

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/31/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375424	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  Wilkins Health & Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1205 South 4th Street Duncan, OK 73533	
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)		
F 0637  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Assess the resident when there is a significant change in condition</p> <p>34333</p> <p>Based on record review and interview, the facility failed to complete a comprehensive significant change assessment within 14 days for 2 (#3 and #23) of 2 sampled residents reviewed for a significant change in status.</p> <p>The administrator reported 114 residents resided in the facility.</p> <p>Findings:</p> <p>An undated significant change MDS policy showed a significant change in status assessment was triggered when there was a major change. The policy showed initiation or cessation of hospice care or a new diagnosis were examples of triggers for a significant change. The policy showed the facility must complete a significant change assessment within 14 days of identifying a significant change in a resident's condition.</p> <p>1. An MDS assessment for Resident #3, dated 04/07/25, showed the resident was severely cognitively impaired with a BIMS score of 03. The assessment showed the resident had a feeding tube. The assessment showed the resident had diagnoses which included Alzheimer's disease, dementia, diabetes, chronic pain, depression, anxiety, and systemic lupus.</p> <p>A care plan for Resident #3, dated 04/28/25, showed the resident no longer had a desire to have the feeding tube and was requesting to eat meals by mouth. The care plan showed the resident signed a dietary waiver and received a physician's order for a regular diet.</p> <p>A progress note for Resident #3, dated 04/30/25, showed the resident's physician made rounds in the facility and gave an order to discontinue the resident's feeding tube. The note showed the feeding tube was removed without difficulty.</p> <p>Resident #3's medical record was reviewed and showed a significant change assessment, dated 05/22/25, was in progress.</p> <p>On 05/20/25 at 10:46 a.m., Resident #3 reported they had recently had their feeding tube removed. The resident reported eating meals by mouth without difficulty.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/22/25 at 4:22 p.m., the MDS coordinator reported they were just notified the previous day Resident #3's feeding tube had been removed and the significant change assessment had not been completed. The MDS coordinator reported some nurses were good to notify them when a significant change like this occurred, but some nurses failed to get the information to them. The MDS coordinator reported the significant change assessment was now in progress.</p> <p>41873</p> <p>2. A quarterly assessment, dated 04/25/25, showed Resident #23's cognition was moderately impaired with a BIMS score of 12. The assessment showed no hospice services.</p> <p>A physician's order, dated 05/02/25, showed Resident #23 received hospice every shift for sarcopenia.</p> <p>A hospice plan of care, dated 05/02/25, showed a start of care date of 05/02/25.</p> <p>A progress note, dated 05/02/25, showed newly added hospice services.</p> <p>On 05/22/25 at 2:32 p.m., the MDS coordinator reported a significant change assessment should be completed within 14 days from the start day of the hospice services. The MDS coordinator reported they did not get the notification the resident was started on hospice until later that week. The MDS coordinator reported the significant change assessment for Resident #23 was late.</p>		