 2 sampled residents reviewed for respiratory care. The DON identified one resident with PRN oxygen therapy. Findings: On 12/02/25 at 11:05 a.m., Resident #30 was observed in their room. The resident was observed to have oxygen per nasal cannula. There was no date on the oxygen tubing to indicate when the tubing had been changed. A Departmental (Respiratory Therapy) - Prevention of Infection policy, dated 11/2011, read in part, Change the oxygen cannulae [sic] and tubing every seven (7) days, or as needed. Medical diagnoses form for Resident #30, dated 05/13/25, showed the resident has diagnoses which included COPD, asthma, and shortness of breath. A care plan for Resident #30, dated 05/26/25, showed the resident has altered respiratory status related to asthma, COPD, and nicotine dependence. The care plan showed the resident received oxygen therapy as ordered. A quarterly MDS assessment for Resident #30, dated 11/05/25, showed the resident has a BIMS score of 10, which indicated the resident was moderately cognitively impaired. The assessment showed the resident received oxygen therapy. A physician order for Resident #30, dated 11/10/25, showed oxygen per nasal canula every eight hours PRN to keep oxygen saturation above 90%. On 12/03/25 at 11:50 a.m., Resident #30 stated they only used their oxygen as needed and did not know when the oxygen tubing had last been changed. On 12/03/25 at 12:11 p.m., LPN #1 stated the oxygen tubing was changed on the night shift once a week. LPN #1 stated residents who wore their oxygen all of the time had their tubing changed weekly. LPN #1 stated some of the residents who wore oxygen PRN just had the tubing changed PRN. LPN #1 reported Resident #30 used oxygen as needed and they only changed the tubing as needed since the resident did not use it all of the time. On 12/04/25 at 8:57 a.m., the DON provided the facility respiratory policy and stated oxygen tubing should be changed every seven days, or once a week. The DON stated Resident #30 should have a physician order to change the oxygen tubing weekly and the tubing should be changed every seven days per the facility policy.