STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375443	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cleveland Care and Rehab Center	900 N Division St Cleveland, OK 74020

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and interview, the facility failed to ensure a resident with an allergy to latex did not receive an indwelling latex urinary catheter for 1 (#1) of 1 sampled resident reviewed for a latex allergy.The administrator identified 54 residents resided in the facility. The DON identified one resident with a latex allergy.Findings:An Allergy tab, dated 03/05/25, showed Res #1 had an allergy to latex.A physician order, dated 03/08/25, showed to maintain an indwelling silicone urinary catheter and to change monthly on the 6th of each month.An admission assessment, dated 03/12/25, showed Res #1 had a brief interview for mental status score of 15 and was cognitively intact. The assessment showed Res #1 had an indwelling urinary catheter.A care plan, dated 03/18/25, showed Res #1 was allergic to latex. The care plan showed Res #1 would not receive medications and/or substances known to cause allergic reactions.A treatment administration record, dated 04/06/25, showed Res #1 had a new indwelling urinary catheter placed.A progress note, dated 04/09/25, showed Res #1's catheter was removed and replaced with a silicone catheter due to a latex allergy. The note showed Res #1 had some redness on the right thigh where the latex catheter tubing had been touching their leg. The note showed the physician was notified of the redness and orders were obtained to apply hydrocortisone cream (medication lotion/ointment) twice daily for seven days.On 08/18/25 at 2:00 p.m., Res #1 stated they were allergic to latex. They stated the facility had inserted a latex indwelling urinary catheter into them a few months ago which caused redness and irritation to their right leg. Res #1 stated the facility should have known better because their allergies had been listed in their medical record since they were admitted .On 08/20/25 at 11:36 a.m. the IP stated they had changed Res #1's catheter on 04/09/25 after noticing redness on Res #1's right thigh where the catheter tube was touching their skin. They stated the catheter was removed immediately once they realized it was latex and not silicone. The IP stated staff had inadvertently inserted a latex catheter. They stated the staff should have verified all allergies prior to the insertion of the catheter.On 08/20/25 at 12:46 p.m., the DON stated a urinary catheter containing latex was placed in error. They stated staff should have verified all allergies prior to the placement of the catheter.

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