STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375428	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tuttle Care Center	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure a physician's response to a gradual dose reduction was implemented for 1 (#18) of 5 sampled residents reviewed for unnecessary medication. The administrator identified 44 residents resided in the facility. Findings: A physician's order, dated 01/20/23, showed sertraline hydrochloric acid (Zoloft) (an antidepressant) 100 mg, give one tablet by mouth one time a day for depression. A Consultant Pharmacist/Physician Communication form, dated 08/26/24, showed a pharmacist gradual dose reduction recommendation for sertraline (Zoloft) 100 mg daily. The communication form showed a physician's response dated 09/09/24, to reduce Zoloft to 75 mg by mouth daily. There was no documentation Zoloft was reduced to 75 mg daily. On 05/30/25 at 11:45 a.m., the DON stated if a physician decreased a medication dose on a gradual dose reduction recommendation, they would write the order and scan to the resident's chart. On 05/30/25 at 11:46 a.m., the DON stated they would implement the changes the same day or the next day. On 05/30/25 at 11:48 a.m., the DON stated the physician's response to decrease the Zoloft on 09/09/24 was not implemented. They stated Resident #18 continued to receive Zoloft 100 mg daily.

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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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment. Based on record review and interview, the facility failed to ensure a resident's discharge assessment was encoded and transmitted for 1 (#11) of 12 sampled residents whose assessments were reviewed. The administrator identified 44 residents resided in the facility. Findings: A Physician Discharge Summary, dated 12/30/24, showed Resident #11 had diagnoses which included dementia and bipolar disorder. A nursing note, dated 12/30/24 at 11:49 a.m., read in part, resident out of facility at 11:30 via stretcher, discharge paperwork given to transport and poa [power of attorney]. A Physician Discharge Summary, dated 12/30/24 at 1:43 p.m., showed the resident was discharged on 12/30/24 to another facility. There was no documentation a discharge resident assessment was completed. On 05/28/25 at 11:13 a.m., MDS coordinator #1 stated they did their discharge assessments on the day the resident discharged . On 05/28/25 at 11:15 a.m., MDS coordinator #1 stated Resident #11 discharged to another facility on 12/30/24. On 05/28/25 at 11:17 a.m., MDS coordinator #1 stated they did not complete a discharge resident assessment. They stated it should have been completed.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a care plan was developed to address anxiety and post traumatic stress disorder for 1 (#44) of 1 sampled resident's care plan reviewed for serious mental health diagnosis. The administrator identified 44 residents resided in the facility. Findings: Resident #44's admission MDS assessment, with an ARD of 03/19/25, showed they had psychatric disorders of anxiety and post traumatic stress disorder. Resident #44's care plan, initiated on 03/27/25, did not address the diagnoses of anxiety and post traumatic stress disorder. Resident #44's admission Record, dated 04/29/25, showed they were admitted on [DATE] with diagnoses of anxiety and post traumatic stress disorder. On 05/29/25 at 10:20 a.m., MDS coordinator #1 stated the care plan addressed depression, but did not address anxiety and post traumatic stress disorder. MDS Coordinator #1 stated the care plan should be developed to address the diagnosis so staff were aware of their current condition.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and interview, the facility failed to administer a pneumococcal vaccine as ordered for 1 (#43) of 5 sampled residents reviewed for immunizations. The administrator identified 44 residents resided in the facility. Findings: An undated facility policy titled Pneumococcal Vaccine, read in part, All residents will be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. An admission record, with an initial admit date of 01/10/25, showed Resident #43 had diagnoses which included asthma and protein calorie malnutrition. A Pneumococcal Vaccine Consent Form, dated 02/18/25, showed the resident's representative gave consent for the pneumococcal vaccine. Resident #43's quarterly resident assessment, dated 04/17/25, showed the resident had severe cognitive impairment with a brief interview for mental status score of 5. A physician's order, dated 04/24/25, showed pneumovax 23 (pneumococcal vaccine) injectable 25 microgram/0.5 ml, inject 0.5 ml intramuscularly one time only for prevention for one day. An order administration note, dated 04/24/25 at 9:59 p.m., showed awaiting medication. A nursing medication administration record, dated 04/24/25 at 9:59 p.m., showed HD for the pneumovax 23 vaccine. There was no documentation the vaccine was administered. On 05/29/25 at 1:45 p.m., LPN #1 stated if a treatment was not available in the facility, they would put it on hold, notify the provider, call the pharmacy and document in the notes. On 05/29/25 at 1:51 p.m., LPN #1 stated the HD on the administration record probably meant hold. They stated the vaccine was not administered. On 05/30/25 at 9:14 a.m., the DON stated the resident had not received a pneumococcal vaccine.