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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375396 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/12/2024 |
| NAME OF PROVIDER OR SUPPLIER The Lakes | | STREET ADDRESS, CITY, STATE, ZIP CODE 5701 West Britton Road Oklahoma City, OK 73132 | |

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) |
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| <p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960</p> <p>Based on record review and interview, the facility failed to ensure medical records were provided within two working days for one (#1) of one sampled residents reviewed for medical records request.</p> <p>The administrator identified only one record request since 06/01/24, and 64 residents who resided in the facility</p> <p>Findings:</p> <p>An undated policy, Release of Information, read in part, .A resident may obtain photocopies/electronic versions of their records by providing the facility with at least a forty-eight (48) hour (excluding weekends and Holidays) advance notice of such request .it may require additional time produce up to 5 business days based on the volume .</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnosis to include pressure ulcer to right heel, diabetes mellitus with polyneuropathy, congestive heart failure, cerebral infarction, and hemiplegia and hemiparesis.</p> <p>Resident #1 face sheet documented their spouse was the power of attorney and responsible party.</p> <p>An Authorized to Use or Disclose Health Information form, documented Resident #1 power of attorney had filled out and signed the form requesting medical records on 07/30/24.</p> <p>There was no documentation the facility had provided the medical record within the two working days.</p> <p>On 08/07/24 at 4:50 p.m., Resident #1 family stated they had requested the medical records on 07/30/24 and they had not received them within two working days. They stated they still had not received them.</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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 08/12/24 at 7:00 a.m., the administrator stated the family filled out the request for medical records and it was sent to the corporate office. The administrator then stated the attorney mailed them out to the family on Monday, 08/05/24. They stated they do not know when the family received the records. After reviewing the regulation, the administrator stated the facility policy did not match the regulation because it says five business days. The administrator stated the family should have received the medical records no later then 08/01/24.</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960</p> <p>Based on record review and interview, the facility failed to ensure wound and skin assessments were completed for one (#1) of three sampled residents reviewed for wounds and skin assessments.</p> <p>The director of nursing identified 26 residents with skin issues and/or wounds.</p> <p>Findings:</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnosis to include pressure ulcer to right heel, diabetes mellitus with polyneuropathy, congestive heart failure, cerebral infarction, and hemiplegia and hemiparesis.</p> <p>Resident #1 wound and skin noted dated 06/07/24 at 10:34 p.m., documented the resident had wounds to the right heel and great toe. The note indicated the measurements of the heel wound was 8 cm X 3.5 cm with a depth of 0.1 cm. The heel was dry, hard to touch with a white center and the outer wound was black. There was no additional documentation of the wound to the great toe.</p> <p>Resident #1 admission Summary, dated 06/07/24, read in part, .Pressure injury noted to R heel 8cmx3.5 cm, dry and hard to touch, center white, outer wound black, peri wound reddened and border uneven .</p> <p>There was no documented assessment or descriptions of the residents great toe and second toe on the right foot that was observed on admission.</p> <p>Resident's #1 wound and skin notes dated 06/10/24 documented the resident had the following wounds on admission: great right toe, right heel, and right second toe. The note provided measurements and description of all the wounds the resident had including skin tears and abrasions.</p> <p>Resident #1 care plan, dated 06/11/24, documented the resident had an unstageable pressure ulcer with an intervention to document skin condition weekly.</p> <p>Resident #1 wound and skin note, dated 07/18/24, was the only other assessments and descriptions of all wounds and skin issues the resident had.</p> <p>There were no additional assessment and/or descriptions of Resident #1s wounds to his right heel and toes weekly for Resident #1.</p> <p>On 08/08/24 at 2:44 p.m., Licensed Practical Nurse #2, stated they were the nurse working the night Resident #1 was admitted . They stated the resident had wounds to the right great toe, right second toe and on the heel. They stated they were there on admission and they did not provide any descriptions of the wounds on the toes.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 08/12/24 at 8:18 a.m., the Director of nursing, who identified themselves as the wound nurse, a resident with wounds should have an assessment weekly which would include measurements, stage, signs and symptoms of infection, drainage, a full description. The director of nursing was asked how often this should be completed. The director of nursing stated at least weekly. They were asked to review the clinical record and progress notes dated 06/22/24, 06/28/24, 07/04/24 and 07/17/24. After the review they were asked if these notes were weekly assessments of the residents skin and wounds. The director of nursing stated they were notes about the wounds and skin but they were not assessments. She was asked if there were any additional assessments of the wound and skin for Resident #1. They stated the only complete assessments were 06/10/24 and 07/18/24.</p> | | |