

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Tuttle Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  104 Southeast 4th Street Tuttle, OK 73089	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46387</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were allowed to exercise their right to smoke regardless of diagnoses for two (#1 and #2) of three sampled residents reviewed for resident rights.</p> <p>The DON identified 43 residents resided in the facility. Eight residents smoked.</p> <p>Findings:</p> <p>A facility COVID-19 policy, revised 05/01/24, did not document residents with COVID-19 would be prohibited from smoking. Alternative means to ensure residents with COVID-19 were allowed to smoke were not addressed in the policy.</p> <p>A facility training report, dated 09/23/24, documented a subject of COVID SMOKING.</p> <p>1. Res #1 had diagnoses which included COPD.</p> <p>A Smoking Policy - Residents, dated 06/07/24, signed by Res #1, did not document residents with COVID-19 were prohibited from smoking.</p> <p>A progress note, dated 09/26/24 at 5:08 a.m., documented Res #1 had tested positive for COVID-19.</p> <p>A progress note, dated 09/27/24 at 10:20 a.m., documented Res #1 was upset because they were not allowed to go outside to smoke.</p> <p>A progress note, dated 10/01/24 at 6:10 p.m., documented Res #1 was upset and had behaviors related to smoking restrictions placed on them due to being diagnosed as COVID-19 positive.</p> <p>On 10/17/24 at 11:05 a.m., LPN #1 stated the staff did not let the COVID-19 positive residents smoke.</p> <p>On 10/17/24 at 12:28 p.m., the administrator stated Res #1 was refusing to abide by masking regulations within the facility which was why their smoking privileges were revoked.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/17/24 at 1:24 p.m., LPN #2 stated residents diagnosed with COVID-19 were not allowed to go outside and smoke and were instead offered a nicotine patch.</p> <p>On 10/17/24 at 1:30 p.m., the administrator stated the COVID-19 positive residents were not allowed to go outside to smoke. They stated there was an inservice on the new policy and they would provide the documentation of when that went into effect.</p> <p>On 10/17/24 at 2:24 p.m., the administrator stated they were unable to locate the policy with the changes regarding smoking restrictions for COVID-19 positive residents, but the training report was provided was regarding the change.</p> <p>2. Res #2 had diagnoses which included COPD.</p> <p>A Smoking Policy - Residents, dated 06/07/24, signed by Res #2, did not document residents with COVID-19 were prohibited from smoking.</p> <p>A progress note, dated 09/30/24 at 10:39 a.m., documented Res #2 had tested positive for COVID-19.</p> <p>On 10/17/24 at 1:39 p.m., Res #2 was observed reading in their bed in their room. They stated the facility did not allow them to smoke when they were COVID-19 positive. They stated the reason was not explained to them and it didn't make sense to them at the time. They stated they dealt with it during that time and were allowed to smoke once off of quarantine.</p>		

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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>46387</p> <p>Based on record review and interview, the facility failed to complete discharge summaries for two (#1 and #4) of two sampled residents reviewed for discharge.</p> <p>The DON identified three residents discharged from the facility within the last 30 days.</p> <p>Findings:</p> <p>1. Res #1 discharged from the facility on 10/02/24.</p> <p>A record review documented no discharge summary had been completed.</p> <p>2. Res #4 discharged from the facility on 09/05/24.</p> <p>A record review documented no discharge summary had been completed.</p> <p>On 10/17/24 at 1:11 p.m., the MDS coordinator stated the nurses on the floor at the time of discharge complete the discharge summaries.</p> <p>On 10/17/24 at 1:24 p.m., LPN #2 stated discharge summaries were documented under the forms tab of the EHR. They reviewed the charts for Res #1 and Res #4 and stated they had not been completed.</p>