

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER Oklahoma Memory Care Institute		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 East 28th Street Tulsa, OK 74114	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>30267</p> <p>Based on record review and interview, the facility failed to provide financial quarterly statements for four (#2, 3, 4, and #5) of four sampled residents who had monies deposited in the facility's resident trust.</p> <p>The trust account balance statement, dated 10/15/24, documented 10 residents with funds deposited in the facility trust.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Resident #2 had diagnoses with included dementia and was listed on the trust account balance statement as having funds deposited in the facility's resident trust. 2. Resident #3 had diagnoses with included dementia and was listed on the trust account balance statement as having funds deposited in the facility's resident trust. 3. Resident #4 had diagnoses with included dementia and was listed on the trust account balance statement as having funds deposited in the facility's resident trust. 4. Resident #5 had diagnoses with included dementia and was listed on the trust account balance statement as having funds deposited in the facility's resident trust. <p>On 10/16/24 at 3:45 p.m., the BOM stated they were somewhat new to their position and had forgot to provide quarterly financial statements to the residents and/or the residents' representative. The BOM stated none of the residents with funds deposited in the resident trust received an accounting of their monies.</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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30267</p> <p>Based on record review and interview, the facility failed to provide toenail care for one (#1) of five sampled residents whose clinical records were reviewed for foot care.</p> <p>The facility's resident list report, dated 10/14/24, documented 46 residents.</p> <p>Findings:</p> <p>Resident #1 admitted to the facility on [DATE] with diagnoses which included gout.</p> <p>The admitting orders, dated 08/16/24, documented the resident was to receive podiatry care as needed.</p> <p>The shower sheet, dated 08/18/24, documented the resident's toenails needed to be cut.</p> <p>The shower sheet, dated 08/23/24, documented the resident's toenails needed to be cut.</p> <p>The admission assessment, dated 08/27/24, documented the resident was mildly impaired in cognition and required assistance with bathing and hygiene.</p> <p>The shower sheet, dated 08/31/24, documented the resident's toenails needed to be cut.</p> <p>The shower sheet, dated 09/03/24, documented the resident's toenails needed to be cut.</p> <p>On 10/15/24 at 4:00 p.m., CMA #1 stated the resident's toe nails were long, thick, and irregularly shaped. The CMA was shown pictures of the resident's bare feet and identified the irregularly shaped nails as those of Resident #1. CMA #1 stated they did not know how to cut toenails that looked like the resident's toenails.</p> <p>The resident's clinical record was reviewed. There was no documentation toenail care was provided.</p> <p>On 10/16/24 at 3:45 p.m., LPN #2 stated nail care was performed every few months by the podiatrist. LPN #2 was shown pictures of the resident's bare feet. The LPN stated they could not confirm the pictures were of the resident's feet, but the resident was admitted to the facility with long, thick, and irregularly shaped toenails which looked like or resembled those depicted in the picture. The LPN stated the facility did not have the tools necessary to cut toenails that were long and thick nor were they comfortable with cutting toenails in that condition. The LPN stated they did not know where they were to document nail care in the electronic medical record.</p> <p>On 10/16/24 at 4:10 p.m., the social service director stated the podiatrist came to the facility every three months and trimmed all the toenails for diabetic residents and those residents with difficult toenails to cut. The social service director stated Resident #1 would have been seen by the podiatrist, but the podiatrist visit to the facility was cancelled due to a viral outbreak in the facility. The social service director stated by the time the visit was rescheduled, Resident #1 had transferred to another facility.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/16/24 at 5:20 p.m., the DON viewed the pictures of the resident's toenails and stated the resident's toenails should have been cut. The DON stated they had reviewed the resident's clinical record and did not find any documentation toenail care was provided.</p>