STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375469	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southern Pointe Living Center	101 Sherrard Drive Colbert, OK 74733

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and interview, the facility failed to ensure RN coverage for 8 consecutive hours a day for 2 of 3 months of time details for registered nurses reviewed.The administrator identified 42 residents resided in the facility.Findings:A Time Detail Report, dated 07/01/25 through 07/31/25, showed no RN hours for Friday, 07/11/25; Monday, 07/14/25; Monday, 07/28/25; and Tuesday, 07/29/25. A Time Detail Report, dated 08/01/25 through 08/31/25, showed no RN hours for Thursday, 08/07/25; Tuesday, 08/26/25; Friday, 08/29/25; and Sunday, 08/31/25.No other RN documentation was provided at the time of the survey.On 09/18/25 at 12:15 p.m., the business office manager stated the DON's last day of employment was Thursday, 06/20/25.On 09/18/25 at 2:13 p.m., the regional director of operations stated the RN called in Sunday, 08/31/25.

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