

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2025
NAME OF PROVIDER OR SUPPLIER  Green Country Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3601 North Columbia Tulsa, OK 74110	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46703</p> <p>Based on record review and interview, the facility failed to ensure a resident or their legal representative received education regarding the benefits and potential side effects of the influenza immunization and obtain consent before administering the immunization for 1 (#4) of 3 sampled residents reviewed for immunizations.</p> <p>The administrator identified 74 residents resided in the facility</p> <p>Findings:</p> <p>A facility policy titled Vaccination of Residents, revised 08/2016, read in part, Prior to receiving vaccinations the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccination .The residents legal representative may refuse vaccines for any reasons.</p> <p>Resident #4 was admitted on [DATE] with diagnoses which included dementia and anxiety.</p> <p>An annual MDS assessment, dated 01/24/25, showed the resident's cognition was severely impaired with a brief interview for mental status score of 99.</p> <p>A review of Resident #4's profile sheet showed family member #1 as the resident's POA.</p> <p>On 03/25/25 at 11:30 a.m., family member #1 stated in 2023 they had informed a nurse at the facility they did not wish for the resident to receive any further vaccines of any kind. Family Member #1 stated during a care plan meeting in October of 2024 they were informed the resident had received a flu vaccine the previous day. Family Member #1 stated no one from the facility had called them to obtain consent before the vaccine was given.</p> <p>On 03/25/25 at 12:50 p.m., the DON stated Resident #4 did receive a flu vaccine in October of 2024. The DON stated in 2023 the resident's POA had informed the MDS nurse the resident was not to receive any further vaccines of any kind, but they failed to document it in the resident's record or inform anyone.</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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