STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375489	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Cottage Extended Care	7707 South Memorial Drive Tulsa, OK 74133

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation and interview, the facility failed to: a. ensure medications were secure for 1 of 1 wound care cart, and b. ensure medications were secure for 1 of 2 nurse treatment carts observed. The administrator identified 86 residents resided in the facility. Findings: On 06/18/26 at 8:10 a.m., the wound care cart on the north wing of the facility was observed to be unlocked and unattended. The cart was observed to contain medicated wound care cream and wound wash. On 06/18/26 at 8:12 a.m., LPN #1 stated the wound care cart should have been locked. LPN #1 stated the wound care nurse did not come in until 9:00 a.m. and the night shift did not have a key to the cart and may have needed to change a dressing during the night. On 06/18/26 at 8:25 a.m., the DON stated the wound care cart should be locked when unattended. The DON stated the night shift had a key to the wound care cart. On 06/18/26 at 8:40 a.m., the nurse treatment cart on the south wing of the facility was observed to be unlocked and unattended. The cart was observed to contain insulin. On 06/18/26 at 8:42 a.m., the administrator stated for the security of the residents, the nurse treatment cart should be locked. On 06/18/26 at 8:45 a.m., LPN #2 stated they should have locked the nurse's treatment cart, but the phone rang and they went to answer it. LPN #2 stated the nurse's treatment cart should be locked at all times when not in use.

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