

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Tulsa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10912 East 14th Street Tulsa, OK 74128	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>35474</p> <p>Based on record review and interview, the facility failed to ensure narcotic records were maintained after discharge for one (#1) of three sampled residents who were reviewed for discharge.</p> <p>The corporate nurse identified 60 residents who were ordered narcotic medications.</p> <p>Findings:</p> <p>The Medication Administration Controlled Substances policy, dated January 2023, read in part, .Current controlled medication accountability records and audit records are kept by the nursing care center. When completed, audit and accountability records are kept on file according to state and federal regulations .</p> <p>Resident #1 had diagnoses which included aftercare following joint replacement and osteoarthritis.</p> <p>A Physician's Order, dated 09/18/24, documented the resident was ordered oxycodone (pain medication) 10mg-325mg every six hours as needed.</p> <p>The Interdisciplinary Discharge Summary, dated 09/18/24, documented medications were sent with the resident upon discharge from the facility. The summary did not document the quantity of oxycodone the facility sent with the resident.</p> <p>The medication administration record, dated September 2024, documented the resident had been administered oxycodone during their stay at the facility.</p> <p>Review of the electronic clinical record did not reveal a controlled drug record or accounting for the amount of oxycodone sent with Resident #1 upon discharge.</p> <p>On 10/17/24 at 12:10 p.m., CMA #1 stated when a resident discharged from the facility they provided the medications to the nurse and any controlled drug records were filed in the medication room for the medical records staff.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/17/24 at 12:15 p.m., the DON stated the controlled drug record should have been sent to medical records staff to be filed in the electronic clinical record. The DON stated they could not locate the controlled drug record for oxycodone for Resident #1. They stated they conducted audits to ensure controlled drug records were maintained by the facility, but not frequently enough.</p>		