

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2026
NAME OF PROVIDER OR SUPPLIER Westhaven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1215 South Western Stillwater, OK 74074	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a comprehensive assessment was accurate for 1 (#35) of 12 sampled residents reviewed for accurate comprehensive assessments. The DON identified 62 residents resided in the facility. Findings: An undated weight summary showed Resident #35 weighed 213.6 pounds on 12/24/25 and 198.4 pounds on 01/19/26. A Physician's Order, dated 01/17/26 showed Resident #35 was to be given a bolus feeding of Jevity 1.5 (a tube feeding formula), five times daily. An admission MDS, dated [DATE], showed Resident #35 was admitted to the facility on [DATE] with diagnoses which included malnutrition, gastrointestinal hemorrhage, and dysphagia. The admission assessment showed Resident #35 required nutrition through a feeding tube, weighed 195 pounds, and had not had a weight loss of 5% or more in the last month. Resident #35's weight loss totaled 8.66% between 12/24/25 and 01/23/26. On 02/09/26 at 11:59 a.m., LPN #2 was asked what interventions were in place for Resident #35's weight loss. They stated Resident #35 was placed on five bolus feedings daily for a few days. On 02/09/26 at 12:05 p.m., the MDS coordinator stated they looked at resident assessments to obtain weight information. They were asked to review Resident #35's weight summary between 12/24/26 and 01/23/26. The MDS coordinator stated the admission assessment should have showed Resident #35 had a weight loss of over 5% in one month.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to update and implement a care plan for 1 (#35) of 12 sampled residents reviewed for care plan implementation. The DON identified 62 residents resided in the facility. Findings: An undated weight summary showed Resident #35 weighed 213.6 pounds on 12/24/25 and 198.4 pounds on 01/19/26. A Care Plan, dated 12/29/25, showed Resident #35 required nutrition through a feeding tube. Interventions in place included the registered dietitian to evaluate quarterly and as needed. There was no update to the care plan showing Resident #35 had significant weight loss. A Physician's Order, dated 01/17/26 showed Resident #35 was to be given a bolus feeding of Jevity 1.5 (a tube feeding formula), five times daily. An admission MDS, dated [DATE], showed Resident #35 was admitted to the facility on [DATE] with diagnoses which included malnutrition, gastrointestinal hemorrhage, and dysphagia. The admission assessment showed Resident #35 required nutrition through a feeding tube, weighed 195 pounds, and had not had a weight loss of 5% or more in the last month. Resident #35's weight loss totaled 8.66% between 12/24/26 and 01/23/26. On 02/09/26 at 11:59 a.m., LPN #2 was asked what interventions were in place for Resident #35's weight loss. They stated Resident #35 was placed on five bolus feedings daily for a few days. On 02/09/26 at 12:05 p.m., the MDS coordinator stated they looked at resident assessments to obtain weight information. They were asked to review Resident #35's weight summary between 12/24/25 and 01/23/26. The MDS coordinator stated the care plan should have showed Resident #35 had a weight loss of over 5% in one month and included interventions to prevent further weight loss.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and interview, the facility failed to ensure nurse staffing information was posted in a prominent place readily accessible to residents, staff, and visitors for 2 of 2 observations. The DON identified 62 residents resided in the facility. Findings: On 02/01/26 at 7:15 p.m., the daily nurse staffing information sheet was observed posted on a bulletin board partway down hall 4, not clearly visible to all visitors and residents. On 02/02/26 at 9:30 a.m., the daily nurse staffing information sheet was observed posted on a bulletin board partway down hall 4, not clearly visible to visitors and residents. On 02/10/26 at 11:47 a.m., the DON stated the daily nurse staffing information sheet was not posted in the main lobby area and was not visible to all residents and visitors if they did not know where it was located. They stated, It has always been down hall 4 on the bulletin board. On 02/10/26 at 12:36 p.m., the administrator stated the daily nurse staffing information sheet was not posted at the front entrance and was not visible to all residents and visitors if they did not know where to look.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, record review, and interview, the facility failed to ensure expired medications/supplies were removed from 1 of 4 medication carts and 1 of 1 medication supply room observed. The DON identified 62 residents resided in the facility. Findings: On 02/10/26 at 9:20 a.m., the medication supply room was observed with LPN #1. The following medications/supplies were observed to be expired: a. four packages of loFlex iodophor foam dressings with an expiration date of 12/31/23, b. seven packages of loFlex iodophor foam dressings with an expiration date of 12/28/25, c. two boxes of 10 count Maxorb II alginate wound dressing with an expiration date of 03/01/23, d. five packages of Maxorb II alginate wound dressing with an expiration date of 02/01/23, e. one box Sorbalgon calcium alginate dressing with an expiration date of 10/20/24, f. three boxes Sorbalgon calcium alginate dressing with an expiration date of 06/19/25, g. one box Sorbalgon calcium alginate dressing with an expiration date of 01/02/26, h. three packages of 10 count Tegaderm film with an expiration date of 12/26/22, i. one pack of Zetuvit Plus silicone border with an expiration date of 01/06/25, j. one pack Optifoam heel foam non-adhesive dressing with an expiration date of 09/2021, k. one Tubersol vial with an opened date of 01/02/26, and l. one Tubersol vial opened with no date of when it was opened. On 02/10/26 at 10:10 a.m., the medication cart for hall #3 was observed with CMA #1. One box of Naloxone hydrochloride spray 4 milligrams had an expiration of 05/2025. A policy titled Expired Medications and Medications with Shortened Expiration Dates, dated 01/2026, read in part, Ensure that all medications in the facility are rotated and/or reviewed on a constant basis to prevent expired medications. On 02/10/2026 at 9:50 a.m., LPN #1 stated the expired medication/supplies should have been removed from the medication/storage room. They stated the Tubersol vial should have been dated when opened and the other vial should have been removed after 30 days. On 02/10/26 at 10:18 a.m., CMA #1 stated the Naloxone should have already been removed from the cart. On 02/10/26 at 10:20 a.m., the DON stated the expired medications/supplies should have been removed.</p>		