

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/30/2024
NAME OF PROVIDER OR SUPPLIER  First Shamrock Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1415 South Main Street Kingfisher, OK 73750	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>41318</p> <p>Based on record review and interview, the facility failed to ensure a system was in place to manage and safeguard residents' personal funds for two (#3 and #4) of three sampled residents whose trust accounts were reviewed.</p> <p>A Resident Trust Fund report, dated 01/29/24, documented 15 residents were in the trust account.</p> <p>Findings:</p> <p>A Trust Fund Policy, undated, read in part, .accounting principles means that facility staff employ proper bookkeeping techniques .Proper bookkeeping techniques include an individual record .for each resident on which only those transactions involving his or her personal funds are recorded and maintained. The record should have information on when transactions occurred, what they were, and maintain the ongoing balance for every resident .</p> <p>1. A Resident Petty Cash Log, dated 08/24/23, documented Resident #3's balance was \$455.</p> <p>A Resident Petty Cash Log, dated 08/30/23, documented Resident #3's carry over balance was \$155. There was \$300 unaccounted for.</p> <p>2. A Resident Petty Cash Log, dated 10/31/23, documented Resident #4's balance was \$63.</p> <p>A Resident Petty Cash Log, dated 11/01/23, documented Resident #4's carry over balance was \$48. There was \$15 unaccounted for.</p> <p>A Resident Petty Cash Log, dated 11/30/23, documented Resident #4's balance was \$81.75.</p> <p>A Resident Petty Cash Log, dated 12/01/23, documented Resident #4's carry over balance was \$79. There was \$2.75 unaccounted for.</p> <p>On 01/30/24 at 1:20 p.m., the nurse manager stated they have been managing the trust accounts since June 2023. She stated the resident received \$30 or \$75 and was able to spend it however they wanted to. She was asked what they did when they identified discrepancies in the accounts. The nurse manager stated when they took over managing the trust accounts It was a hot mess. She stated they track the money on logs. She stated she didn't think they had identified any discrepancies.</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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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/30/24 at 1:24 p.m., the nurse manager was asked to review Resident #4's logs. She identified the balance and carry over balances did not match.</p> <p>On 01/30/24 at 1:31 p.m., the nurse manager was asked to review Resident #3's logs. She identified the balance from August and the carry over balance did not match. She stated, That's not right. No explanation was provided for the missing \$300.</p> <p>On 01/30/24 at 1:50 p.m., the nurse manager was asked who had access to the resident's money. She stated most of the time, the money was locked in her closet in her office. She stated the staff have a store twice a week where the residents can shop for items. She was asked who all filled out the logs. She stated, Multiple people. She stated there wasn't a system in place prior to her taking over managing the trust accounts.</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>41318</p> <p>Based on record review and interview, the facility failed to ensure a system was in place to manage and safeguard residents' personal funds to prevent misappropriation of residents' funds for two (#3 and #4) of three sampled residents who's trust accounts were reviewed.</p> <p>A Resident Trust Fund report, dated 01/29/24, documented 15 residents were in the trust account.</p> <p>Findings:</p> <p>A Trust Fund Policy, undated, read in part, .accounting principles means that facility staff employ proper bookkeeping techniques .Proper bookkeeping techniques include an individual record .for each resident on which only those transactions involving his or her personal funds are recorded and maintained. The record should have information on when transactions occurred, what they were, and maintain the ongoing balance for every resident .</p> <p>1. A Resident Petty Cash Log, dated 08/24/23, documented Resident #3's balance was \$455.</p> <p>A Resident Petty Cash Log, dated 08/30/23, documented Resident #3's carry over balance was \$155. There was \$300 unaccounted for.</p> <p>2. A Resident Petty Cash Log, dated 10/31/23, documented Resident #4's balance was \$63.</p> <p>A Resident Petty Cash Log, dated 11/01/23, documented Resident #4's carry over balance was \$48. There was \$15 unaccounted for.</p> <p>A Resident Petty Cash Log, dated 11/30/23, documented Resident #4's balance was \$81.75.</p> <p>A Resident Petty Cash Log, dated 12/01/23, documented Resident #4's carry over balance was \$79. There was \$2.75 unaccounted for.</p> <p>On 01/30/24 at 1:20 p.m., the nurse manager stated they have been managing the trust accounts since June 2023. She was asked what they did when they identified discrepancies in the accounts. She stated they track the money on logs. She stated she didn't think they had identified any discrepancies.</p> <p>On 01/30/24 at 1:24 p.m., the nurse manager was asked to review Resident #4's logs. She identified the balance and carry over balances did not match.</p> <p>On 01/30/24 at 1:31 p.m., the nurse manager was asked to review Resident #3's logs. She identified the balance from August and the carry over balance did not match. She stated, That's not right. No explanation was provided for the missing \$300.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/30/24 at 1:50 p.m., the nurse manager was asked who all had access to the resident's money. She stated most of the time, the money was locked in her closet in her office. She stated the staff have a store twice a week where the residents can shop for items. She was asked who filled out the logs. She stated, Multiple people. She stated there wasn't a system in place prior to her taking over managing the trust accounts. The nurse manager was asked what was misappropriation of resident's funds. She stated the residents were able to use the money however they wanted, and the facility staff just kept the receipts. The nurse manager was asked how they knew the funds weren't misappropriated. She stated, before her, they didn't go to the store, completed spend down of residents' funds, and there were no transactions.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41318</p> <p>Based on record review and interview, the facility failed to ensure a RN was designated to serve as DON on a full time basis.</p> <p>A Daily Census report, dated 01/29/24, documented 35 residents resided in the facility.</p> <p>Findings:</p> <p>A Director of Nursing policy, dated August 2006, read in part, .The Nursing Services department is managed by the Director of Nursing Services. The Director is a Registered Nurse .licensed by this state, and has experience in nursing service administration, rehabilitation, and geriatric nursing .</p> <p>An Employee Changes report, undated, didn't identify an employee as the DON.</p> <p>On 01/29/24 at 7:00 a.m., RN #1 was asked who was the DON. They stated they have a nurse manager. They identified the nurse manager as a LPN.</p> <p>On 01/29/24 at 7:31 a.m., CMA #1 stated the nurse manager was the DON.</p> <p>On 01/29/24 at 7:49 a.m., the nurse consultant was asked who was the DON. They hesitated then walked away without providing an answer.</p>