

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER Edmond Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 39 East 33rd Street Edmond, OK 73013	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to ensure residents who received dialysis had pre and post monitoring for 2 (#1 and #3) of 3 sampled residents reviewed for dialysis.</p> <p>The DON identified four residents who received dialysis services resided in the facility.</p> <p>Findings:</p> <p>An undated facility policy titled Dialysis Care/Arterial-Venous Fistula, read in part, All residents receiving dialysis will have monitoring before and after their dialysis treatment to ensure condition is stable after treatment.</p> <p>1. Resident #1's physician's order, dated 03/31/25, showed scheduled visits to the dialysis center every Tuesday, Thursday, and Saturdays with a chair time of 6:15 a.m. to 10:15 a.m., but to be present at the site at 6:00 a.m. to coordinate care accordingly.</p> <p>Resident #1's admission resident assessment, dated 04/03/25, showed the resident had moderate cognitive impairment with a brief interview for mental status score of 11.</p> <p>A review of 04/2025 dialysis communication forms showed Resident #1 had one completed pre and post monitoring dialysis communication form dated 04/17/25.</p> <p>A review of 04/2025 dialysis communication forms showed there were no pre and post monitoring dialysis communication forms for the dates of 04/01/25, 04/03/25, 04/05/25, 04/08/25, 04/10/25, 04/12/25, 04/15/25, 04/19/25, 04/22/25, 04/24/25, 04/26/25, and 04/29/25.</p> <p>Resident #1's order summary report, dated 05/2025, showed the resident had a diagnosis of end stage renal disease.</p> <p>On 05/02/25 at 7:58 a.m., Resident #1 stated staff did not assess them before or after dialysis. They stated they went to dialysis on Tuesday, Thursday, and Saturdays.</p> <p>On 05/02/25 at 10:47 a.m., the DON stated they could only locate one pre and post monitoring dialysis communication form for Resident #1. They stated the resident does not bring back the communication form. The DON stated they instructed the nurses to call the dialysis center for the form.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/02/25 at 10:50 a.m., the DON stated the process for pre and post dialysis monitoring was for the nurses to fill out the pre dialysis communication form and give the form to the resident to take to the dialysis center. They stated the dialysis center would fill out the form and would include any new orders or changes. The DON stated the nurse at the facility would complete the post dialysis on the form when the resident returned to the facility.</p> <p>2. Resident #3's physician's order, dated 03/25/25, showed scheduled visits to the dialysis center every Tuesday, Thursday, and Saturdays with a chair time of 12:00 p.m., but to be present at site at 11:40 a.m. to coordinate care accordingly.</p> <p>A review of 04/2025 dialysis communication forms showed there were no post monitoring dialysis communication forms for the dates of 04/08/25, 04/15/25, 04/17/25, 04/22/25, and 04/24/25.</p> <p>Resident #3's order summary report, dated 05/2025, showed the resident had a diagnosis of end stage renal disease.</p> <p>On 05/02/25 at 12:57 p.m., license practical nurse #1 stated the pre and post dialysis monitoring included obtaining vitals, weights, and assessing dialysis site.</p> <p>On 05/02/25 at 2:41 p.m., the DON stated the post dialysis forms were not completed for the dates above.</p>