

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  English Village Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  1515 Canterbury Blvd Altus, OK 73521	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>34333</p> <p>Based on record review and interview, the facility failed to refer a resident with newly diagnosed mental illness to the OHCA for level II PASARR evaluation for 1 (#23) of 1 sampled resident reviewed for PASARR.</p> <p>The administrator reported 62 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Pre-Admission Screening and Resident Review (PASRR), dated 03/01/06, read in part, Status change after admission .Significant change Level 1 screenings will be completed for residents who receive a mental diagnosis after admission or residents who begin to receive medications that could be used to treat mental illness after admission .The D.O.N. or other designee must complete a significant change Level 1 screening at the time of the new diagnosis or medication order and place a call to the LOCEU [Level of Care Evaluation Unit] Unit in order to verify whether a Level 2 screening is required at that time.</p> <p>Resident #23 had diagnoses which included bipolar disorder and schizoaffective disorder.</p> <p>A PASARR form, dated 02/03/15, showed Resident #23 had a diagnosis of serious mental illness of which included a diagnosis of bipolar disorder.</p> <p>Resident #23's clinical record showed the resident received a new diagnosis of schizoaffective disorder on 01/13/17. There was no evidence the resident was re-evaluated for a PASARR Level II.</p> <p>A MDS annual assessment, dated 02/06/25, showed Resident #23 was cognitively intact with a BIMS score of 15. The assessment showed the resident received antipsychotic and antidepressant medications.</p> <p>On 04/02/25 at 1:45 p.m., the administrator reported they were trying to find out if the OHCA was called, or how it was handled, when Resident #23 received the new diagnosis. The administrator reported the facility was purchased by a new owner so it was difficult to know what the previous process was.</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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F 0644  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 04/02/25 at 4:07 p.m., the administrator reported they spoke with their corporate office to see if there was any documentation related to a PASARR II for Resident #23. The administrator stated they were unable to find documentation to show OHCA was contacted at the time of the resident's new diagnosis.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>30875</p> <p>Based on observation, record review, and interview, the facility failed to implement a plan of care with interventions for 1 (#110) of 1 resident reviewed for a dialysis care plan.</p> <p>The administrator reported two residents received dialysis treatments.</p> <p>Findings:</p> <p>On 04/02/25 at 11:37 a.m., Resident #110 was observed to return from dialysis. The transportation staff reported they would let the charge nurse know the resident was back and would provide the nurse with the form from dialysis.</p> <p>Resident #110 had diagnoses which included dependence on renal dialysis and end stage renal disease.</p> <p>Resident #110's care plan, dated 04/01/25, showed the resident was admitted to skilled services on 03/19/25 for acute kidney failure. The care plan contained no documentation related to dialysis treatments, care before or after dialysis treatments, or care of the resident's port.</p> <p>On 04/02/25 at 11:40 a.m., LPN #2 reported they would enter the information into the computer from the dialysis form. LPN #2 reported the resident had a port to the right upper chest.</p> <p>On 04/02/25 at 4:24 p.m., LPN #4 reported they followed the resident assessment instrument for policy regarding care plans. LPN #4 reported the facility did not have a care plan policy.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>30875</p> <p>Based on observation, record review, and interview, the facility failed to ensure a care plan was accurate for 1 (#110) of 1 sampled resident reviewed for dialysis.</p> <p>The administrator reported two residents received dialysis treatments.</p> <p>Findings:</p> <p>On 04/02/25 at 11:37 a.m., Resident #110 was observed to return from dialysis. The transportation staff reported they would let the charge nurse know the resident was back and would provide the nurse with the form from dialysis.</p> <p>Resident #110 had diagnoses which included dependence on renal dialysis and end stage renal disease.</p> <p>A care plan for Resident #110, dated 04/02/25, showed:</p> <ul style="list-style-type: none"> <li>a. resident needed hemodialysis related to renal failure,</li> <li>b. resident would have no signs/symptoms of complications from dialysis through the review date,</li> <li>c. monitor AVF for signs symptoms trauma and/or infection as ordered by physician,</li> <li>d. no blood pressure, labs or lifting in arm with AVF/AVG as ordered by physician,</li> <li>e. remove AVF dressing four hours after dialysis treatment as ordered by physician,</li> <li>f. schedule visits to the dialysis center and coordinate care accordingly,</li> <li>g. encourage the resident to go for the scheduled dialysis appointments. Resident receives dialysis Monday, Wednesday, and Friday,</li> <li>h. monitor/document/report to physician as needed any signs or symptoms of infection to access site: redness, swelling, warmth or drainage, and</li> <li>i. obtain vital signs and weight per protocol. Report significant changes in pulse, respirations and blood pressure immediately.</li> </ul> <p>On 04/03/25 at 10:12 a.m., the DON reported Resident #110 had a port and had just started dialysis treatments. The DON reported the resident would have an AVF placed if they continued dialysis treatments, but currently only had a port to the left chest.</p> <p>(continued on next page)</p>		

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F 0657  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 04/03/25 at 10:19 a.m., the MDS coordinator reported they had entered the information about an AVF on Resident #110's care plan. The MDS coordinator reported the information was not accurate and they had entered standard dialysis orders instead of the person-centered information related to the resident's port.		

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<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>30875</p> <p>Based on observation, record review and interview, the facility failed to implement EBP for 1 (#33) of 3 sampled residents reviewed for EBP.</p> <p>The quality control manager reported 18 residents required EBP.</p> <p>Findings:</p> <p>On 04/01/25 at 12:09 p.m., Resident #33 was observed to have a catheter flowing to gravity connected to the side of the bed. There was no signage observed to indicate the resident required EBP.</p> <p>An Infection Control and Isolation Policy revised date 03/28/24, read in part, EBPs are indicated with any of the following .Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO [multi drug resistant organism] . Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include .Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator.</p> <p>Resident #33 had diagnosis which included obstructive and reflux uropathy.</p> <p>Resident #33's quarterly assessment, dated 02/21/25, showed the resident's cognition was intact with a BIMS score of 15.</p> <p>Resident #33's care plan for an indwelling catheter, dated 03/03/25, showed:</p> <ul style="list-style-type: none"> <li>a. change the indwelling catheter bag twice monthly on the 1st and 15th and as needed,</li> <li>b. intake and output every shift for the indwelling catheter, and</li> <li>c. position catheter bag and tubing below the level of the bladder and away from entrance room door.</li> </ul> <p>A physician order for Resident #33, dated 04/02/25, showed EBP would be implemented related to the indwelling catheter.</p> <p>On 04/02/25 at 8:15 a.m., certified medication aide #2 reported Resident #33 did not have EBP in place.</p> <p>On 04/02/25 at 1:49 p.m., Resident #33 reported staff did not use a gown the previous day when they emptied their catheter. Resident #33 reported the nurse told them they would be using one today.</p> <p>On 04/02/25 at 1:58 p.m., LPN #3 reported they requested the order for EBP today. LPN #3 reported the resident's indwelling catheter was placed on 03/03/25. LPN #3 reported if a resident had an indwelling catheter they should have EBP in place.</p>		