STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 34460 Based on observation, interview, and record review, the facility failed to ensure a U-bar was accommodated for residents needs for two (#158 and #164) of two sampled residents who wanted the rail for steadying and repositioning. The Administrator identified 61 residents resided in the facility. Findings: A policy, titled, bed safety, documented, .side rails may be used if assessment and consultation with the Attending Physician has determined that they are needed to help manage a medical symptom or condition, or to help the resident reposition or move in bed and transfer, and no other reasonable alternatives can be identified . A resident council form, dated 08/01/24, docmented, .issue presented .U-bars removed per state regulation . response .evaluation and consent . On 09/10/24 at 12:14 p.m., resident #164 stated they needed railings to turn while in bed. They also stated they were blind so the railings could assist with perception. On 09/11/24 at 8:54 a.m., resident #158's family stated they wanted them to have a u bar since they were unsteady and for repositioning since they had fallen at home. They stated there were told they couldn't. They stated they would get a doctor note, if needed. On 09/12/24 at 12:20 p.m., LPN #2 stated it was their understanding that they couldn't have them anymore because they were restraints. So they were removed. On 09/13/24 9:06 a.m., CMA #1 stated they were told they needed a doctor note to help stand or turn otherwise they were not allowed to have. On 09/13/24 at 10:01 a.m., the Administrator stated they don't use bedrails. They used positioning enablers. They stated a lot of buildings had been tagged for them. On 09/13/24 at 11:00 a.m., Resident #164 stated when she asked for a rail the staff stated they could not provide a rail because of the State. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/13/24 at 12:40 p.m., during exit, MDS coordinator #1 stated neither resident had been assessed for bed safety rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. 20960 Based on record review and interview, the facility failed to ensure residents had access to their trust account money on nights and weekends for three (#3, 17, and #34) of three residents reviewed for access to their trust account money. The business office manager identified seven current residents who had money in the trust account. Findings: The facility policy Trust Fund Petty Cash Imprest Fund. read in part, .cash is disbursed to Residents from the trust fund petty cash imprest fund Monday through Friday, 9:00 a.m. to 4:00 p.m. daily, excluding weekends and holidays . On 09/11/24 at 9:26 a.m., Resident #34 stated they could not get money on weekends or at night, and they had to ask in advance if they wanted money on the weekends. On 09/10/24 at 1:42 p.m., Resident #17 stated they could not get money on the weekends because no one was at the facility to provide the money. Resident #17 stated if they wanted money for the weekend they would need to get it on Friday. On 09/13/24 at 9:32 a.m., Resident #3 stated they could not get money during the night and on the weekends because the office was closed and no one had access to the money. On 09/13/24 at 10:11 a.m., the business office manager stated they and the administrator were the only ones that had access to resident petty cash funds and money was not available when they were not working or at the facility. On 09/13/24 at 10:55 a.m., the administrator confirmed they and the business office manager were the only one that had access to funds and they did not have anything in place for the night and weekends.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. 20960 Based on record review and interview the facility failed to provide notices to Medicaid recipients trust account holder when balances was within $200 of the resource limit for a medicaid recipient resident for two (#1 and #17) of three sampled residents reviewed for active trust account balances. The Business office manger identified seven residents that have money in the trust account, were current residents and had Medicaid as their payer source. Findings: The facility policy Notification of Certain Balances read in part, .It is the policy of this facility to notify Residents or their legal representatives when their trust fund balances approach the limits of Medicaid eligibility .written notification of trust fund balance .will be mailed/delivered to Residents or their legal representative . 1. A review of Resident #17 current trust account ledger balance documented the resident had a balance of $2,229.24 as of 09/11/2024. A review of Resident #17 face sheet indicated they had a payor source of Medicaid. There was no documentation to indicate the facility provided Resident #17 with a notice their balance was within $200 of the medicaid resource limit. 2. A review of Resident #3 current trust account ledger balance documented the resident had a balance of $2,264.92 as of 09/11/2024. A review of Resident #3 face sheet indicated they had a payor source of Medicaid. There was no documentation to indicate the facility provided Resident #17 with a notice their balance was within $200 of the medicaid resource limit. On 09/13/24 at 10:11 a.m., the business office manager stated the resource limit for medicaid was $2,000. They stated it was important the resident did not go over that limit to ensure they were not taken off their medicaid. The business office manager then stated they would need to check and see about providing notices when they were within $200 of the limit and it had not been completed for Resident #17 and #3. On 09/13/24 at 10:55 a.m., the administrator confirmed the facility had not been providing notices to the residents when they were within $200 of the resource limit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960 Based on record review and interview, the facility failed to close out trust accounts and convey funds within 30 days for three (#108, 109, 110 and #11) of four residents reviewed for open trust accounts and had been discharged from the facility over 30 days. The Business Office Director identified eight residents who no longer resided in the facilty and trust accounts were not closed out within 30 days. Findings: The facility policy Conveyance of Funds Upon a Residents Death read in part, .It is the policy of this facility that upon death of a Resident with personal funds on deposit with the facility, the facility will promptly convey such funds, along with a final accounting of such funds .accounting will be made within thirty (30) days of the death . The facility policy Closing Resident Fund Accounts and Release of Funds read in part, .It is the policy of this facility to release to a resident or his/her representative the Residents trust funds upon discharge, transfer or resident request the facility will process refunds to discharged residents within thirty (30) days of the date of discharge . 1. Resident #108 discharge summary, dated 12/04/22 indicated they passed away and the body was released to the funeral home on 12/04/22. A review of the recipient trust account balance, dated 09/11/24, documented Resident #108 had a current balance of $6,890.62. Resident #108 trust account remained opened 647 days after their death. 2. Resident #109 progress's notes, dated 10/01/23, documented the resident was sent to the hospital unresponsive. A review of the recipient trust account balance, dated 09/11/24, indicated Resident #109 had a current balance of $8,859.20. Resident #109 trust account remained opened 346 days after their death. 3. Resident #110 discharge summary, dated 04/12/24, documented they passed away and the body was released to the funeral home. A review of the recipient trust account balance, dated 09/11/24, indicated Resident #110 had a current balance of $6,455.87 Resident #110 trust account remained opened 122 days after their death. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Resident #111 face sheet documented they were discharged on [DATE]. A review of the recipient trust account balance, dated 09/11/24, indicated Resident #111 had a current balance of $3,253.78 Resident #111 trust account remained opened 39 days after they were discharged from the facility. On 09/13/24 at 10:11 a.m., the Business Office Manager stated the facility had thirty days to close out accounts to make sure everyone had been paid. The Business Office Manager stated the requirement had not been met and there were currently eight accounts that were not closed out within 30 days. On 09/13/24 at 10:55 a.m., the administrator was made aware of the trust accounts not being closed out within 30 days. The administrator acknowledged and confirmed the accounts were still open over 30 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 46387 Based on record review and interview, the facility failed to notify a resident's representative of an involuntary discharge for one (#55) of three sampled residents reviewed for closed records. The administrator identified 61 residents resided in the facility. Findings: A facility Transfer or Discharge, Emergency policy documented in the event of an emergency transfer or discharge the representative or other family member should be notified. Res #55 had diagnoses which included Parkinsonism Res #55 was involuntarily discharged from the facility on 06/21/24. On 09/13/24 at 8:36 a.m., the social services director stated they had started Res #55's discharge because they had started to be aggressive with staff. They stated the administrator and DON had taken over the discharge because there were complications with the family. On 09/13/24 at 10:05 a.m., the administrator stated Res #55 was discharged because the facility could not meet their needs. They stated the resident had been approved at a facility that had required an evaluation to ensure the patient was medically stable for transfer due to the distance the resident would have to travel to get to the new facility. They stated they were unsure if the POA/representative had been notified in writing before the discharge happened. On 09/13/24 at 10:39 a.m., the administrator stated the facility did not provide written notice of discharge to Res #55's representative.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 20960 Based on observation, record review and interview, the facility failed to ensure a resident with a newly identified diagnosis of psychosis and hallucination after admission, submitted a PASRR with the new diagnosis for one (#34) of two sampled residents reviewed for pre-admission screening and resident review. MDS Coordinator #1 identified 35 residents who currently had a diagnosis of a serious mental health condition. Findings: Resident # 34 had a level one pre-admission screening and resident review (PASARR) completed on 07/22/22 with a primary diagnosis of neuropathy and a secondary of obesity. The level one did not indicate Resident #34 had a serious mental health diagnosis. A review of the care plan, and the current diagnosis list with onset dates, indicated the resident had new diagnosis of psychosis and hallucinations on 03/27/2024. A review of the clinical record contained no PASARR with the new serious mantel health diagnosis of hallucinations and psychosis. On 09/12/24 at 10:20 a.m. Minimum Data Set (MDS) Coordinator #1, stated they were responsible for completing pre-admission screening and resident review and they were to be completed within ten days of admission. The MDS coordinator stated Resident #34 had a new serious mental health diagnosis in March 2024 and the PASARR was not completed with the new diagnosis. They then stated, It was an oversight on my behalf.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 46387 Based on record review and interview the facility failed to document a discharge summary for one (#55) of three sampled residents reviewed for closed records. The administrator identified 61 residents resided in the facility. Findings: Res #55 was discharged from the facility on 06/21/24. A discharge summary was not documented in the EHR. On 09/13/24 at 12:11 p.m., the administrator stated there was no discharge summary for Res #55.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375408	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens	1165 South Brenner Road Sapulpa, OK 74066

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 46387 Based on observation, record review, and interview, the facility failed to perform hand hygiene during wound care and follow enhanced barrier precautions during wound care for one (Res #36) of three sampled residents reviewed for wounds. The administrator identified 61 residents resided in the facility. Findings: A hand washing/hand hygiene policy documented staff should cleanse their hands before applying non-sterile gloves and after removing gloves Res #36 had diagnoses which included diabetes, hypertension, presence of ostomy, and neuropathic bladder. On 09/12/24 at 10:09 a.m., LPN #1 was observed performing wound care for Res #36. The LPN did not perform hand hygiene after removing soiled gloves and before donning new gloves. The LPN was not wearing a PPE gown. On 09/12/24 at 10:18 a.m., LPN #1 stated they should have cleaned their hands between clean and dirty gloves. On 09/13/24 at 8:44 a.m., LPN #1 stated Res #36 was on enhanced barrier precautions because they have a foley and ostomy. They stated they did not follow enhanced barrier precautions during wound care on 09/12/24.