

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Corn Heritage Village and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 106 West Adams Corn, OK 73024	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45462</p> <p>Based on observation and interview, the facility failed to ensure incontinent care was provided to dependent residents at least every two hours for three (#2, 3, and #4) of three dependent residents observed for receiving incontinent care.</p> <p>The DON identified 61 residents resided in the facility. RN #1 identified 27 residents that were totally dependent on staff for incontinent care.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A 'Functional Abilities & Goals' assessment for Resident #2, dated 05/16/24, documented they had impaired ROM to both upper and both lower extremities, was incontinent of bowel and bladder, and was dependent on staff for all ADL's. 2. A 'Functional Abilities & Goals' assessment for Resident #3, dated 07/02/24, documented they had impaired ROM to both upper and both lower extremities, was incontinent of bowel and bladder, and was dependent on staff for all ADL's. 3. A 'Functional Abilities & Goals' assessment for Resident #4, dated 07/29/24, documented they had impaired ROM to both upper and both lower extremities, was incontinent of bowel and bladder, and was dependent on staff for all ADL's. <p>On 07/30/24 at 10:32 a.m., Resident #2, Resident #3, and Resident #4 were observed sitting in the facility common area outside of the main dining room.</p> <p>On 07/30/24 at 11:57 a.m., after uninterrupted observation from 10:32 a.m. to this time, Residents #2, #3, and #4 were observed being escorted to the dining room by facility staff.</p> <p>On 07/30/24 at 1:00 p.m., after uninterrupted observation from 11:57 a.m. to this time, Residents #2, #3, and #4 were observed being escorted to the activity area adjacent to the common area outside of the dining room by facility staff.</p> <p>On 07/30/24 at 1:15 p.m., Resident #3 was observed being taken from the activity area and provided incontinent care by CNA #1 and CNA #3. Resident #3's brief and padding were observed to be grossly saturated when removed.</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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NAME OF PROVIDER OR SUPPLIER Corn Heritage Village and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 106 West Adams Corn, OK 73024	

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/30/24 at 1:22 p.m., Resident #4 was observed being taken from the activity area and provided incontinent care by CNA #2 and Rehab Aide. Resident #4's brief and padding were observed to be grossly saturated when removed.</p> <p>On 07/30/24 at 1:32 p.m., Resident #2 was observed being taken from the activity area and provided incontinent care by CNA #2 and CNA #6. Resident #2 was observed to have a small BM and be grossly saturated when brief was removed.</p> <p>On 07/30/24 at 2:01 p.m., CNA #6 was asked how often dependent residents received incontinent care. They stated every two hours. After informing CNA #6 of my observations, they acknowledged incontinent care had not been provided at least every two hours to Resident #2, Resident #3, nor Resident #4.</p> <p>On 07/30/24 at 3:23 p.m., RN #1 was asked the facility policy regarding incontinent care for dependent residents. They reported dependent residents should be checked at least every two hours and acknowledged facility policy had not been followed for the above residents.</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>45462</p> <p>Based on record review and interview, the facility failed to ensure dietary staff received training in safe food handling practices for the prevention of foodborne illness for eight (Cook #1, [NAME] #2, [NAME] #3, [NAME] #4, Dietary Aide #1, Dietary Aide #2, Dietary Aide #3, Dietary Aide #4) of nineteen dietary staff.</p> <p>The DON identified 61 residents resided in the facility. All residents received meals prepared in the facility dietary department.</p> <p>Findings:</p> <p>On 08/01/24 at 9:00 a.m., the Administrator was asked for verification of Food Handlers training for all dietary staff.</p> <p>On 08/01/24 at 9:08 a.m., the Administrator submitted a copy of in-service training for eleven of nineteen dietary staff and acknowledged [NAME] #1, [NAME] #2, [NAME] #3, [NAME] #4, Dietary Aide #1, Dietary Aide #2, Dietary Aide #3, and Dietary Aide #4 had not received the required training.</p>