

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Chandler Therapy & Living Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 601 West 1st Street Chandler, OK 74834	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33097</p> <p>Based on record review and interview, the facility failed to ensure residents rights to participate in the development and implementation of their person-centered plan of care for 3 (#1, 2 and #4) of 3 sampled residents who were reviewed for care plan meetings in the last six months.</p> <p>The DON identified 32 residents resided in the facility.</p> <p>Findings:</p> <p>1. Resident #1 had diagnoses which included orthopedic aftercare following surgical amputation, chronic pain, dependence on renal dialysis, major depressive disorder, and anxiety disorder.</p> <p>A multidisciplinary care plan conference summary, dated 09/04/24, showed the resident had a meeting with staff members regarding their stay at the facility.</p> <p>A discharge return anticipated, dated 02/08/25, showed the resident was independent for daily decision making and their mental status for short term memory was okay.</p> <p>On 03/10/25 at 5:45 p.m., Resident #1 stated they had not had care plan meeting.</p> <p>41873</p> <p>2. Resident #2 was admitted to the facility on [DATE] with diagnoses which included epilepsy and anoxic brain damage.</p> <p>A multidisciplinary care plan conference summary, dated 09/24/24, showed a care plan meeting was conducted with the resident.</p> <p>A quarterly assessment, dated 12/11/24, showed Resident #2's cognition was intact with a BIMS score of 15.</p> <p>A care plan conference summary, dated 12/17/24, showed a care plan meeting was conducted with the resident.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/10/25 at 5:20 p.m., Resident #2 reported they had not been having regular care plan meetings as required.</p> <p>3. Resident #4 was admitted to the facility on [DATE] with diagnoses which included heart failure and bi-polar disorder.</p> <p>A care plan conference summary, dated 12/10/24, showed Resident #4 refused to attend the care plan conference and the facility would reschedule for a later date if the resident was willing.</p> <p>A quarterly assessment, dated 12/13/24, showed Resident #4's cognition was intact with a BIMS score of 15.</p> <p>On 03/11/25 at 10:30 a.m., Resident #4 reported they had not attended a care plan meeting since they had been admitted .</p> <p>On 03/13/25 at 11:14 a.m., the SSD stated the residents had one care plan meeting in the last year. The social services director stated care plan meetings should be conducted quarterly and annually. The SSD stated they had no documentation to show the meetings had been completed as required.</p>

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<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>33097</p> <p>Based on record review and interview, the facility failed to ensure:</p> <p>a. a system was maintained to assure generally accepted accounting principles for each resident's personal funds account, and</p> <p>b. individual financial records were available to the residents through quarterly statements and upon request for 3 (#1, 2, and #4) of 3 sampled residents reviewed for personal funds accounts.</p> <p>The business office manager identified 18 residents with trust fund accounts.</p> <p>Findings:</p> <p>A policy titled Resident Right - Accounting and Records of Personal Funds, last reviewed 06/27/22, read in part, The facility will establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. The individual financial record will be available to the resident through quarterly statements and upon request.</p> <p>1. Resident #1 had diagnoses which included orthopedic aftercare following surgical amputation, chronic pain, dependence on renal dialysis, major depressive disorder, and anxiety disorder.</p> <p>A discharge return anticipated, dated 02/08/25, showed the resident was independent for daily decision making and their mental status for short term memory was ok.</p> <p>A trust account balance record, posting date 03/11/25, showed the balance for the resident's personal funds account.</p> <p>On 03/10/25 at 5:45 p.m., Resident #1 stated they had asked for the balance of their personal funds account and the facility had not provided the information.</p> <p>41873</p> <p>2. Resident #2 had diagnoses which included epilepsy and anoxic brain damage.</p> <p>A quarterly assessment, dated 12/11/24, showed Resident #2's cognition was intact with a BIMS score of 15.</p> <p>On 03/10/25 at 5:20 p.m., Resident #2 reported they had not received their part of the SSI payment for the last two months.</p> <p>A trust account balance record, posting date 03/11/25, showed the balance for the resident's personal funds account.</p> <p>(continued on next page)</p>

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Resident #4 had diagnoses which included heart failure and bi-polar disorder.</p> <p>A quarterly assessment, dated 12/13/24, showed Resident #4's cognition was intact with a BIMS score of 15.</p> <p>On 03/11/25 at 7:50 a.m., Resident #4 reported they had not been getting their part of the SSI checks. The resident reported staff had stated they were trying to get the account balances corrected.</p> <p>A trust account balance record, posting date 03/11/25, showed the balance for the resident's personal funds account.</p> <p>On 03/11/25 at 1:38 p.m., the vice president of business administration reported trust funds had not been reconciled since June 2024. The vice president of business administration reported quarterly statements were last given out in April 2024.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>33097</p> <p>Based on record review and interview, the facility failed to ensure a PASSAR level I assessment was completed before or on admission for 1 (#7) of 1 sampled resident reviewed for PASSAR.</p> <p>The DON identified 32 residents who resided in the facility.</p> <p>Findings:</p> <p>Resident #7 was admitted to the facility 02/03/25 with diagnoses which included chronic obstructive pulmonary disease, depression, and anxiety disorder.</p> <p>A review of the resident's clinical record was completed and no documentation regarding the completion of a PASSAR level I was found.</p> <p>On 03/13/25 at 3:46 p.m., the DON stated they could not locate documentation a PASSAR level I was completed for the resident. The DON stated it must have been missed.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>33097</p> <p>Based on record review and interview, the facility failed to ensure:</p> <ul style="list-style-type: none"> a. menus were prepared in advanced for serving sizes and nutritional adequacy; and b. menus were reviewed by the dietitian for nutritional adequacy. <p>The DON identified 32 residents who ate meals prepared by the kitchen.</p> <p>Findings:</p> <p>A handwritten dietary menu for the week of 03/09/25 through 03/15/25 was reviewed. The menu did not document serving sizes or therapeutic diets such as renal diets or diabetic diets for the residents. There was no documentation the menu was approved by the dietitian.</p> <p>On 03/11/25 at 12:00 p.m., dietary cook #2 stated the menus they followed did not document serving sizes, only the name of the item to serve. Dietary [NAME] #2 stated they just guessed how much to serve of each food item.</p> <p>On 03/11/25 at 12:15 p.m., the DM stated they were not certified and had been in the position for about a month and a half. The DM stated they had not had therapeutic menus with serving sizes reviewed by the dietitian since the change in food provider at the first of the year. The DM stated they were told by administration to use what was currently in the freezer and on the shelves. The DM stated they thought the menus had been reviewed by the dietitian, but they had not.</p> <p>On 03/11/25 at 12:45 p.m., the DM stated they would not know what to serve a resident a resident with a special diet such as a renal diet. The DM stated they would ask the nurse or the dietitian.</p>

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>33097</p> <p>Based on observation and interview, the facility failed to have a licensed administrator for the management of the facility.</p> <p>The DON identified 32 residents resided in the facility.</p> <p>Findings:</p> <p>On 03/10/25 at 2:00 p.m. an entrance was made at the facility. There was no administrator present and there was no administrator license observed posted.</p> <p>On 03/10/25 at 2:02 p.m. the DON stated the administrator quit last Friday (03/07/25) and had not been replaced.</p>