

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Eufaula Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1152 Eunice Burns Road Eufaula, OK 74432	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure food items stored in the residents' nourishment refrigerator were labeled, dated, and discarded after the expiration date. This deficient practice had the potential to affect all 88 residents who currently reside in the facility. Findings included: A facility policy titled, Food Brought into Facility, dated 10/18/2019, revealed, All foods brought into the facility from a source other than an approved vendor will be prepared and stored in a designated food storage and preparation area outside of the Food and Nutrition Services Department. The policy specified, Outsides foods requiring storage and refrigeration must be dated, labeled, and stored per facility and stated guidelines. During a concurrent interview and observation of the residents' nourishment refrigerator with the Dietary Manager (DM) on 06/02/2026 at 10:23 AM, revealed an opened, unlabeled and undated box of frozen corn dogs; an opened, unlabeled box pizza rolls with an expiration date of 03/01/2026; one unlabeled and undated cup of coffee; two undated and unlabeled 16 ounce bottles of soda pop; two undated and unlabeled sport energy drinks; and one opened, unlabeled, and undated jar of salsa. The DM confirmed facility staff utilized the residents' nourishment refrigerator for personal use, and the dietary staff were responsible for ensuring food items were labeled and dated. During an interview on 06/03/2026 at 11:41 AM, Dietary Aide (DA) #10 stated the dietary staff were responsible for ensuring all food items stored in the residents' nourishment refrigerator were labeled, dated, and not expired. DA #10 stated the dietary staff were responsible for monitoring the resident nourishment refrigerator every day and for removing all expired items. Per DA #10, the dietary staff had not done a good job of conducting daily checks of the residents' nourishment refrigerator. During an interview on 06/03/2026 at 11:48 AM, the DM acknowledged the labeling and dating of stored foods had been an issue for the dietary staff for a long time. According to the DM, the dietary staff currently monitored the refrigerator on a weekly basis, and that could have been the reason food items were not labeled and discarded timely. During an interview on 06/03/2026 at 3:46 PM, the Director of Nursing stated all stored food items should be labeled with a resident's name, dated, and discarded when expired. During an interview on 06/03/2026 at 3:56 PM, the Administrator stated his expectation was that all food brought in from families should be stored in a temperature-controlled environment, labeled with a resident's name and dated.		

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interview and document review, the facility failed to have an Infection Preventionist (IP) that possessed specialized training in infection prevention and control. This deficient practice had the potential to affect all 88 residents who currently reside in the facility. Findings included: The Infection Preventionist Job Description effective 09/23/2019, indicated Qualifications: Have primary professional training in nursing, medical terminology, microbiology, epidemiology, or other related filed; and have completed specialized training in infection prevention and control. During an interview on 06/03/2026 at 9:06 AM, the IP stated she took over the IP position around 05/20/2026 and had not completed specialized training in infection prevention and control. During an interview on 06/03/2026 at 11:11 AM, the Human Resource (HR) Manager stated the former IP quit without notice on 04/30/2026, and the current IP started on 05/12/2026. The HR Manager stated the current IP's training was ongoing, and no current staff had specialized training in infection prevention and control. During an interview on 06/03/2026 at 1:07 PM, the Administrator stated the current IP #1's training was ongoing and she had not completed any specialized training in infection prevention and control. The Administrator stated the expectation was to have a full-time certified IP in place. During an interview on 06/03/2026 at 2:44 PM, the Director of Nursing stated the facility expectation was to have a full time IP in place.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff did not reuse a disinfectant wipe during medication administration for 2 (Resident #46 and Resident #62) of 7 residents observed for medication administration. Findings included: The General Guidelines For Use for the Super Sani-Cloth Germicidal Disposable Wipe with a copyright date of 2025, revealed, 5. Do not reuse towelette. 1. An admission Record revealed the facility admitted Resident #46 on 05/17/2023. According to the admission Record, the resident had a medical history that included a diagnosis of type 2 diabetes mellitus. Resident #46's Order Summary Report, with active orders as of 06/02/2026, revealed an order dated 04/08/2026 for Lantus subcutaneous solution 100 units per milliliter, inject 50 units subcutaneously one time a day for diabetes. 2. An admission Record revealed the facility admitted Resident #62 on 10/07/2025. According to the admission Record, the resident had a medical history that included a diagnosis of type 2 diabetes mellitus. Resident #62's Order Summary Report, with active orders as of 06/02/2026, revealed an order dated 04/07/2026 for insulin aspart injection solution 100 units per milliliter, inject per sliding scale. During medication administration observation on 06/02/2026 at 5:43 AM, Licensed Practical Nurse (LPN) #3 used a glucometer to check Resident #46's finger stick blood sugar (FSBS). After completion of the FSBS, LPN #3 used a disinfectant wipe to clean the glucometer and left the disinfectant wipe on top of the medication cart. During a concurrent interview and medication administration observation on 06/02/2026 at 5:53 AM, LPN #3 used a glucometer to check Resident #62's FSBS. After completion of the FSBS, LPN #3 picked up the disinfectant wipe that was on the medication cart that she used to clean the glucometer after completion of Resident #46's FSBS and cleaned the glucometer. LPN #3 stated she used the same disinfectant wipe for two glucometers because it stayed wet enough. During an interview on 6/02/2026 at 11:58 AM, LPN #6 stated nurses should never reuse a disinfectant wipe. During an interview on 06/03/2026 at 10:44 AM, the Infection Preventionist stated she would expect the nurse to use one disinfectant wipe per glucometer. During an interview on 06/03/2026 at 11:05 AM, the Director of Nursing stated she expected nurses to not use the same disinfectant wipe when they cleaned multiple glucometers.		