

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Cottage Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>47453</p> <p>Based on record review and interview, the facility failed to complete a discharge summary for one (#98) of three sampled residents reviewed for discharge.</p> <p>The administrator identified 100 residents resided in the facility.</p> <p>Findings:</p> <p>A Discharging the Resident policy, revised December 2016, read in part, the following information should be recorded in the resident's medical record: the date and time the discharge was made, all assessment data obtained during the, and the signature and title of the person recording the data.</p> <p>Resident #98 had diagnoses which included chronic kidney disease stage 4, anxiety, and chronic obstructive pulmonary disease.</p> <p>Upon review of the resident's chart there was no discharge summary noted.</p> <p>On 01/08/25 at 8:07 a.m., the DON was asked what was the facility policy on discharge of a resident. The DON stated if the resident had a physician order to discharge, then the proper paper work was filled out, and the resident and/or family was educated. They stated if the resident was unsafe to go AMA the doctor would not write an order and the staff would do education with the resident and/or family. The DON was asked if when a resident was discharged if a discharge summary should be completed. They stated, Yes. The DON was then asked to review Resident #98's chart and was asked if a discharge summary was done upon discharge. They stated one was not done.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Cottage Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47453</p> <p>Based on observation, record review, and interview, the facility failed to ensure oxygen and breathing nebulizer tubing was dated for two (#24 and #59) of three sampled residents reviewed for oxygen and breathing nebulizer tubing.</p> <p>The administrator identified 100 residents resided in the facility. The DON identified 19 residents used oxygen in facility</p> <p>Findings:</p> <p>1. Resident #24 had diagnoses which included chronic respiratory failure, hemiplegia left side effected, asthma, and history of transient ischemic attack.</p> <p>A Physician order, dated 11/26/24 documented an order for oxygen at 3L via NC to keep sats greater than 90%.</p> <p>On 01/06/25 at 1:57 p.m., Resident #24's oxygen tubing was observed with no date.</p> <p>On 01/08/25 at 8:56 a.m., Resident #24's oxygen tubing was observed with no date.</p> <p>A Treatment Administration record, dated December 2024 and January 2025, documented no order for nursing staff to change and date the oxygen tubing.</p> <p>On 01/08/25 at 10:20 a.m., the DON was asked what expectations the facility had for oxygen tubing to be changed and dated. The DON stated if oxygen was used routinely then the tubing should be changed and dated weekly.</p> <p>41873</p> <p>2. Resident #59 had diagnoses which included chronic obstructive pulmonary disease.</p> <p>A physician's order, dated 10/27/21, read in part, Budesonide Suspension [corticosteriod] 0.5 MG/2 ML 1 vial inhale orally two times a day for shortness of breath.</p> <p>A resident assessment, dated 11/10/24, documented Resident #59's cognition was severely impaired.</p> <p>A Treatment Administration record, dated December 2024 and January 2025, documented no order for nursing staff to change and date the nebulizer tubing.</p> <p>On 01/07/25 at 9:55 a.m., Resident #59's nebulizer tubing was dated 12/03/24.</p> <p>On 01/08/25 at 11:41 a.m., LPN #1 reported Resident #59 had nebulizer treatments twice a day.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Cottage Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/08/25 at 10:20 a.m., the DON was asked what expectations the facility had for oxygen tubing to be changed and dated. The DON stated if oxygen was used routinely then tubing should be changed and dated weekly.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Cottage Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47453</p> <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observation and interview, the facility failed to ensure call light cords were available in resident rooms for three (#1, 43, and #62) of twenty sampled residents whose call light cord system was observed.</p> <p>The administrator identified 100 residents resided in the facility.</p> <p>Findings:</p> <p>An Answering the Call Light policy, revised September 2022, read in part, Ensure that the call system is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor.</p> <p>1. Resident #1 had diagnoses which included functional quadriplegia, neuromuscular dysfunction, and expressive language disorder</p> <p>A communication care plan, dated 01/08/25, documented the resident had been offered a call light they could blow into, but refused respiratory exercises to make them able to use it.</p> <p>On 01/08/25 at 4:15 p.m., an observation was made of Resident #1's call light on the floor behind the head board of the bed.</p> <p>On 01/09/25 at 7:39 a.m., an observation was made of Resident #1's call light on the floor behind the head board of the bed.</p> <p>On 01/09/25 at 7:40 a.m., CNA #1 was asked the procedure for ensuring call lights were within reach of a resident at all times. CNA #1 stated they had to check and make sure the call light was where a resident could reach it. CNA #1 was asked to observe Resident #1's room and then asked if the call light that was on the floor was in reach of Resident #1. CNA #1 stated, No.</p> <p>2. Resident #43 had diagnoses which included dementia and cognitive communication deficit.</p> <p>A fall care plan, dated 10/24/24, documented to routinely check that the resident's call light was within reach and encourage them to use it for assistance as needed.</p> <p>On 01/08/25 at 4:17 p.m., Resident #43's call light was observed clipped to the privacy curtain at the foot of their bed which was out of reach from the resident.</p> <p>On 01/09/25 at 7:50 a.m., Resident #43's call light was observed clipped to the privacy curtain at the foot of their bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Cottage Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/09/25 7:51 a.m., CNA #2 was asked what was the procedure for ensuring a call light was within reach of a resident at all times. CNA #2 stated they clipped it close to a residents hand so they could push the button when needed. CNA #2 was asked to observe Resident #43's room and shown call light clipped to the privacy curtain at the foot of bed and then asked if the placement of the call light was within reach of Resident #43 while in bed. They stated, No.</p> <p>3. Resident #62 had diagnoses which included Alzheimer's and dementia.</p> <p>A care plan for impaired mobility, dated 11/12/24, documented to routinely check that the resident's call light was within reach and encourage them to use it for assistance as needed.</p> <p>On 01/06/25 at 4:33 p.m., an observation was made of the call light hooked to the cord on the wall behind the resident and not within reach of resident.</p> <p>On 01/07/25 at 8:30 a.m., an observation was made of the call light. It remained hooked to the back wall and not within reach of the resident.</p> <p>On 01/07/25 at 10:49 a.m., an observation was made of the call light. It remained hooked to the back wall and not with in reach of the resident.</p> <p>On 01/08/25 at 9:08 a.m., an observation was made of the call light hooked to the bed sheets not within reach of the resident. The resident was in their geri chair.</p> <p>On 01/08/25 at 10:38 a.m. the DON was asked the policy for placement of call lights for the residents while in their bed and/or chair. The DON stated call lights should be within reach at all times.</p> <p>On 01/09/25 at 7:51 a.m., CNA #3 was asked what the procedure was for ensuring a resident's call light was within reach at all times. CNA #3 stated they clipped it as close to resident as they could. CNA #3 was asked to observe Resident #62's room and asked if the call light hooked to their bed sheets was within reach of Resident #62 while up in geri chair. They stated, No.</p>		