STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375477	A. Building B. Wing	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Anadarko Nursing & Rehab	300 West Washington Anadarko, OK 73005

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on record review and interview, the facility failed to ensure grievances were received and tracked by an identified grievance official per facility policy. The ADON identified 76 residents resided at the facility.Findings: Facility's grievance binder was reviewed. The binder contained several grievances filed by Resident #23 dated 01/07/26 and 03/19/26. The grievance dated 01/07/26 had no investigation reports attached.An undated policy titled, Grievance policy and procedure, read in part, the administrator should inform the complainant of the findings of the investigation within ten days of receiving the written grievance report and actions that will be taken to correct any identified problems.On 03/24/26 at 9:30 a.m., Resident #23 stated that they had filled out multiple grievances against a nursing staff member. Resident #23 stated they had not heard back from facility's administrative staff regarding the grievances.On 03-26-26 at 10:43 a.m., CNA #1 stated that nursing staff are required to take grievances as soon as they are written to the administrator.On 03-26-26 at 11:31 a.m., CNA #2 stated they thought grievances were being placed in the DON's office, but they were not sure. On 03-26-26 at 12:16 p.m., ADON stated that grievances were placed by staff all over the facility and do not get to the administrative staff immediately. ADON stated they assumed staff knew what to do with the grievances and that staff had not received in-service training for grievances.On 03-26-26 at 12:18 p.m., ADON, DON, and administrator stated they did not know about the grievance filed on 01-07-26 due to systemic grievance review failure.On 03/26/2026 at 4:10 p.m., LPN #1 stated that they had assisted Resident #23 with the grievance form dated 01-07-26. LPN #1 stated they had made two copies of the grievance form and slid it under the office doors of the administrator and ADON.

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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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 eight consecutive hours seven days per week.The ADON identified 76 residents resided in the center.Findings:A Staffing Policy, dated 10/2023, read in part, RN must be on duty 8 hours a day 7 days a week. A PBJ Staffing Data Report, dated 03/20/26, showed the facility did not have RN coverage for quarter 1 of 2026. The dates identified were: a. 10/05/25,b. 10/12/25,c. 10/18/25,d. 10/19/25,e. 11/09/25,f. 11/15/25,g. 11/29/25,h. 11/30/25,i. 12/06/25,j. 12/07/25,k. 12/13/25, l. 12/14/25,m. 12/20/25,n. 12/21/25,o. 12/27/25, andp. 12/28/25. On 03/27/26 at 8:52 a.m., the business office manager stated the corporate human resource officer was responsible for inputting PBJ data and they confirmed the missing RN coverage from the PBJ report was accurate. On 03/27/26 at 8:57 a.m., the corporate human resource officer stated the RN hours listed as not covered for quarter 1 of 2026 were correct. There was no RN coverage for those dates. On 03/27/26 at 9:02 a.m., the DON stated they were aware of the missing RN hours for quarter 1 of 2026. They stated the facility had not had any missing RN hours since 12/28/25.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, the facility failed to;1 report an allegation of abuse to Oklahoma State Department of Health within two hours of discovery of the alleged abuse, and;2 immediately report an allegation of abuse to the local police, and;3 report an allegation of abuse to the Oklahoma Board of Nursing for 1 (#23) of 3 residents sampled for abuse allegations.The ADON identified 76 residents resided in the facility.Findings:An Abuse Policy Procedure, undated, read in part, All allegations of resident maltreatment, including neglect, physical abuse, mental abuse, sexual abuse, involuntary isolation, verbal abuse, injuries of unknown origin, and/or misappropriation of property, shall be promptly reported to administrator and investigated by facility management. Administrator will immediately report the allegation to the Oklahoma State Department of Health and local police. The following person or entities will be notified by facility personnel: state registry if perpetrator is known. When the allegation involves abuse or results in serious bodily injury you must report within 2 hours of notification of incident. A Grievance Form, dated 01/07/26, showed Resident #23 reported LPN #1 slugged them in the shoulder. Resident #23 stated they were, shaking like a leaf. A Grievance Form, dated 03/16/26, showed Resident #23 stated that LPN #1 told them to get my ass back on my own hall. Resident stated that they started crying after that. An employee disciplinary action form, dated 03/19/26, read in part, Due to several resident's concerns regarding your communication style . we are having a discussion today. This will stand as a reminder for [LPN #1] to ensure that all resident interactions are characterized by empathy, active listening, and professionalism. There were no signatures for this form. On 03/26/26 at 10:20 a.m., Resident #23 stated LPN #1 punched them in their left shoulder on 01/07/26 and then when the resident did not fall LPN #1 pushed their walker into them. Resident stated that they did not know until they had a dime-size bruise from the punch until they took a shower that same day. Resident #23 stated they sustained a dime-sized bruise to their left shoulder. Resident #23 stated they were fearful of LPN #1 and shook with fear and anger. They stated on 03/16/26 LPN #1 cussed at them and would not allow them access to a different hall in the facility. Resident #23 stated this made them upset and they cried all night. Resident #23 stated no one responded to their grievances until 03/25/26. On 03/26/26 at 12:14 p.m., the DON stated they were not aware of the abuse allegation from 01/07/26 until 03/25/25. They stated they had not reported the abuse allegations from 01/07/26 or 03/16/26 because they believed they had 48 hours after discovery to report the allegations. The DON stated they had not reported the allegation to OSDH or local police. On 03/30/26 at 11:57 a.m., the DON was asked for the notification of allegation of abuse that was sent to the Oklahoma Board of Nursing for LPN #1. They stated they had not sent it because they did not know they had to send it before the investigation was completed.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to ensure:a. left over food items were properly sealed, dated, and labeled, b. condiment containers were dated when opened, c. dried spillage were kept cleaned off the outside of the condiment containers,d. dishwasher sanitation was performed, e. dishes were air dried, and f. hand hygiene is practiced correctly,according to the standards of practice for 2 of 2 kitchen observations. The ADON identified 76 residents were served from the kitchen. Findings: 03/24/26 9:50 a.m., a tour of kitchen performed and the following were observed: a. an undated unlabeled bag of leftover pasta was observed to be in the refrigerator,b. an undated opened gallon container of mustard was observed to have dried spillage down the side onto the label,c. an undated opened gallon container of Ranch dressing with dried spillage down the side onto the label with the lid not secured properly,d. an open undated half package of sliced ham was observed to be in the refrigerator,e. stacked cups and plates were observed to have water droplets between them, and f. dietary aide #1 was observed to be tossing salad in a large bowl without wearing gloves. On 03/26/26 at 10:35 a.m., the following were observed: a. stacked cups and plates continued to have water droplets between them, b. an undated opened gallon container of mustard was observed to have dried spillage down the side onto the label,c. an undated opened gallon container of Ranch dressing with dried spillage down the side onto the label with the lid not secured properly,d. an undated unlabeled pitcher of white liquid observed to be in refrigerator. A facility policy, titled Kitchen Sanitation Policy revised 05/2023, read in part, Dishwashing machines must be operated using the following specifications: High-Temperature Heat sanitation or Low-Temperature Chemical sanitation.The policy also read in part, Food will be stored, handled, prepared and served so that risk of foodborne illness is minimized. On 03/24/26 at 10:10 a.m., the CDM stated the facility has not had the dietitian to visit in approximately a year, therefore no kitchen audits were available. The CDM also stated the dietary aide should have washed their hands and donned gloves when touching the food. On 03/24/26 at 1:00 p.m., the administrator stated they do not know who does kitchen audits since the dietitian does not come to building.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, record review, and interview, the facility failed to provide a safe, clean, comfortable, and homelike environment for the residents.The ADON identified 76 residents resided in the facility. Findings:On 03/24/26 at 11:35 a.m., during facility tour, the following observations were made: 1. A folded bed sheet was observed to be tacked up over the window in rooms W4, W6, and W8,2. Room W6 was observed to be cluttered with items on the floor,3. Room W12B was observed to have clutter on the shelves and in the corners. The extra bed was not made up with linens. A TV was observed to be sitting on the floor. The room had an odor of urine, and4. Door facings and walls throughout the facility were observed to have chipped and peeled paint. 03/30/26 at 10:00 a.m., the following observations were made in the TV room::1. Baseboard ledges had dirt and dust build up, 2. A box fan guard had dust and dirt collected on one side, and3. The air return vent covers in the walls had dirt build up and were bent. 03/30/2026 at 10:39 a.m., Housekeeper #1 stated there was not a scheduled cleaning log or any type of check sheet. Housekeepers clean the fans when residents ask, and the base board were cleaned when they could. 03/30/2026 at 10:45 a.m., the ADON stated they were working on ordering new blinds.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, the facility failed to ensure a quarterly MDS assessment contained accurate information for 1 (#39) of 6 sampled residents reviewed for MDS accuracy.The ADON identified 76 residents resided in the facility.Findings:A diet order for Res #39, dated 05/06/25, showed the resident was ordered a low concentrate diet.A quarterly assessment, dated 02/11/26, showed Res #39 did not have a therapeutic diet as a nutritional approach.On 03/27/26 at 9:36 a.m., MDS Coordinator #1 stated Res #39's therapeutic diet had not been indicated in their 02/11/26 quarterly assessment. They stated the document should have indicated the resident had received a therapeutic diet.On 03/27/26 at 9:50 a.m., the DON stated it was their and the facility's expectation that all MDS assessments would always reflect the residents' condition and treatments at the time they are completed.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to ensure food was served at a safe temperature for 1 (#38) of 6 sampled residents receiving pureed diets. The ADON identified 76 residents were served from the kitchen. Findings:On 03/26/26 at 12:26 p.m., Resident #38's lunch tray was observed to be sitting in front of them without anyone available to assist with the meal. The temperature of pureed chicken noodles was 91 degrees. On 03/26/26 at 12:31 p.m., LPN #1 was observed to be assisting Resident #38 with eating without rewarming or requesting new tray. A quarterly MDS dated [DATE] showed Resident #38 cognitive skills was severely impaired with diagnoses which included profound intellectual disabilities and aphasia. The MDS showed Resident #38 was dependent on staff for all ADL's. A care plan updated 01/02/26 showed Resident #38 required assistance with eating meals. On 03/26/26 at 12:26 p.m., LPN #1 stated they are not supposed to leave the tray in front of dependent residents until a staff member is sitting and waiting to help them eat. LPN #1 also stated they didn't know if it's an option to reheat residents' food. 03/30/26 at 09:15 a.m., the CDM stated the temperature of food being served should be 140 degrees. The CDM stated if the temp of the food falls below 140 degrees, the tray should be sent back to kitchen and a new tray served. They stated meal trays should not be placed in front of residents who require assistance until there is a CNA sitting at table waiting to help the resident. The CDM stated they witnessed the meal tray was set in front of Resident #38 during lunch on 03/26/26.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure enhanced barrier precautions were used during supra pubic catheter care for 1 (#6) of 1 resident reviewed for catheter care. The ADON identified 1 resident had a catheter in the facility. Findings:On 03/25/26 at 2:46 p.m., LPN #1 was observed to be performing supra pubic catheter care on Resident #6. LPN #1 was observed to don gloves, but no gown was observed to be donned which was required for enhanced barrier precautions during catheter care. LPN #1 was also observed to perform the entire catheter care task for Resident #6 without changing their contaminated gloves. LPN #1 was observed to adjust Resident #6s clothes and replace over bed table back in position while wearing the same contaminated gloves.A facility policy titled, Catheter Care, Urinary with a revised date of 09/2014, read in part, the purpose of this procedure is to prevent catheter-associated urinary tract infections. Review the resident's care plan to assess for any special needs of the residentA quarterly MDS dated [DATE] showed Resident #6 was admitted to the facility on [DATE].and had a BIMS score of 15 indicating intact cognition. The MDS also showed diagnoses which included obstructed reflux uropathy, and multiple sclerosis.Resident #6's care plan updated 03/19/26 showed enhanced barrier precautions are required to prevent urinary infections.On 03/26/26 at 10:45 a.m., LPN #1 stated they forgot to put on a gown for enhanced barrier precautions. LPN #1 stated they were not sure of how many times or when gloves should be changed.