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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>375458 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>05/07/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Living Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1409 North 17th Street<br>Enid, OK 73701 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to notify a resident's family member listed as the emergency contact and responsible party of a change in condition for 1 (#4) of 2 sampled residents reviewed for hospitalization .</p> <p>The administrator identified 19 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Change in a Resident's Condition or Status, revised 05/2017, read in part, Our facility shall promptly notify the resident, [their] Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g. [for example], changes in level of care, billing/payments, resident rights, etc. [and the rest/so forth]).</p> <p>A progress note, dated 02/25/25 at 7:09 p.m., read in part, res was in dining room for evening meal and noted to have gotten choked up on meal, res started coughing and face got reddened, res cont [continue] to cough for several minutes. no s/s [signs/symptoms] distress noted. res was assisted to room and o2 applied o2 sats [saturation] 80% with o2 in place, vital signs: 138/89-95-22-98.7. lungs noted to have wheezes to bilat upper and lower lobes bilat. prn [as needed] breathing tx [treatment] given with ineffective results. dr [name withheld] notified and new order received for two view cxr. call placed to [name withheld] imaging to notify of new order. Res notified of new order and res is own responsible party.</p> <p>A progress note, dated 02/25/25 at 7:43 p.m., read in part, received follow up call from dr [name withheld] to transfer res to [hospital name withheld] er. res refused to go at first then changed their mind and decided to go. call placed to [name withheld] ems [emergency medical services] for ambulance to transfer res to [hospital name withheld] ER at 1937 [7:37 p.m.]. don and administrator notified of res being transferred out to hospital. cxr order cancelled thru [name withheld] imaging. Vital signs: 142/98-88-98.3-22-80-89% with o2 in place. res is own responsible party and notified of ambulance being on way.</p> <p>Resident #4's quarterly resident assessment, dated 04/19/25, showed the resident had severe cognitive impairment with a brief interview for mental status of 03.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>The Living Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1409 North 17th Street<br>Enid, OK 73701 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A care plan, dated 04/22/25, showed the resident had diagnoses which included dementia in other diseases classified elsewhere, severe, with mood disturbance and other speech disturbances.</p> <p>There was no documentation to show representative #1 was only responsible for financial obligations and not the care of the resident.</p> <p>There was no documentation to show representative #1 should not be notified of changes in the resident's condition.</p> <p>On 05/05/25 at 1:21 p.m., representative #1 stated their only concern was the resident went to the hospital a long time ago and was not informed. The hospital was the one that called them. They stated they were not aware Resident #4 went to the hospital this year or last year.</p> <p>On 05/07/25 at 10:29 a.m., LPN #1 stated representative #1 was Resident #4's responsible party and emergency contact. They stated they contacted them when changes occurred.</p> <p>On 05/07/25 at 10:31 a.m., LPN #1 stated the resident could not hold a conversation.</p> <p>On 05/07/25 at 10:35 a.m., LPN #1 stated they believed representative #1 should have been notified of the hospital visit on 02/25/25.</p> <p>On 05/07/25 at 10:37 a.m., the DON stated the person listed on the face sheet as responsible party would be notified of a change in condition.</p> <p>On 05/07/25 at 10:40 a.m., the DON stated representative #1 was only responsible for finances and not the care of the resident, but they called them.</p> <p>On 05/07/25 at 10:45 a.m., the DON stated the resident's representative was not notified of the transfer to the hospital on 02/25/25.</p> <p>On 05/07/25 at 12:22 p.m., the administrator stated there was no documentation to show representative #1 was not responsible for the resident's care. They stated they should have been notified of changes in condition.</p> |   |  |