

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Beare Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 North Drive Hartshorne, OK 74547	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45462</b></p> <p>Based on record review and interview, the facility failed to ensure residents were offered the choice to formulate advanced directives for seven (#7, 10, 20, 21, 24, 26, and #30) of 12 sampled residents reviewed for advanced directives.</p> <p>The Director of Nursing identified 35 residents resided in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #7 was admitted on [DATE]. Code Status: DNR</li> <li>2. Resident #10 was admitted on [DATE]. Code Status: DNR</li> <li>3. Resident #20 was admitted on [DATE]. Code Status: Resuscitate</li> <li>4. Resident #21 was admitted on [DATE]. Code Status: Resuscitate</li> <li>5. Resident #24 was admitted on [DATE]. Code Status: Resuscitate</li> <li>6. Resident #26 was admitted on [DATE]. Code Status: Resuscitate</li> <li>7. Resident #30 was admitted on [DATE]. Code Status: Resuscitate</li> </ol> <p>The clinical records for Resident #7, #10, #20, #21, #24, #26, and #30 did not document the residents and/or their representatives had or were offered the choice to formulate an advanced directive on admission nor thereafter.</p> <p>On 07/23/24 at 1:23 p.m., the DON acknowledged Resident #7, 10, 20, 21, 24, 26, and #30 did not have an established advanced directive nor did they have a signed acknowledgement saying it had been offered.</p> <p>45583</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45462</p> <p>Based on record review, observation, and interview, the facility failed to ensure a means to accurately measure and verify the amount of a liquid controlled drug on hand for four (#6, 15, 27, and #29) of six residents receiving a liquid controlled drug.</p> <p>The Director of Nursing identified 35 residents resided in the facility. There were six residents in the facility receiving a liquid controlled drug.</p> <p>Findings:</p> <p>A 'Controlled Substances' policy, effective date July 2015, read in part, .E. Accurate accountability of the inventory of all controlled drugs is maintained at all times .</p> <p>A 'Controlled Drug Receipt Record/Disposition Form' for Resident #15, read in parts, .Lorazepam Con 2mg/ml .Date Received 04/25/24 .Quantity Received 30.00 of 30.00 .Date 07/23/24 .Amount Left 29.25 .</p> <p>A 'Controlled Drug Receipt Record/Disposition Form' for Resident #27, read in parts, .Lorazepam Con 2mg/ml .Date Received 01/15/24 .Quantity Received 30.00 of 30.00 .Date 04/03/24 .Amount Left 29.25 .</p> <p>A 'Controlled Drug Receipt Record/Disposition Form' for Resident #6, read in parts, .Lorazepam Con 2mg/ml .Date Received 05/21/24 .Quantity Received 30.00 of 30.00 .Date 05/22/24 .Amount Left 29.25 .</p> <p>A 'Controlled Drug Receipt Record/Disposition Form' for Resident #29, read in parts, .Lorazepam Con 2mg/ml .Date Received 06/26/24 .Quantity Received 30.00 of 30.00 .Date 07/20/24 .Amount Left 27ml .</p> <p>On 07/24/24 at 11:20 a.m., this surveyor observed there were no markings on the 30ml Lorazepam Con 2mg/ml bottles to measure the amount of medication that exceeded 22mls. CMA #1 was asked to look at the medication bottles and confirm the amount of liquid Lorazepam Con 2mg/ml remaining in the bottles for Resident #6, #15, #27, and #29, without referring to the controlled drug sheet. They stated they could not.</p> <p>On 07/24/24 at 12:37 p.m., the DON was asked how the count for liquid narcotics was verified as accurate since there were no markings on the medication bottles between 22mls and 30mls. The DON acknowledged they could not verify the accuracy of the count and stated, The pharmacy would need to dispense it differently.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45583</p> <p>Based on observation, record review, and interview, the facility failed to ensure:</p> <ul style="list-style-type: none"> <li>a. food items were labeled, dated and stored according to facility policy,</li> <li>b. proper freezer cleaning practices were followed to prevent the outbreak of foodborne illness,</li> <li>c. using adequate utensils for portion sizes for meals,</li> <li>d. maintain proper dishwasher temperature, and</li> <li>e. maintain infection control during wrapping of silverware.</li> </ul> <p>Findings:</p> <p>The DON reported all 35 residents that resided in the facility also received services from the kitchen.</p> <p>The facility's Food Receiving and Storage policy, dated 12/2008, read in part, Foods shall be received and stored in a manner that complied with safe food handling practices. The policy also read, Food Services, or other designated staff, will maintain clean food storage areas at all times. The policy also read, All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</p> <p>The facility's Cleaning Freezer document, undated, read in part, Remove all food from freezer to be defrosted and place in another freezer. The policy also read, Repeat this procedure as often as necessary.</p> <p>The facility's Kitchen Weights and Measures policy, dated 12/2008, read in part, Food Services staff will be trained in proper use of cooking and serving measurements to maintain portion control. The policy also read, Cooks and Food Services staff will be trained in weights and measures, volume and weights, appropriate utensil use, and food can sizes. The policy also read, Serving utensils used. Staff will be trained in the appropriate measurement and type of serving utensil to use for each food. Signs or posters explaining coded measurement indicators (e.g., color-coded) on utensils will be prominently displayed for reference.</p> <p>The facility's Washing Dishes document, undated, read in part, Dishwasher (Wash 120 degrees F, Rinse 120 degrees F).</p> <p>On 07/22/24 at 3:15 p.m., during the initial tour of the kitchen the following observations were made:</p> <p>In refrigerator/freezer #2:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. one clear plastic container with yellow hinges with cheddar cheese inside with no date on the container. The cheese was not in its original container.</p> <p>b. two opened gallons of milk with no opened date.</p> <p>c. one opened half gallon of chocolate milk with no opened date.</p> <p>In refrigerator/freezer #1:</p> <p>a. one Ziploc bag of sliced cheese with no label or opened date.</p> <p>In refrigerator/freezer #3:</p> <p>a. one large pan of rice crispy bars covered with foil with no date or label.</p> <p>b. one pound cake in a plastic bag with no label or opened date.</p> <p>In the freezer in the dry storage area:</p> <p>a. two bags of opened frozen cookies with no label or opened date.</p> <p>b. observation of dietary aide #1 wrapping silverware on top of the deep freezer. The utensils were touching the surface of the freezer top with no barrier underneath. The freezer had debris on it.</p> <p>In freezer #5 observation made of the bottom of the freezer to be covered with ice and frozen red liquid underneath a shelf of frozen meat.</p> <p>On 07/22/24 at 3:34 p.m., the DM was asked what the policy and procedure was for refrigerator storage. They went to look.</p> <p>On 07/22/24 at 3:36 p.m., the DM stated the dishwasher temperature should reach 120 degrees. The DM stated it read 100 degrees and should be 120 degrees, then walked away.</p> <p>On 07/22/24 at 3:37 p.m., the dietary aide #1 stated if the dishwasher did not meet the right temperature then they would run it again. The dietary aide was observed to remove the dishes from the dishwasher and proceed to put them away. It was a large pot and two cups.</p> <p>On 07/22/24 at 3:39 p.m. the dietary aide #1 stated they could not say why they put the dishes up that were washed when the dishwasher was not at the correct temperature.</p> <p>On 07/22/24 at 3:41 p.m., the dishwasher temperature log was observed to have no temperatures documented for 7/20, 7/21, nor 7/22/2024. The dietary aide #1 stated the temperature log should be completed three times a day. They stated after looking at the log on the wall that the last date documented was the 19th.</p> <p>On 07/22/24 at 3:43 p.m., the DM ran the dishwasher again. The temperature reading was 105 and 100 degrees.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/22/24 at 3:44 p.m., the CDM informed staff to use paper until the dishwasher was fixed.</p> <p>On 07/22/24 at 3:45 p.m. the DM stated to use the 3 compartment sink for pots and pans.</p> <p>On 07/22/24 at 3:46 p.m., the CDM stated they were to check the dishwasher temperatures three times a day and the last date on the log was the 19th.</p> <p>On 07/22/24 at 3:48 p.m., the CDM stated the following of the identified concerns:</p> <ul style="list-style-type: none"> <li>a. the cheese had no date and the three milks had no date when opened.</li> <li>b. the pound cake had no date and stated the rice crispies had just been made that day but had no date or label.</li> <li>c. the wrapping of the cutlery should have been done on a clean surface and done in the dining room normally.</li> <li>d. no knowledge of when the cookies were place as there was no date.</li> </ul> <p>On 07/22/24 at 3:53 p.m., the CDM stated the freezers were to be cleansed once a month. They looked inside the freezer #5 and was asked if the freezer had been cleaned recently. They stated, No! They were asked if the policy and procedure were being followed. The CDM stated, no.</p> <p>On 07/22/24 at 4:07 p.m. the DM stated if dishes were washed in an under temp dishwasher, the staff were to re-wash them.</p> <p>On 07/22/24 at 4:10 p.m., there was a purple spoon/spatula in appearance, in the pureed main entree of shepherds pie. They had already served from the pan.</p> <p>On 07/22/24 at 4:12 p.m., the DM stated it was a one tablespoon. The removed it and stated should be a #12 which was a 1 1/2 cup and they did not have that so they were using a 1.5 scoop.</p> <p>On 07/22/24 at 4:15 p.m., the DM acknowledged the puree had already been served.</p> <p>On 07/22/24 at 4:41 p.m., the DON stated the portion sizes were on the wall and they did not have a policy. They were informed of the kitchen concerns.</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>45462</p> <p>Based on record review and interview, the facility failed to provide a binding arbitration agreement that contained an acknowledgement the resident or their representative understood the agreement they were signing for sixteen (#6, 7, 10, 11, 13, 15, 20, 21, 23, 24, 26, 28, 29, 30, 32, and #34) of twenty-six residents with signed binding arbitration agreements.</p> <p>The DON identified 35 residents resided in the facility. There were 26 residents who had signed a binding arbitration agreement.</p> <p>Findings:</p> <p>The binding arbitration documentation did not contain an acknowledgement that the resident or their representative understood the agreement for the following Residents #6, 7, 10, 11, 13, 15, 20, 21, 23, 24, 26, 28, 29, 30, 32, and #34.</p> <p>On 07/25/24 at 3:54 p.m., the Administrator was asked to identify where in the binding arbitration agreement for Residents #6, 7, 10, 11, 13, 15, 20, 21, 23, 24, 26, 28, 29, 30, 32, and #34 did it state the resident or their representative understood the agreement they were signing. The Administrator reviewed the agreements and acknowledged they did not contain that necessary information</p>		

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<p>F 0848</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide a neutral and fair arbitration process and agree to arbitrator and venue.</p> <p>45462</p> <p>Based on record review and interview, the facility failed to provide a binding arbitration agreement that informed the resident or their representative of their right to have the arbitration held at a venue that is convenient to both parties for sixteen (#6, 7, 10, 11, 13, 15, 20, 21, 23, 24, 26, 28, 29, 30, 32, and #34) of twenty-six residents with signed binding arbitration agreements.</p> <p>The DON identified 35 residents resided in the facility. There were 26 residents who had signed a binding arbitration agreement.</p> <p>Findings:</p> <p>The binding arbitration agreement did not contain a statement informing the resident or their representative of their right to have the arbitration at a neutral site that is convenient for both parties for Residents #6, 7, 10, 11, 13, 15, 20, 21, 23, 24, 26, 28, 29, 30, 32, and #34.</p> <p>On 07/25/24 at 3:54 p.m., the Administrator was asked to identify where in the binding arbitration agreement for Residents #6, 7, 10, 11, 13, 15, 20, 21, 23, 24, 26, 28, 29, 30, 32, and #34 did it state the resident or their representative had the right to have the arbitration held at a venue that was convenient to both parties. The Administrator reviewed the agreements and acknowledged they did not contain that necessary information.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>45462</p> <p>Based on record review and interview, the facility failed to submit accurate Registered Nurse staffing data to CMS for FY Quarter 2 2024.</p> <p>The DON identified 35 residents resided in the facility.</p> <p>Findings:</p> <p>A PBJ Staffing Data Report, for January 1, 2024 - March 31, 2024, documented the facility did not have RN hours for 01/02; 01/03; 01/04; 01/05; 01/08; 01/09; 01/09; 01/10; 01/11; 01/12; 01/15; 01/16; 01/17; 01/18; 01/19; 01/22; 01/23; 01/24; 01/25; 01/26; 01/29; 01/30; 01/31; 02/01; 02/02; 02/05; 02/06; 02/07; 02/08; 02/09; 02/12; 02/13; 02/14; 02/15; 02/16; 02/18; 02/19; 02/20; 02/21; 02/22; 02/23; 02/26; 02/27; 02/28; 02/29; 03/01; 03/04; 03/05; 03/06; 03/07; 03/08; 03/11; 03/12; 03/13; 03/14; 03/15; 03/16; 03/17; 03/18; 03/19; 03/20; 03/21; 03/22; 03/23; 03/24; 03/25; 03/26; 03/27; 03/28; and 03/29.</p> <p>On 07/23/24 at 3:48 p.m., the DON was asked if the facility had RN coverage on the days outlined on the PBJ Staffing Data Report. They stated all of the days listed for missing RN coverage were days the DON had worked, and the previous business office person failed to manually input them into the system before submitting the information to the state. The DON provided copies of the updated time reports. RN coverage was noted for each day designated on the [NAME] report. The DON was asked if accurate information had initially been submitted to the state? They stated no it was not.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45583</b></p> <p>Based on record review and interview, the facility failed to have a water management program in place to minimize the risk of Legionella and other opportunistic pathogens in building water systems reviewed for infection control. This had the potential to affect all residents.</p> <p>The DON identified 35 residents resided in the facility.</p> <p>A Legionnaires' Disease policy, dated 9/2019, read in part, Develop a water management strategies to reduce the risk of the growth and spread of Legionella if a risk assessment determines the facility to be at risk. 1. Complete a facility risk assessment of the water system. A map/diagram will be developed which will map out how the water enters and travels through the building. 2. Develop water management strategies for the facility's hot and cold water distribution system. 3. Document the water management program. Maintain record of the facility's activities and strategy to manage and maintain an efficient water system. 4. Prepare a facility description. A facility description should be written and include: location, age, uses/function, occupant population, visitor population. 5. Describe the facility's water system. The description should be written and include: general summary (how water enters and flows through the facility), uses of water, aerosol-generated devices, process flow diagram.</p> <p>The building diagram provided attached to the policy was blank and did not identify water flow.</p> <p>An Identifying Buildings at Increased Risk form, undated, documented if the answer to questions 1-4 were yes, then there should be a water management program for that building's hot and cold water distribution system. An X mark next to Yes for question#1 that stated Is your building a healthcare facility where patients stay overnight or does your building house or treat people who have chronic and acute medical problems or weakened immune systems. There was also a yes marked for question #2 for Does your building primarily house people older than [AGE] years (like a retirement [NAME] or assisted-living facility).</p> <p>An email, dated 11/02/2022 from CMS DNH Triage Team to a facility corporate representative per the DON. The email documented, Facilities must be able to demonstrate measures to minimize the risk of Legionella and other opportunistic pathogens in building water systems such as having a documented water management program. It also documented, Facilities must also have an assessment to identify where Legionella and other opportunistic waterborne pathogens could grow and spread to prevent the growth of opportunistic waterborne pathogens (also known as control measures), and how to monitor them. It also documented, Your water management program must at a minimum meet federal guidelines and any additional state requirements if applicable.</p> <p>On 07/24/24 at 8:52 a.m., the DON stated they were the IP for the facility. They stated they had not had any Legionellosis in the facility. The DON stated they needed to ask the administrator about the Legionella policy. They were asked if the maintenance would do it and they further stated would ask the administrator.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	On 07/24/24 at 10:30 a.m., the DON stated they did not follow the policy and procedure for Legionella but they were doing what was instructed and approved per their corporate which was who the email was sent to and who sent the documents to the facility. The DON verbalized they did not follow the policy they provided the survey team.		