STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375438	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracewood Health & Rehab	6201 East 36th Street Tulsa, OK 74135

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to ensure: a. food items were properly sealed, dated, and labeled; b. bulging containers were removed from circulation in the dry storage; c. ensure food preparation utensils were stored in a clean environment; and d. ensure areas near food preparation were clean and free from pests, including a microwave for resident use.The administrator identified 69 residents ate meals from the kitchen.Findings: On 03/31/26 at 10:15 a.m., kitchen utensils were observed to hang over the sink where dirty dishes were to be washed.On 03/31/26 at 10:18 a.m., the following items were observed in the refrigerator:A bag of square brown patties was observed with no label or date,a pitcher of orange liquid was observed with no label or date, a bag of chunks of meat with no label or date, a bag of tan circular patties was observed in an unsealed plastic bag with no label or date, anda cookie sheet of seven sandwiches was observed in the refrigerator with a date of 03/30/26 on the saran wrap, but the saran wrap was not sealed around the edge of the pan. On 03/31/26 at 10:21 a.m., three cans of green beans were observed without dates written on them. A plastic bottle of salad dressing was observed on the shelf with other foods. The plastic bottle was observed to bulge on the top and bottom. The bottle was observed to be so rounded that it was not sitting up straight on the shelf. On 03/31/26 at 10:28 a.m., the dietary manager removed the green beans from circulation when asked about the dates they were received. The dietary manager then threw away the bottle of salad dressing.On 03/31/26 at 11:41 a.m., four cockroach carcasses were observed in two of the drawers beneath the counter top where the blender was stored and used to puree foods to be provided to residents. The microwave was stationed next to the blender and was observed with food debris on all inside surfaces. A Food Receiving and Storage policy, revised 10/2025, read in part, All foods stored in the refrigerator or freezer will be covered, labeled and dated.Beverages must be dated when opened and discarded after twenty four hours.On 03/31/26 at 10:27 a.m., the dietary manager stated they thought the brown patties were fish. The dietary manager stated the pitcher was orange juice from breakfast, the round patties were cookies, and the other bag was fajita meat. The dietary manager stated I know I am supposed to put a label and date on this. The dietary manager stated they had just arrived at work and had not had a chance to do their rounds to pull things like leftovers out of circulation. On 03/31/26 at 10:28 a.m., the dietary manager stated hmm when asked about the bulging bottle of salad dressing. On 03/31/26 at 11:10 a.m., Dietary Aide #2 stated they used the utensils hanging above the sink often, so they were washed often.On 03/31/26 at 11:41 a.m., [NAME] #1 stated they cleaned the microwave every day, but the residents used it often. On 03/31/26 at 12:00 p.m., when shown the cockroaches in the drawer, cook #1 stated they did not use the drawers underneath the serving counter for anything because they had not served in that dining room in over a year. The cook stated they did not know whose job it was to keep the drawers clean. On 04/03/26 at 1:00 p.m., the ADON stated food should be labeled and dated, and anything that showed signs of a problem should be thrown out.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375438	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracewood Health & Rehab	6201 East 36th Street Tulsa, OK 74135

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview the facility failed to:a. ensure a safe and sanitary kitchen floor, b. residents were not served meals on paper products, andc. ensure hot water was available in their restroom for 1 (#21) of 17 sampled residents reviewed for access to hot water in their restroom. The administrator identified 69 residents ate from the kitchen. Findings: On 03/31/26 at 10:18 a.m., the tile floor between the two sinks on opposite sides of the kitchen was observed to have been ripped up and was filled in with gravel. On 03/31/26 at 11:01 a.m., [NAME] #2 stated All I can do is wipe down and sanitize as much as I can. A pipe busted that is what caused the flood and why the floor is busted and filled in with gravel.On 03/31/26 at 11:41 a.m., [NAME] #1 stated the floor had been filled in with gravel for a year since the flood happened. They stated they did the best they could to keep the floor clean.On 03/31/26 at 12:15 p.m., the food was observed to be plated onto paper plates. Plastic silverware was also observed.On 03/31/26 at 12:36 p.m., Resident # 21's restroom hot water was observed to not work. The sink was observed to be pulled away from wall with paint chips on the back of the sink and some on wall behind the sink where it had previously been touching. The paint on the wall was observed torn away around the sink, and the toilet lid was observed sitting below the sink and not on the back of the toilet.On 04/02/26 at 1:29 p.m., the administrator stated the dishwasher was not currently being used due to ongoing construction in the kitchen. The administrator stated the residents had been using paper products since last Friday, but were hoping to have the dishwasher running again soon.On 04/03/26 at 10:33 a.m., Resident #21 stated they did not want to change rooms, they just wanted hot water available to wash their face.On 04/03/26 at 10:46 a.m., the ADON stated they knew the hot water in Resident #21's room was an issue that needed to be addressed, but it was a financial issue, and the maintenance person could only do what they were approved to do. The ADON stated they would have to ask maintenance about the toilet and sink in Resident #21's restroom.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375438	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracewood Health & Rehab	6201 East 36th Street Tulsa, OK 74135

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview, the facility failed to provide a SNF ABN to 2 (#10 and #37) of 3 sampled residents reviewed for beneficiary notices. The administrator identified four residents discharged from the facility with Medicare benefit days remaining. Findings:1.A SNF Beneficiary Protection Notification Review form, showed Resident #10 was admitted to the facility on skilled services on 01/28/26, discharged from skilled services on 03/27/26, and remained in the facility.A SNF Beneficiary Protection Notification Review form, showed an ABN was not provided to the resident/representative.2.A SNF Beneficiary Protection Notification Review form, showed Resident #37 was admitted to the facility on skilled services on 12/29/25, discharged from skilled services on 03/27/26, and remained in the facility.A SNF Beneficiary Protection Notification Review showed an ABN was not provided to the resident/representative.On 04/06/26 at 2:12 p.m., LPN #2 stated they were not aware they had to have an ABN form if they remained in the facility after they were discharged from skilled services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375438	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracewood Health & Rehab	6201 East 36th Street Tulsa, OK 74135

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility failed to ensure behaviors were addressed in the care plan for 1 (#61) of 17 sampled residents reviewed for care plans.The administrator identified 69 residents resided in the facility. An Oklahoma State Department of Health final report, dated 05/11/25, showed a staff member witnessed Resident #79 pour water on Resident #61. Resident #61 then pushed Resident #79 causing them to fall. An annual assessment, dated 02/23/26, showed Resident #61 had diagnoses which included bipolar, PTSD, depression, and anxiety. The assessment showed Resident #61 had a BIMS score of 12 which indicated moderate cognitive impairment. A nurse's note, dated 03/06/26, showed Resident #61 became upset when they were unable to go smoke during a tornado warning. Resident #61 threw water in the hall and onto another resident. A nurse's note, dated 03/07/26, showed Resident #61 tried to steal cigarettes from the bucket at the nurses station with the LPN at the desk. When Resident #61 was told to stop, they kicked the bucket, and grabbed the nurses forearm.A nurse's note, dated 03/08/26, showed Resident #61 screamed at another resident for sitting in their spot in the dining room. Resident #61 was then sent to the emergency room to be evaluated. A nurse's note, dated 03/09/26, showed that Resident #61 returned from the emergency room after 17 hours with a pleasant attitude after they were given a Benadryl and Ativan injection for aggressive behavior.On 04/02/26, Resident #61's care plan was reviewed and did not show any behaviors. On 04/01/26 at 9:29 a.m., Resident #61 denied any altercations with staff or other residents, and stated they felt safe in the facility.On 04/02/26 at 1:01 p.m., LPN #2 stated there was not a behavior care plan initiated and there should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375438	A. Building B. Wing	04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gracewood Health & Rehab	6201 East 36th Street Tulsa, OK 74135

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to ensure enhanced barrier precautions were implemented for 1 (#11) of 1 sampled resident with a PEG tube observed during medication administration.The DON identified two residents had PEG tubes.Findings:On 04/01/26 at 2:00 p.m., LPN #1 was observed during administration of medications to Resident #11 through their PEG tube. LPN #1 was not observed to have utilized PPE, except for gloves. Signage indicating EBPs and required PPE was not observed near the resident's room. The Enhanced Barrier Precautions policy, dated August 2022, read in part, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms to residents.EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply.Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include .device care or use (.feeding tube .) .Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE required.PPE is available outside of the resident rooms.A face sheet, dated 08/12/25, showed Resident #11 had diagnoses which included unspecified severe protein calorie malnutrition and dysphagia.A quarterly assessment, dated 02/11/26, showed Resident #11 had a PEG tube. On 04/01/26 at 2:11 p.m., LPN #1 stated they should have donned a gown prior to the administration of medications through Resident #11's PEG tube. LPN #1 stated the facility had not practiced the use of EBPs. LPN #1 stated PPE was not readily available for staff use for residents requiring EBPs. On 04/01/26 at 2:22 p.m., the infection preventionist stated EBPs were not being utilized in the facility. The infection preventionist stated staff education and implementation of EBPs were in progress.