

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Montereau, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 South Granite Avenue Tulsa, OK 74136	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45583</p> <p>46216</p> <p>Based on observation, record review, and interview the facility failed to ensure that a resident was treated with dignity and respect for one (#7) of one resident sampled for dignity and respect.</p> <p>The Administrator identified 67 residents resided in the facility.</p> <p>Findings:</p> <p>A Promoting/Maintaining Resident Dignity policy, undated, read in part, It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. The policy also read, All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights.</p> <p>Resident #7 was admitted on [DATE] with diagnoses which included dementia and dysphagia.</p> <p>Resident #7's annual assessment, dated 05/04/24, documented the resident was dependent on staff for assistance with all ADL's.</p> <p>A physician's order, dated 01/23/23, documented regular pureed texture diet with nectar thick consistency liquids.</p> <p>On 07/02/24 at 1:37 p.m., Resident #7 was observed sitting near the nurses station with an 8 x 10 sheet of paper on the side of their chair that read nectar thick liquids and an 8 x 10 sheet of paper above their head that read Resident's name and nectar thick liquids.</p> <p>On 07/02/24 at 1:59 p.m., RN #1 stated the signage should not be visible to the public.</p> <p>On 07/02/24 at 2:04 p.m., RN #1 stated the signage should not be on Resident #7's chair. They stated that staff could see the resident's diets by reviewing the care plan and looking at the lunch tickets that are available during meal times</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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45583</p> <p>46216</p> <p>Based on record review and interview the facility failed to ensure residents were offered the choice to formulate an advanced directive for three (#7, 40, and #208) of seven sampled residents whose advance directive acknowledgements were reviewed.</p> <p>The administrator identified 67 residents who resided in the facility.</p> <p>Findings:</p> <p>A Residents Rights Regarding Treatment and Advance Directives, policy, undated, read in part .On admission, the facility will determine if the resident has executed an advance directive, and if not, determine weather the resident would like to formulate an advance directive .</p> <p>1. Resident #7 was admitted on [DATE] with diagnoses which included dementia and dysphagia.</p> <p>A physician's order, dated 1/31/23, documented Resident #7 was a full code.</p> <p>A care plan, revised on 06/27/24, documented Resident #7 was a full code.</p> <p>Resident #7's medical record did not contain an advance directive acknowledgement and there was no social services assessment documenting the resident's choice.</p> <p>2. Resident #40 was admitted on [DATE] with diagnoses which included Alzheimer's and sepsis.</p> <p>A care plan, revised on 10/19/23, documented Resident #40 was a DNR.</p> <p>A social service assessment dated , 07/13/23, did not contain information regarding Residents #40 choice to accept or decline an advanced directive.</p> <p>47453</p> <p>3. Resident #208 was admitted to the facility on [DATE].</p> <p>A Social Service History and Initial assessment dated [DATE] reviewed, section B(advanced care planning) had no information regarding advance directives.</p> <p>On 07/03/24 at 10:34 a.m., the Social services dir. was asked what is the facility policy for acknowledgement of advance directives upon admission. They stated there is no form that states the resident does or does not have advance directives.</p> <p>(continued on next page)</p>		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/03/24 at 12:15 p.m., the Social services dir. was asked were the advance directives forms given back to the survey team new forms made on 07/03/04, they stated yes. They were asked if the form for Resident #208 was signed on 07/03/24, they stated yes. Resident #208 admitted on [DATE].		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47453</p> <p>Based on record review, and interview, the facility failed to develop a comprehensive care plan for four(#40, 41, 50, and #111) of seventeen sampled residents reviewed for comprehensive care plan completion.</p> <p>The Administrator identified 67 residents resided in the facility.</p> <p>Findings.</p> <p>A Comprehensive Care Plans policy, undated, read in part, .The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment .</p> <p>1. Resident #50 had diagnoses which included cellulitis of abdominal wall and multiple sclerosis.</p> <p>Resident #50 admitted on [DATE], a comprehensive care plan was not completed after admission MDS assessment completed on 05/18/24.</p> <p>On 07/03/24 at 8:15 a.m., MDS Coordinator #1 was asked the facility policy for completion of a comprehensive careplan. They stated, if the resident is the facility for more than 21 days, a comprehensive care plan must be completed. The MDS Coordinator #1 was asked to review the care plan for Resident #50, and was then asked if the care plan in Resident #50's chart was a comprehensive care plan. They stated, it is not a fully completed comprehensive care plan.</p> <p>2. Resident #41 had diagnoses which included hypertension, fracture of the left femur, and transient ischemic attack.</p> <p>Resident #41 admitted [DATE], a comprehensive care plan was not completed after admission MDS assessment completed on 04/25/24.</p> <p>On 07/03/24 at 9:23 a.m., MDS Coordinator #1 was asked the facility policy for completion of a comprehensive careplan. They stated, if the resident is the facility for more than 21 days, a comprehensive care plan must be completed. The MDS Coordinator #1 was asked to review the care plan for Resident #41, and was then asked if the care plan in Resident #41's chart was a comprehensive care plan. They stated, it is not a fully completed comprehensive care plan.</p> <p>3. Resident #111 had diagnoses which included cerebral infarction, congestive heart failure, and heart failure.</p> <p>Resident #111 admitted on [DATE], a comprehensive care plan was not completed after admission MDS assessment completed on 06/17/24.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/08/24 at 9:54 a.m., MDS Coordinator #2 was asked the facility policy for completion of a comprehensive careplan. They stated, if the resident is the facility for more than 21 days, a comprehensive care plan must be completed. The MDS Coordinator #2 was asked to review the care plan for Resident #111, and was then asked if the care plan in Resident #111's chart was a comprehensive care plan. They stated, No, it is not done.</p> <p>46216</p> <p>4. Resident #40 admitted on [DATE] with diagnoses of Alzheimer's disease and morbid (severe) obesity due to excess calories.</p> <p>Resident #40's care plan dated 10/17/23, documented, nutritional problem: malnutrition risk with weight fluctuation and sporadic PO intake related to dementia and to weigh weekly and PRN.</p> <p>Resident #40's medical record documented 31 of 37 opportunities to obtain the residents weights were missed.</p> <p>On 07/08/24 at 9:56 a.m., MDS Coordinator #2 stated Resident #40's care plan documented they were to be weigh weekly and that they were not being weighed according to their plan of care.</p>		