

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Gran Grans Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1110 South Cornwell Drive Yukon, OK 73099	

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>41872</p> <p>Based on record review and interview, the facility failed to notify the physician of a resident who had a significant decline in their meal intake with weight loss for one (#24) of three reviewed for nutrition.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #24 had diagnoses which included hypertension, dementia, and gastroesophageal reflux disease.</p> <p>A quarterly assessment, dated 05/07/24, documented Resident #24 received a mechanically altered diet.</p> <p>A Dietary Flow Record, dated June 2024, documented Resident #24 had refused or consumed less than 50% for 22 of 30 breakfast meals, 19 of 30 lunch meals, and 13 of 30 dinner's.</p> <p>A Dietary Flow Record, dated July 2024, documented Resident #24 had refused or consumed less than 50% for one of eight breakfast meals, four of eight lunch meals, and four of seven dinner meals.</p> <p>On 07/07/24 at 9:32 a.m., Resident #24 was observed in the dining room, a plate with raised edges and two cups with lids and a straw were observed in front of the resident.</p> <p>A weight entry form, documented Resident #24's weight was 120 pounds on 05/07/24 and was 112 pound on 07/08/24 for a 6.67 % weight loss.</p> <p>On 07/09/24 at 11:02 a.m., the MDS coordinator was asked if the physician had been notified about the resident refusing their meals. They stated there was nothing documented.</p> <p>On 07/09/24 at 2:43 p.m., the DON was asked who reviewed the dietary flow records to ensure the resident was eating. They stated the dietary supervisor. The DON was asked if the physician had been notified the resident had a decline in their meal intake. The stated any nurse could notify the physician. The DON stated they were not aware Resident #24 had not been eating.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>41872</p> <p>Based on record review and interview, the facility failed to complete a significant change assessment for one (#34) of 14 residents reviewed for assessments.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>An undated Resident Assessment Policy, read in part .Significant change assessments will be completed as soon as needed to provide appropriate care to the resident, but in no case, later than 14 days after determining a significant change in the resident's physical or mental condition has occurred .</p> <p>Resident #34 had diagnoses which included, Alzheimer's early onset and dementia.</p> <p>A quarterly assessment, dated 01/25/24, documented Resident #34 needed supervision or touching assistance with eating, and substantial or maximal assistance with toileting.</p> <p>A quarterly assessment, dated 04/23/24, documented Resident #34 needed partial to moderate assistance with eating, and was dependent on staff for toileting.</p> <p>On 07/09/24 at 2:29 p.m., the MDS coordinator was asked what constituted a significant change. They stated if there was a change in two or more areas that would be permanent. They were asked to review the January and April assessments; and asked if the Resident #34 had a significant change. They stated a significant change assessment should have been completed.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>35749</p> <p>Based on observation, record review, and interview, the facility failed to ensure:</p> <p>a. 2:00 p.m. snacks were provided to one (#13) and,</p> <p>b. meal replacements were provided when residents consumed less than 50% of a meal for three (#19, 13, and 24) of three residents reviewed for nutrition.</p> <p>The Long Term Care Application documented 35 residents resided in the facility</p> <p>Findings:</p> <p>An undated, Dietary Services Policy, read in part Food Substitutes If resident refuse food, substitutes of similar nutrition shall be offered. Food substitutes shall be consistent with the usual and ordinary food items provided to residents.</p> <p>1. Resident #19 had diagnoses which included pressure ulcer and protein calorie malnutrition.</p> <p>A Care plan, dated 03/06/24, documented to provide supplements if Resident #19 eats less than 50% of meals.</p> <p>A Dietary Flow record, dated June 2024, read in part, .Breakfast Replacement if 50% or less consumed . Lunch Replacement if 50% or less consumed .Dinner Replacement if 50% or less consumed .</p> <p>A Dietary Flow record, dated June 2024, did not contain documentation meal replacement had been provided four of 30 opportunities for breakfast, three of 30 opportunities for lunch, and four of 30 opportunities.</p> <p>On 07/08/24 at 1:57 p.m., the DON stated residents would be given a health shake if they did not eat much. The DON was asked where that would be documented. They stated on dietary sheets. The DON was shown Resident #19's dietary flow record for June 2024 that showed the missed opportunities for meal replacements.</p> <p>41872</p> <p>2. Resident #13 had diagnoses which included Alzheimer's and dementia.</p> <p>A care plan, dated 05/16/24, documented to provide Resident #13 a healthshake if they eat less than 50% and that the resident had to be fed and and to provide a snack two times a day at 10:00 a.m. and 2:00 p.m.</p> <p>A Dietary Flow record, dated June 2024, read in part, .Breakfast Replacement if 50% or less consumed . Lunch Replacement if 50% or less consumed .Dinner Replacement if 50% or less consumed .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A Dietary Flow record, dated June 2024, failed to document meal placements had been provided for 13 of 30 breakfast opportunities, 11 of 30 lunch opportunities, and six of 30 opportunities for dinner.</p> <p>On 07/08/24 at 2:00 p.m., a staff member was observed passing snacks on Resident #13's hall. Resident #13 was observed asleep in their room. Staff was not observed to enter and offer a snack to the resident.</p> <p>On 07/08/24 at 2:09 CMA #1 was asked who had received 2 p.m. snacks. They stated they ask the residents who can respond. They were asked if they had offered a snack to Resident #13. CMA #1 stated no, that Resident #13 was asleep in bed. They were asked who documented meal percentages and health shakes offered and consumed. CMA #1 stated dietary.</p> <p>On 07/09/24 at 2:57 p.m., the DON was asked what staff would do if a was resident asleep and unable to feed themselves when snacks where passed. They stated if the resident is asleep and unable to feed themselves, whoever is passing snacks needs to feed it to them.</p> <p>3. Resident #24 had diagnoses which included hypertension, dementia, and gastroesophageal reflux disease.</p> <p>A quarterly assessment, dated 05/07/24, documented the resident received a mechanically altered diet.</p> <p>A Dietary Flow record, dated June 2024, failed to document meal replacements had been provided for 22 of 30 breakfast opportunities, nineteen of thirty lunch opportunities, and thirteen of thirty opportunities for dinner.</p> <p>A Dietary Flow record, dated July 2024, failed to document meal replacements had been provided for one of eight breakfast opportunities, four of eight lunch opportunities, and four of seven opportunities for dinner.</p> <p>On 07/07/24 at 9:32 a.m., Resident #24 was observed in the dining room, a plate with raised edges and two cups with lids and a straw were observed in front of the resident.</p> <p>On 07/09/24 at 11:02 a.m., the MDS coordinator was asked if the physician had been notified about the resident refusing their meals. They stated there was nothing documented.</p> <p>On 07/09/24 at 2:43 p.m., the DON was asked who reviewed the dietary flow records to ensure the resident was eating. They stated the dietary supervisor. The DON was asked if the physician had been notified the resident had a decline in their meal intake. They stated any nurse could notify the physician. The DON stated they were not aware Resident #24 had not been eating.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/09/24 at 7:39 a.m., dietary aide #1 was asked what the process was for monitoring meal percentages. They stated they were supposed to go around and document what percentage the resident had eaten. They were asked what if the resident refuses their meal or eats less than 50 % or less. They stated they are to offer a shake or magic cup. They were asked where that would be documented. Dietary aide #1 stated in the meal percentages. The dietary manager was asked if they were aware Resident #24 had been refusing their meals in June and July. They stated they had been watching that. They were asked if they had notified the DON. They stated No.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>35749</p> <p>Based on record review and interview, the facility failed to ensure annual competency reviews were completed for two (#1 and #2) of two staff reviewed for annual competency reviews.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>CNA #1 and CNA #2's personnel files were reviewed for annual competency reviews.</p> <p>On 07/10/24 at 1:14 p.m., the DON was asked if annual competency checks were completed. They stated no they are not done annually and there was no documentation checks had been completed for CNA #1 and CNA #2.</p> <p>41872</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure a physician response was documented for a dose reduction for one (#16) of five residents reviewed for unnecessary medications.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>An Antidepressants policy, dated 08/01/09, read in part, .If continuation of the medication is deemed necessary, the physician indicated this in the resident's medical record .If the physician determined that the medication may be discontinued, the plan for tapering the dose and the target date for discontinuation are indicated in the resident's medical record .Contraindication to dose reductions must be described in the resident's medical record by the responsible physician .</p> <p>Resident #16 had diagnoses which included depression and Alzheimer's.</p> <p>A physician order, dated 01/02/23, documented Resident #16 was to be administered Sertraline 100 mg along with 25 mg to equal 125 mg dose one time a day.</p> <p>A Consultant Pharmacist's Medication Regimen Review, dated 02/05/24, read in part, This resident currently receives sertraline 125 mg daily. If in your medical opinion a dose reduction is warranted for this medication please provide a new order below -OR- Please provide a written rationale below describing why a dose reduction for this medication is clinically contraindicated. The form did not contain a response from the physician.</p> <p>On 07/09/24 at 12:18 p.m., the DON was asked if a GDR had been attempted for Sertraline. They stated they were not sure and would look.</p> <p>On 07/09/24 at 12:45 p.m., the DON stated they were unable to locate any documentation where the physician had responded to the GDR request, dated 02/05/24, for a decrease in Sertraline.</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure lab results were received in a timely manner for one (#34) of five residents reviewed for unnecessary medications.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #34 had diagnoses which included Alzheimer's, early onset and dementia.</p> <p>A Physician Order, dated 12/01/23 documented to complete a CMP and CBC every six months in April and October.</p> <p>The clinical health record did not contain CMP lab results for April 2024.</p> <p>On 07/09/24 at 3:08 p.m., the MDS coordinator stated they had ordered the lab and it had been drawn on 04/02/24 but the CBC had clotted so the lab returned on 4/10/24 and collected the CBC. The MDS coordinator provided a copy of CMP results that had been received 07/09/24 They stated they had to call the lab and get the results for the CMP dated 04/02/24 it was not in the facility.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure the person designated to serve as the dietary manager had completed their certification for dietary management.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>The dietary manager had been in that position since July 2021.</p> <p>On 07/10/24 at 8:19 a.m., the dietary manager was asked if they had their certificate for dietary management. They stated, No.</p> <p>On 07/10/24 at 8:29 a.m., the Administrator was asked how long the dietary manager had been in their position. They stated they were unsure. The Administrator was asked why the dietary manager had not received their certification. They stated the dietary manager had not gone to training.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41872</p> <p>Based on observation, record review, and interview, the facility failed to ensure dietary staff did not touch food with their bare hands during meal service.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>An undated, Dietary Services policy, read in part Foods are prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements so as to avoid manual contact of prepared foods.</p> <p>On 07/07/24 at 8:13 a.m., the dietary manager was observed to remove a piece of bread from the package with their bare hands, place it in the toaster, remove it with their bare hand, brush butter on it, slice it then put it on a plate to serve to a resident.</p> <p>On 07/07/24 at 8:22 a.m., the dietary aide #1 was observed to split a biscuit using their bare hands, and place the biscuit on a plate. They were observed to cut up a piece of round sausage and was observed to touch the sausage with their fingers while cutting it up. They scraped the sausage from the plate onto the plate with the biscuit and then served to the resident.</p> <p>On 07/07/24 at 8:25 a.m., the dietary manager was asked what the policy was regarding touching food with bare hands and gloves. They stated it depended on what it was, if it was a meat product or eggs anything that could be a possible contamination, gloves should be worn.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>35749</p> <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on record review and interview, the facility failed to ensure residents were provided education and potential side effects of the influenza vaccine annually for three (#5, 6, and #13) of five residents reviewed for vaccinations.</p> <p>The Long Term Care Application documented 35 residents resided in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Resident #5's informed consent for influenza vaccination had been signed on 01/16/2019. The vaccine had been administered on 10/18/23. 2. Resident #6's informed consent for influenza vaccination had been signed on 06/21/22. 3. Resident #13's informed consent for influenza vaccination had been signed on 05/29/18. <p>On 07/10/24 at 2:29 p.m., the DON was asked if residents/resident representatives were provided with education and possible side effects annually. They stated, starting this year, there will be.</p>		