

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER The King's Daughters & Sons Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1223 West Baltimore Durant, OK 74701	

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, record review, and interview, the facility failed to ensure that the advanced and planned menu was available for review for 32 residents who received meals from the facility kitchen.</p> <p>A revised facility policy titled Menus dated October 2017, read in part, 2. Menus for regular and therapeutic diets are written at least two (2) weeks in advance, and are dated and posted in the kitchen at least one (1) week in advance.11. Copies of menus are posted in at least two (2) resident areas, in positions and in print large enough for residents to read them.</p> <p>On 06/17/25 at 11:39 a.m., it was observed no weekly menus were posted for resident to review.</p> <p>On 06/18/25 at 9:08 a.m., the dietary manager stated according to company policy the menu's were supposed to be posted in places throughout the building for residents to review.</p> <p>On 06/17/25 at 11:27 a.m., the dietary manger stated they did not have to post rotating schedules with the dates.</p> <p>On 06/18/25 at 9:04 a.m., Resident #1 stated, I have never seen menus posted.</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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on record review and interview, the facility failed to administer the 2024 influenza vaccine and the pneumococcal vaccine for 1 (#27) of 5 residents whose records were reviewed for immunizations.</p> <p>The facility's policy Influenza Vaccine, dated March 2022, and the facility's policy Pneumococcal Vaccine, dated October 2023, showed the date of the vaccine, lot number, expiration date, person administering, and the site of vaccination were documented in the resident's medical record.</p> <p>Resident #27's immunization record was missing their 2024 influenza and their pneumococcal immunization.</p> <p>On 06/19/25 at 12:25 p.m., the infection preventionist stated there was no documentation of Resident #27 receiving their 2024 influenza or their pneumococcal immunization.</p>