

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 04/30/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview, the facility failed to ensure EBP were in place during catheter care for 1 (#7) of 3 sampled residents reviewed for infection control. The DON stated 25 residents in the facility were on EBP. Findings: On 04/29/26 at 11:03 a.m., CNA #1 and CNA #2 were observed providing catheter care to Res #7. CNA #1 and CNA #2 were not observed to wear gowns while providing direct patient care. An Infection Control policy, dated 04/01/24, read in part, Enhanced Barrier Precautions: an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. A physician's order, dated 01/07/26, showed Res #7 had a catheter and was to receive catheter care on every shift. A physician's order, dated 01/16/26, showed Res #7 was placed on EBP. A quarterly assessment, dated 03/27/26, showed Res #7 had a Brief Interview for Mental Status (a test for cognition) score of 15, which indicated intact cognition. The assessment showed Res #7 had an indwelling catheter. On 04/29/26 at 11:10 a.m., CNA #1 stated the facility used EBP and they should have worn a gown while providing catheter care to Res #7. On 04/29/26 at 11:12 a.m., CNA #2 stated they had forgotten to put on a gown before providing catheter care to Res #7. On 04/29/26 at 12:05 p.m., Res #7 stated staff members usually did not wear gowns while providing catheter care. On 04/30/26 at 11:55 a.m., the DON stated gowns should be worn when providing catheter care to residents on EBP.</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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