

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Harrah Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 Whites Meadow Drive Harrah, OK 73045	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on record review and interview, the facility failed to ensure a resident's representative was notified of a newly prescribed medication for 1 (#2) of 3 sampled residents reviewed for notification of changes. The administrator identified 65 residents resided at the facility. Findings: An undated admission record for Resident #2 showed the resident had a family member listed as the power of attorney, the responsible party, and emergency contact #1. An annual assessment for Resident #2, dated 10/18/25, showed the resident had diagnoses which included non-Alzheimer's dementia and senile degeneration of the brain. The assessment showed Resident #2 was dependent on the staff for all activities of daily living and was severely cognitively impaired. A nurse practitioner's progress note, dated 11/20/25, showed Resident #2 was prescribed sertraline (an anti-depressant) 25 milligrams once daily for mood. A nurse's progress note, dated 11/21/25, showed Resident #2 continued on sertraline with no adverse reactions noted. There was no documentation Resident #2's representative had been notified of the new medication. On 01/14/26 at 1:37 p.m., the director of nursing stated the nurse that had taken the new order for the sertraline had not reached out to Resident #2's representative to inform them of the new medication order, as it was not documented.</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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