STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375386	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quail Ridge Living Center, Inc	564 State Line Road Colcord, OK 74338

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 34270 Based on record review and interview, the facility failed to provide written notices of transfer or discharge prior to residents being transfer or discharged from the facility for three (#2, #9, and #228) of four sampled residents reviewed for hospitalization s. The DON denitrified 71 residents who had been discharged or transferred to from the facility to a hospital in the previous six months. Findings: A facility policy titled Transfer or Discharge, Facility Initiated, dated 2001, documented under the subheading Notice of Transfer or Discharge (Emergent or Therapeutic Leave that the resident would be given the notice as soon as practicable but before the transfer or discharge. 1. Resident #2 had diagnoses which included bipolar disorder. A progress note dated 12/12/23 at 10:05 a.m., documented facility staff transferred the resident to a hospital for behaviors on that date. A review of the resident's records did not find a written notice of transfer or discharge had been given to the resident. 2. Resident #9 had diagnoses which included type 2 diabetes mellitus. A progress note dated 06/02/24 at 10:15 p.m., documented the facility staff transferred the resident to a hospital for a medical emergency on that date. A review of the resident's records did not find a written notice of transfer or discharge had been given to the resident. 3. Resident #228 had diagnoses which included atherosclerotic heart disease. A progress note, dated 8/3/2024 at 5:33 p.m., documented facility staff had transferred the resident to the hospital for a medical emergency on that date. (continued on next page)

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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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the resident's records did not find a written notice of transfer or discharge had been given to the resident. 08/22/24 at 9:38 a.m. The DON stated residents #2, #9, and #228 had not been given written notices of transfer or discharge prior to being sent from the facility because they were unaware it was required.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42171 Based on record review and interview, the facility failed to ensure resident assessments were submitted to CMS for one (#69) of one resident reviewed for assessments. The administrator reported the census was 84. Findings: An undated facility policy titled MDS Completion and Submission Timeframes read in part, Our facility will conduct and submit resident assessments in accordance with current federal and state submission time frames . Resident #69 had diagnoses which included acute respiratory failure and diabetes mellitus. A review of Resident #69's medical record indicated the 5-day assessment dated [DATE] and the discharge assessment dated [DATE] were completed but never transmitted to CMS. On 08/21/24 at 1:47 pm, the MDS coordinator stated they were not sure why the assessments had not been sent to CMS.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 34270 Based on observation, record review, and interview, the facility facile to ensue staff implemented interventions in a resident care plan for one (#9) of 18 sampled residents reviewed for care plans. The DON reported 84 resident resided at the facility. Findings: Resident #9 had diagnoses which included hemiplegia and hemiparesis of the right dominant side, muscle weakness, and tremors. Resident #9's comprehensive care plan, revised date 06/24/24, documented Resident #9 had a care plan intervention for the resident was to wear a smoking apron while smoking. The intervention had a initiated date of 07/09/19. On 08/21/24 at 11:20 a.m., Resident #9 was observed smoking in the designated smoking area outside of the facility dining hall. The resident was not wearing a smoking apron. The resident was supervised by CNA #1. On 08/21/24 at 1:18 p.m., CNA #1 stated Resident #9 had not worn a smoking apron during the smoking session because they were unaware the resident was suppose to wear one. When asked where someone would find the care needs of each resident they stated they could ask the DON. When asked about the care plans CNA #1 stated they were unaware of the smoking apron intervention in the care plan. They stated they did not know where to find the resident's care plan. On 08/21/24 at 1:37 p.m., DON stated CNA #1 had not been following policy and procedure and would educate the CNA about the care plan.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 34270 Based on observation, record review, and interview, the facility failed to ensure a resident who required a non-flammable apron to be worn during smoking was wearing one when smoking for one (#9) of three residents reviewed for accident hazards. The DON identified 15 resident that required supervision while smoking who resided at the facility. Findings: A facility policy titled Smoking Policy, undated, read in part, Resident who smoke will be further assessed, using the Resident Safe Smoking Assessment, to determine whether supervision is required for smoking, or if the resident is safe to smoke at all. Resident #9 had diagnoses which included hemiplegia and hemiparesis of the right dominant side, muscle weakness, and tremors. Resident #9's comprehensive care plan, revised date 06/24/24, documented a care plan focus of smoking with a corresponding intervention that the resident was to wear a smoking apron while smoking. A facility Smoking - Safety Screen document, dated 08/01/24, documented the resident was to be supervise during smoking and they were to wear a smoking apron. On 08/21/24 at 11:20 a.m., Resident #9 was observed smoking in the designated smoking area outside of the facility dining hall. The resident was not wearing a smoking apron. They were using their left hand to hold a cigarette. Twice during the smoking session Resident #9's left hand was observed to shake violently for approximately 10 to 15 seconds. The resident was not holding the cigarette during the time of the hand movements. CNA #1 was observed supervising the residents during the entire smoking sessions. When Resident #9 reentered the facility there were no burn marks on the resident's clothing or exposed skin. On 08/21/24 at 11:40 a.m. Resident #9 stated they usually work a smoking apron and did not know why they did not that day. On 08/21/24 at 1:18 p.m., CNA #1 stated they were unaware Resident #9 had not worn a smoking apron earlier during the smoke break. They stated they were unaware the resident required one. On 08/21/24 at 1:37 p.m., DON stated CNA #1 was a PRN employee and new to the facility. They stated by not providing the smoking apron to Resident #9 the CNA had not been following facility policy.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 41220 Based on record review and interview, the facility failed to have RN coverage for two days, 01/22/24 and 01/26/24. The administrator identified 84 residents living in the facility. Findings: Based on record review, and interview the facility failed to submit accurate direct care staffing payroll data for the PBJ report for 01/01/24 to 03/31/24 (Quarter 2). The Administrator identified 84 residents resided in the facility. Findings: On 08/22/24 at 1:37 p.m., HR#1 was asked about the five dates listed on the PBJ report (01/20/24, 01/22/24. 01/25/24. 01/27/24 and 02/25/24 . HR#1 stated they were unsure of why there was no RN coverage listed on those reports. HR#1 then provided punch detail for scheduled RN coverage for three of the five dates listed on the PBJ report. HR#1 provided punch detail for RN coverage for 1/20, 1/27 and 2/25 but not for 1/22/24, or 1/26/24. When asked why there was no RN coverage for the dates listed, HR#1 stated they based the PBJ report on punch detail and did not have records for the scheduled RN . On 08/22/24 at 8:37 a.m., the administrator stated they did not know why there was no RN data for those dates.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 42171 Based on record review and interview, the facility failed to ensure the physician documented a rationale for not implementing a GDR for one #63 of five residents reviewed for unnecessary medications. The DON reported five residents were on antipsychotic medication. Findings: An undated policy titled Unnecessary Drugs and Psychotropic Drugs read in part, .Dose reductions will occur in modest increments over adequate periods of time .Approved clinical contraindications include but are not limited to .Physician has documented clinical rationale why any additional attempted dose reduction at that time would likely impair resident's function or increase distressed behavior . Resident #63 had diagnoses which included Alzheimer's disease and major depressive disorder. A Note to Attending Physician/Prescriber, dated 04/18/24, documented Resident #63 was receiving Mirtazapine (an antidepressant medication) 15 mg at bedtime and Trazadone (an antidepressant medication) 50 mg at bedtime. The pharmacist indicated this was possibly a duplicate therapy and asked the physician to consider using only one of the medications, changing the medication administration time or providing a risk/benefit statement. The physician did not order any changes and did not provide a rationale. On 08/21/24 at 1:31 p.m., The DON stated the physician did not provide a rationale, they also stated a rationale should have been provided.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 42171 Based on record review and interview, the facility failed to ensure a resident who received an antipsychotic medication had an appropriate diagnosis/indication for the use of the medication for one (#63) of five residents sampled for unnecessary medications. The DON identified five residents who received antipsychotic medications. Findings: An undated policy titled Unnecessary Drugs and Psychotropic Drugs read in part, .Antipsychotic medications will not be given to residents who have not previously used the drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record . Resident #63 had diagnoses which included Alzheimer's disease and major depressive disorder. A physician's order dated 03/26/24, documented Resident #63 was to receive quetiapine fumarate ER (an antipsychotic medication) 200 mg by mouth once a day for Alzheimer's disease. On 08/21/24 at 1:31 p.m., the DON stated Alzheimer's disease is not an appropriate diagnosis for an antipsychotic medication.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 42171 Based on record review and interview, the facility failed to inform the residents and their representatives of their right to rescind an arbitration agreement within 30 calendar days of signing it. The administrator reported the census was 84 and all the residents had signed an arbitration agreement. Findings: An undated excerpt from the facility admission packet, titled Arbitration read in part, .this Arbitration Provision may be rescinded by written notice to the facility from the resident within 3 business days of signature. If not rescinded within 3 business days, this Arbitration Provision shall remain in effect . On 08/23/24 at 8:11 a.m., the Administrator stated residents had not given 30 days to rescind the arbitration agreement after it was signed.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 41220 Based on record review and interview, the facility failed to submit accurate direct care staffing payroll data for the PBJ report for 01/01/24 to 03/31/24 (Quarter 2). The Administrator identified 84 residents resided in the facility. Findings: The PBJ Staffing Data Report, dated 01/01/24 through 03/31/24, for Quarter 2 read in part Four or More Days Within the Quarter with no RN. Hours. On 08/22/24 at 1:37 p.m., HR#1 was asked about the five dates listed on the report (01/20/24, 01/22/24. 01/25/24. 01/27/24 and 02/25/24 . HR#1 stated they were unsure of why there was no RN coverage listed on those reports. They stated the PBJ report is based on the facility punch detail. HR#1 then provided punch detail for scheduled RN coverage for three of the five dates listed on the PBJ report. The HR was able to provide punch detail for RN coverage for 1/20, 1/27 and 2/25 but not for 1/22/24, or 1/26/24. When asked if the data submitted for the PBJ was correct, HR#1 stated no. On 08/22/24 at 8:37 a.m., the administrator stated they did not know why the inaccurate data was submitted. .