

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  11/21/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873</b></p> <p>Based on record review and interview, the facility failed to ensure new mental illness diagnoses were reported to the OHCA for one (#6) of one sampled resident reviewed for PASARR.</p> <p>The administrator reported 52 residents resided in the facility.</p> <p>Findings:</p> <p>A Preadmission Screening and Annual Resident Review policy, revised 06/25/21, read in part, [Name withheld] will refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or related or possible serious mental disorder, intellectual disability, or related condition for a level II review upon a significant change in status assessment to the State PASARR representative.</p> <p>Resident #6 was admitted to the facility on [DATE].</p> <p>A level I PASARR screen, dated 08/22/23, documented primary diagnoses of chronic obstructive pulmonary disease and secondary of acute on chronic systolic heart failure. The level I PASARR screen documented no level II screening was required.</p> <p>Resident #6's face sheet documented the following diagnoses dates: anxiety disorder on 09/24/20, recurrent depressive disorder on 12/01/23, hallucinations on 12/14/23, and psychosis on 02/02/24.</p> <p>A comprehensive assessment, dated 08/14/24, documented resident #6's cognition was intact. The assessment documented diagnoses of anxiety, depression, and psychotic disorder.</p> <p>On 11/20/24 at 1:29 p.m., the DON reported the OHCA was contacted on 11/18/24. The DON reported a level II screen was not required. The DON reported they were not aware if the new mental illness diagnoses had been reported to the OHCA previously. The DON reported they were not aware until recently that new mental health diagnoses needed to be reported to the OHCA.</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 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>41873</p> <p>Based on record review and interview, the facility failed to include hospice services on a care plan for one (#9) of one sampled resident reviewed for hospice.</p> <p>The administrator reported 52 residents resided in the facility.</p> <p>Findings:</p> <p>A Care Plans policy, dated 10/12/17, read in part, Comprehensive care plans will be revised and updated upon any new changes in a resident's condition within 7 days .Care Plans will address all areas pertinent to providing care to that resident.</p> <p>Resident #9 had diagnoses which included congestive heart failure and chronic obstructive pulmonary disease.</p> <p>A physician order for Resident #9, dated 06/27/24, documented the resident was admitted to hospice with the diagnosis of hypertensive heart disease with heart failure.</p> <p>A comprehensive assessment for Resident #9, dated 10/02/24, documented the resident's cognition was intact. The assessment documented the resident received hospice services.</p> <p>A care plan for Resident #9, dated 10/02/24, did not address hospice or document the resident received hospice services.</p> <p>On 11/20/24 at 12:33 p.m., MDS coordinator #1 reported hospice services should be included on the resident's care plan under its own care area.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>30875</p> <p>Based on observation, record review, and interview the facility failed to administer physician ordered medications for one (#14) of five sampled residents reviewed for medications.</p> <p>The administrator reported 52 residents resided in the facility.</p> <p>Findings:</p> <p>A Medication Administration and General Guidelines policy, dated 07/10/23, read in part, Medications are administered in accordance with written orders of the attending physician. If a dose seems excessive considering the resident's age and condition, or a medication seems to be unrelated to the resident's current diagnosis or condition, the physician is contacted for clarification prior to the administration of the medication.</p> <p>Resident #14 had diagnoses which included senile degeneration of brain, anxiety disorder, and polyarthritis.</p> <p>Resident #14's physician order, dated 11/06/24, read in part, Give 0.5 mg PLO gel q 4 hours.</p> <p>A drug label for Resident #14, dated 11/06/24, documented, apply 0.5 ml (0.5 mg) to the inside of one wrist and rub in well with the other wrist every four hours. lorazepam (benzodiazepine) 1 mg/1 ml-PLO.</p> <p>Resident #14's physician order list, dated November 2024, documented, (lorazepam 1 ml) PLO transdermal external cream (transdermal base) apply to wrist or neck topically four times a day related to anxiety. The order was not transcribed correctly per the physician's order of 11/06/24.</p> <p>A November 2024 Controlled Narcotic Administration Record, documented lorazepam 1 mg/1 ml-PLO, frequency 0.5 ml every 4 hours. The controlled narcotic administration record documented an accurate count for 53 pre-filled syringes measuring 0.5 ml of medication and documented the medication was administered four times a day and not every four hours as ordered.</p> <p>A Medication Error Report, dated 11/06/24, documented the order on the prescription label did not match the order in the chart and no clarification was made.</p> <p>On 11/18/24 at 1:05 p.m., CMA #2 was observed to administer Lorazepam topical medication to Resident #14's wrist.</p> <p>On 11/19/24 at 1:25 p.m., the DON reported there was a discrepancy between the medication label and the physician's order. The DON reported they would need to contact the physician for clarification of the order.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>30875</p> <p>Based on record review and interview, it was determined the facility failed to implement an antibiotic stewardship program for three (#17, 39, and #44) of five residents sampled for medication review.</p> <p>The DON identified 52 residents resided in the facility.</p> <p>Findings:</p> <p>1. Resident #17 had diagnoses which included chronic systolic congestive heart failure, permanent A-Fib, and recurrent depressive disorders.</p> <p>Resident #17's care plan, dated 07/31/24, documented frequently incontinent of bowel and occasional incontinent of urine.</p> <p>A Culture Urine for resident #17, dated 08/17/24, read in part, Culture Colony count &gt; 100,000 CFU/ml Escherichia Coli (Abnormal).</p> <p>Resident #17's physician order, dated 08/19/24, documented to give Macrobid oral capsule 100 mg (Nitrofurantoin), 100 mg by mouth, two times a day for five days, related to urinary tract infection.</p> <p>2. Resident #39 had diagnoses which included chronic obstructive pulmonary disease, acute kidney disease, and senile degeneration of the brain.</p> <p>Resident #39's care plan, dated 01/02/24, documented the resident was frequently incontinent of bowel and bladder.</p> <p>A physician order for Resident #39, dated 08/02/24, documented to give Cephalexin 500 mg tablet, one (500 mg) by mouth, three times per day.</p> <p>A Culture Urine for Resident #39, dated 08/03/24, read in part, Culture Colony count 10,000-50,000 CFU/ml Escherichia Coli (Abnormal).</p> <p>On 11/21/24 at 10:19 a.m., the DON was interviewed regarding the facility's infection control program. The DON reported the facility was not conducting antibiotic stewardship.</p> <p>41873</p> <p>3. Resident #44 had diagnoses which included congestive heart failure and atrial fibrillation.</p> <p>A comprehensive assessment, dated 09/06/24, documented, Resident #44's cognition was severely impaired and was dependent on staff for most activities of daily living.</p> <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician order, dated 08/02/24, read in part, Piperacillin sodium-Tazobactam sodium solution reconstituted 4-0.5 gram, use 4.5 gram intravenously every 8 hours for infection related to abscess of liver and cholangitis (severe infection of the liver's bile ducts) until 08/30/24.</p> <p>On 11/20/24 at 3:44 p.m., the ADON reported the infection preventionist should be completing the Mcgreer criteria for infection surveillance of residents receiving antibiotics.</p> <p>On 11/20/24 at 3:44 p.m., the infection preventionist reported no Mcgreer criteria checklist had not been completed on Residents #17, #39, or #44 with the prescribed antibiotics. The infection preventionist reported not being aware that Mcgreer criteria checklist should have been completed with antibiotics use.</p> <p>On 11/20/24 3:55 p.m., the DON reported due to a change in staff, the Mcgreer criteria had not been completed for residents prescribed antibiotics. The DON reported Mcgreer criteria should be used for residents prescribed antibiotics and a pip would be done to correct this.</p>		