

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  07/19/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>47453</p> <p>Based on record review and interview, the facility failed to accurately complete a quarterly assessment for one (#3) of twelve sampled residents reviewed for accurate MDS assessments.</p> <p>The facility manager identified 40 residents resided in the facility.</p> <p>Findings:</p> <p>The facilities Accuracy of MDS Assessment policy, undated, read in part, the assessment must accurately reflect the resident's status.</p> <p>Resident #3 was admitted with diagnosis of mood disorder, bipolar, schizoaffective disorder, and major depression.</p> <p>A Medication Regimen Review dated 05/14/24, documented pharmacist recommending a GDR for medications Venlafaxine, Trintellix, and Lamotrigine. Recommendation denied by doctor with reason stating A reduction would likely worsen or destabilize resident's condition.</p> <p>A Medication Regimen Review dated 05/14/24, signed by doctor 05/24/24, documented physician response as disagree due to patient continues to cycle and have behaviors at times. A reduction would likely cause a decline.</p> <p>A Quarterly assessment, dated 05/23/24, documented in section N the last GDR was completed on 09/5/21 and the last doctors contraindication was 01/4/23.</p> <p>On 07/18/24 at 11:19 a.m. MDS coordinator #1 was asked to review the MDS for Resident #3 dated 05/23/24, and then they were asked if the date for last GDR 09/5/21 and the date for last contraindication 01/4/23 were correct. They stated No. They were asked what the facility policy was for accuracy of assessments. They sated I don't know.</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46702</p> <p>Based on record review and interview, the facility failed to ensure a discharge summary was completed for one (#40) of two sampled residents for discharge summaries.</p> <p>The facility manager identified 40 residents resided in the facility.</p> <p>Findings:</p> <p>The facilities' Discharge Summary and Plan policy, revised 04/2009, read in part, When a residence discharge is anticipated, a discharge summary and post discharge plan will be developed to assist the resident to adjust to his/her new living environment.</p> <p>Resident #40 was admitted on [DATE] with diagnoses which included depression, protein malnutrition , Wernicke's encephalopathy, chronic systolic, mixed hyperlipidemia, cerebral infarction, and nicotine dependence.</p> <p>There was no discharge summary located in the Residents clinical health record.</p> <p>A facility Against Medical Advice form, dated 05/9/24, documented Resident #40 signed the form and acknowledged the risk of discharging against medical advice.</p> <p>On 07/19/24 at 9:53 a.m., the facility manager was asked to provide a discharge summary for Resident #40. They stated they did not complete the discharge summary at that the time of discharge.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46702</p> <p>Based on observation, record review, and interview, the facility failed to ensure opened food items were labeled with the date opened and opened food items were stored in a sealed container.</p> <p>The facility manager identified 38 residents received nutrition from the kitchen.</p> <p>Findings:</p> <p>The facility's IT IS THE POLICY OF [Name Deleted] document, undated, read in part, All food coming into the kitchen will be labeled and dated upon entering. The document also read, All food once opened, will be labeled, dated, and stored in an airtight container, wrapped in plastic wrap, or placed in sealed bags prior to being refrigerated or frozen.</p> <p>07/16/24 9:10 AM initial tour of kitchen</p> <p>The following items were observed in the refrigerator during initial tour of the kitchen:</p> <ul style="list-style-type: none"> <li>a. 1 bag of whipped topping opened,</li> <li>b. 1 bag salad mix opened with no date ,</li> <li>c. 1 bag of shredded cheese opened with no date,</li> <li>d. sliced cheeses opened, not covered, and no date,</li> <li>e. Ranch and french dressing opened with no date,</li> </ul> <p>On 07/16/24 9:15 a.m., cook #1 was shown the above items from the refrigerator and asked what was the issue. They stated the the items have no date or label they were opened, the sliced cheese and sliced ham should be in a sealed contained with the date.</p> <p>On 07/16/24 9:29 a.m., the CDM was asked what the policy was for labeling, dating, and covering opened food items in the refrigerator. The CDM stated that all items should be in a sealed bag with the open date labeled on the item. The CDM stated the policy was not followed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46702</p> <p>Based on observation, record review, and interview, the facility failed to ensure enhanced barrier precautions notifications were in place for two (#2 and #21) sampled residents reviewed for enhanced barrier precautions.</p> <p>The facility manager identified two residents with indwelling devices requiring enhanced barrier precautions.</p> <p>Findings:</p> <p>The facility's It is the Policy of First Shamrock policy, undated, read in part, Post clear signage on the door or wall outside of the residence room, indicating the types of precautions and required personal protective equipment.</p> <p>1. Resident # 12 was admitted on [DATE] with diagnoses which included epilepsy and neuromuscular dysfunction of bladder.</p> <p>Resident #2's physician order, dated 06/20/24, documented a foley catheter in place and enteral feeding tube site care.</p> <p>On 07/16/24 at 11:22 a.m., Resident #2 was observed to have a enteral feeding tube and a catheter. No enhanced barrier precaution notification was observed posted.</p> <p>2. Resident #21 was admitted on [DATE] with diagnoses which included cerebral infarction due to thrombosis of unspecified precerebral artery and hyperlipidemia.</p> <p>Resident #21's physician order, dated 05/16/24, documented a gastrointestinal peg tube replacement.</p> <p>On 07/16/24 at 11:23 a.m., Resident #21 was observed to have a enteral feeding tube and has a peg tube. No enhanced barrier precaution notification was observed posted.</p> <p>On 07/18/24 at 12:52 p.m., CNA #2 was asked what they knew about enhanced barrier precautions during patient care. CNA #2 stated they were not aware what enhanced barrier precautions and had not been trained on the subject.</p> <p>On 07/18/24 at 1:01 p.m., CNA#1 was asked tell me what you know about enhanced barrier precaution during patient care. CNA #1 stated they had not been trained on enhanced barrier precautions and were not sure what enhanced barrier precautions were.</p> <p>On 07/18/24 at 1:09 p.m., the DON was asked what they knew about enhanced barrier precautions during patient care and which residents would require enhanced barrier precautions. The DON stated they did not know about enhanced barrier precautions and did not know which residents would of required enhanced barrier precautions.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 07/18/24 at 1:13 p.m., the facility manager was asked to discuss enhanced barrier precautions. The facility manager stated they were informed about enhanced barrier precautions two weeks prior, staff had not been trained, and signs had not been posted outside of the residents room. The facility manager stated they have two residents (#2 and #21) who should of been on enhanced barrier precautions.		