

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
NAME OF PROVIDER OR SUPPLIER Osage Nursing Home, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 822 West Osage Nowata, OK 74048	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to provide residents who received Medicare part A services a Notice of Medicare Non-Coverage form for 3 (#20, 25, and #27) of 3 sampled residents reviewed beneficiary notices.</p> <p>The DON identified 10 residents who had been discharged from skilled services during the six months prior to the survey.</p> <p>Findings:</p> <p>The MDS coordinator was given SNF Beneficiary Protection Notification Review forms to be filled out regarding Residents #20, 25, and #27.</p> <p>1. A SNF Beneficiary Protection Notification Review form filled out by the MDS coordinator, showed Resident #20 had received part A services on and between 10/14/24 and 12/25/24. The form also showed the resident had not been given a Notice of Medicare Non-Coverage form for that period of skilled services.</p> <p>2. A SNF Beneficiary Protection Notification Review form filled out by the MDS coordinator, showed Resident #25 had received part A services on and between 11/08/24 and 12/20/24. The form also showed the resident had not been given a Notice of Medicare Non-Coverage form for that period of skilled services.</p> <p>3. A SNF Beneficiary Protection Notification Review form filled out by the MDS coordinator, showed Resident #27 had received part A services on and between 07/26/24 and 09/06/24. The form also showed the resident had not been given a Notice of Medicare Non-Coverage form for that period of skilled services.</p> <p>On 02/03/25 at 1:01 p.m., MDS coordinator stated they had not been aware of the existence of the Notice of Medicare Non-Coverage form and had not given such a form to residents. They stated they would contact their sister facilities to get information about the form and that requirement.</p> <p>On 02/03/25 at 2:17 p.m., the administrator stated they had not been providing the Notice of Medicare Non-Coverage and had not known about the requirement.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure the accuracy of an MDS assessment for 1 (10) of 5 sampled residents reviewed for MDS accuracy.</p> <p>The administrator reported the facility census was 26.</p> <p>Findings:</p> <p>Resident #10 had diagnoses which included chronic obstructive pulmonary disease and respiratory failure.</p> <p>A physician's order, dated 07/28/21, showed Resident #10 was to be admitted to hospice services.</p> <p>A care plan, initiated 08/05/21, showed Resident #10 was receiving hospice care for respiratory failure.</p> <p>An annual assessment, dated 08/07/24, showed in section O, item 0110 K1, Resident #10 was not receiving hospice services while a resident at the facility.</p> <p>A quarterly assessment, dated 11/07/24, showed in section O, item 0110 K1, Resident #10 was not receiving hospice services while a resident at the facility.</p> <p>On 02/04/25 at 3:05 p.m., the MDS coordinator stated Resident #10 had been on hospice for years and the assessments had been miscoded.</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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed for 1 (#18) of 18 sampled residents whose care plans were reviewed.</p> <p>The administrator reported the facility census was 26.</p> <p>Findings:</p> <p>An undated Policy and Procedure Regarding Care Plans read in part, The care plan will be person-centered, considering the resident's personal goals, past routines and interests. The care plan will be developed with measurable goals to meet the resident's identified medical, nursing, mental and psycho-social needs.</p> <p>Resident #18 had diagnoses which included anxiety disorder and unspecified psychosis.</p> <p>A physician's order, dated 12/27/24, showed Resident #18 was to receive clonazepam (an antianxiety medication) 1 mg by mouth twice a day.</p> <p>Resident #18's care plan was reviewed and did not address the use of an antianxiety medication.</p> <p>On 02/04/25 at 3:05 p.m., the MDS coordinator stated antianxiety medications should be included on the care plan. They stated they were usually notified when a medication was started so they could incorporate it on the care plan, but they were not notified this time.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure a care plan was revised after a resident had multiple falls for 1 (#25) of 2 sampled residents reviewed for falls.</p> <p>The DON stated 29 residents resided in the facility.</p> <p>Findings:</p> <p>A Resident Care Plan policy, dated 03/27/17, read in part, The comprehensive care plan of care will be reviewed and updated by the IDT after each quarterly and annual assessment thereafter.</p> <p>Resident #25 had diagnoses which included postviral fatigue syndrome and chronic atrial fibrillation.</p> <p>A Fall Risk Evaluation form, dated 11/08/24, showed the resident had a high risk for falls.</p> <p>A progress note, dated 11/09/24 at 11:14 p.m., showed the resident had a fall while they attempted to go to the bathroom.</p> <p>An admission assessment, dated 11/15/24, showed in section J the resident had fallen prior to admission to the facility and had experienced one fall at the facility since admission.</p> <p>A care plan problem, dated 11/18/24, showed the resident had a risk for falls. The corresponding interventions included anticipating the resident's needs, to keep the residents call light within reach and encourage the resident to use it if they had a need, for staff to respond to the resident's requests for assistance promptly, and for staff to follow the facility's fall protocol. Each of the interventions were dated 11/18/24.</p> <p>A progress note, dated 12/17/24 at 3:35 a.m., showed the resident had a fall while in the bathroom.</p> <p>A progress note, dated 01/09/25 at 12:56 a.m., showed the resident had a fall when they tried to travel to the bed. They were retrieving their shoes that were on another bed. The note showed the resident was sent to a local acute care hospital to be assessed.</p> <p>A progress note, dated 01/29/25 at 2:08 a.m., showed the resident thought it was lunch time and fell while trying to put on their shoes.</p> <p>On 02/03/25 at 8:43 a.m., Resident #25 stated they had falls before and after coming to the facility. They stated they had been hurt during a fall.</p> <p>On 02/05/25 at 9:12 a.m., the MDS coordinator stated new interventions should have been added to the resident's care plan following the successive falls. They stated the care plan should include keeping the resident's shoes within reach and replacing non-skid socks regularly when they get worn out. They stated the staff needed education about adding new interventions.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/05/25 at 10:24 a.m., DON stated they were unaware of where the current interventions in Resident #25's care plan came from. They stated there should have been more interventions put in place following the new falls. They stated they will work with the core nurse to get them to put in new interventions when necessary.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34270</p> <p>Based on observation, record review, and interview, the facility failed to ensure damaged and uneven flooring did not exist in a room of a resident who had fallen because of a damaged floor for 1 (#25) of 2 sampled residents reviewed for falls.</p> <p>The DON stated 29 residents resided in the facility.</p> <p>Findings:</p> <p>An undated Accident Prevention policy, read in part, It shall be the policy of this facility to keep the resident's environment as free of accident hazards as possible.</p> <p>Resident # 25 had diagnoses which included postviral fatigue syndrome and chronic atrial fibrillation.</p> <p>A Fall Risk Evaluation form, dated 11/08/24, showed Resident #25 had a high fall risk.</p> <p>A care plan problem, dated 11/18/24, showed Resident #25 had a high risk for falls.</p> <p>An Incident Note, dated 11/09/24 at 11:14 p.m., showed Resident #25 had been found on the floor in their room and had reported their foot got caught in an area of damaged flooring and they had fallen.</p> <p>On 02/02/25 at 8:43 a.m., Resident #25 stated they had fallen at the facility since their admission.</p> <p>On 02/05/25 at 8:50 a.m., Resident #25's room was inspected. The floor was found to have had a missing piece of tile approximately 1.5 feet long and 1.5 inches wide at its widest point. The entrance to the resident's bathroom was a linoleum tile and the floor in the bathroom was an interlocking wood type material. The bathroom floor was approximately 0.125 to 0.25 inches higher than the flooring in the resident's room.</p> <p>On 02/05/25 at 8:55 a.m. Resident #25 stated they do use the bathroom in their room.</p> <p>On 02/05/25 at 9:04 a.m. DON stated they had told the maintenance supervisor about two weeks earlier about the damaged flooring and uneven flooring between the bedroom and the bathroom. The DON stated since the resident had previously fallen because of flooring they would expect the current flooring would have been repaired already. They stated the current condition of the flooring was not acceptable and they would ensure it was repaired, or the resident would be moved.</p> <p>On 02/05/25 at 9:52 a.m., CMA #2 stated Resident #25 had always used the bathroom in their room and as far as they knew Resident #25 had never been instructed to use a different bathroom.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>42171</p> <p>Based on observation, record review and interview, the facility failed to ensure the temperature log was maintained for the medication refrigerator in the medication room.</p> <p>The administrator reported the facility census was 26.</p> <p>Findings:</p> <p>An undated policy titled Procedure for Storage of Medication read in part, A refrigerator will be available for medications requiring refrigeration, and will be in or near the storage area of the medications. A method of locking must be provided. The temperature in the refrigerator will be 36 to 48 degrees F [Fahrenheit].</p> <p>On 02/05/25 at 10:40 a.m., a tour of the medication room was conducted with CMA #1. Temperature logs for the medication refrigerator were reviewed. No daily temperatures were logged for December 2024 or January 2025. The temperature log for February 2025 contained one entry.</p> <p>On 02/05/25 at 10:45 a.m., CMA #1 stated they worked for a staffing agency and was not aware until today that CMAs were responsible for monitoring the temperature of the medication refrigerator daily.</p> <p>On 02/05/25 at 12:12 p.m., the DON stated the charge nurse and the DON were responsible to ensure the medication refrigerator was at an appropriate temperature and the temperature was documented daily.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure a dishwasher temperature and appropriate amount of sterilizing solution was used when cleaning resident dishes in the kitchen.</p> <p>The DON stated 26 residents receive their meals from the facility kitchen.</p> <p>Findings:</p> <p>An undated Food Storage, Preparation, and Distribution policy and procedure showed the facility dishwasher would maintain a 120 degrees Fahrenheit water temperature and 25 ppm (parts per million) of sanitizer when in operation.</p> <p>A Dish Machine Temp Sheet form, dated 01/01/25 through 01/31/25, did not document water temperatures on 01/18/25, 01/19/25, 01/25/25, and 01/26/25. The form did not document the sanitizer level was within range on 01/30/25.</p> <p>On 02/03/25 at 11:27 a.m., dietary aide #1 stated the January dishwasher log did not have water temperature entries for 01/18/25, 01/19/25, 01/25/25, and 01/26/25. They stated there was no sanitizer test documentation for 01/30/25. They stated a dishwasher log for February 2025 had not been started at that time, so there were not water temperature or sanitizer documentation for 02/01/25 and 02/02/25. They stated they could not say if the missing readings for January and February had been taken.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 (#18) of 5 sampled residents reviewed for unnecessary medications.</p> <p>The administrator reported the facility census was 26.</p> <p>Findings:</p> <p>Resident #18 had diagnoses which included dementia and anxiety disorder.</p> <p>A physician's order, dated 09/13/23, showed Resident #18 was to receive acetaminophen (pain reliever) 1000 mg by mouth twice a day for pain.</p> <p>A physician's order, dated 11/9/23, showed Resident #18 was to receive tramadol (an opioid) 50 mg by mouth twice a day for pain.</p> <p>A physician's order, dated 12/27/24, showed Resident #18 was to receive clonazepam (anxiety medication) 1 mg by mouth twice a day for anxiety.</p> <p>A January 2024 MAR did not document if Resident #18 was offered or received the morning dose of acetaminophen for 11 of 31 opportunities; tramadol for 11 of 31 opportunities; and clonazepam for 11 of 31 opportunities.</p> <p>On 02/05/25 at 8:09 a.m., CMA #1 stated the MAR was not complete and accurate if the MAR had missing entries.</p> <p>On 02/05/25 at 8:20 a.m., licensed practical nurse #1 stated if the MAR was blank they could not determine if the medication was given or not.</p> <p>On 02/05/25 at 12:12 p.m., the DON stated medication administration and refusals should be documented on the MAR.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42171</p> <p>Based on observation, record reviewed, and interview, the facility failed to ensure gloves were changed during catheter care for 1 (#17) of 1 sampled resident reviewed for catheter care.</p> <p>The DON reported one resident in the facility with a urinary catheter.</p> <p>Findings:</p> <p>An undated Catheter Care Policy, read in part, Prevent infection via the catheter insertion site by daily cleansing and maintaining a closed system .Wash hands immediately before and after handling any part of the system. Wear clean disposable gloves when handling the drainage system.</p> <p>Resident #17 had diagnoses which included chronic kidney disease and diabetes mellitus.</p> <p>A physician's order, dated 04/04/24, showed Resident #17 was to receive urinary catheter care every shift.</p> <p>On 02/05/25 at 10:07 a.m., CNA #1 and CNA #2 were observed providing catheter care to Resident #17. CNA #1 was observed to hand soiled washcloths to CNA #2. CNA #1 and CNA #2 did not remove their soiled gloves prior to adjusting the resident's clothing, moving the resident's bed, and touching the resident's call light.</p> <p>On 02/05/25 at 10:20 a.m., CNA #1 stated they should have performed hand hygiene and changed gloves because they could have contaminated things in the room they touched with soiled gloves.</p> <p>On 02/05/25 at 12:12 p.m., the DON stated soiled gloves should be removed prior to touching clean surfaces.</p>