

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Homestead of Hugo		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Heritage Way Hugo, OK 74743	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38495</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record review and interview, the facility failed to provide bathing to residents as scheduled for two (#2 and #4) of four residents reviewed for bathing.</p> <p>The administrator identified 50 resident residing in the facility.</p> <p>Findings:</p> <p>1. Res #2 had diagnoses which included psoriasis, skin changes, and moderate protein calorie malnutrition.</p> <p>A physician order, dated 07/13/21, documented the resident required one person assist with bathing.</p> <p>A quarterly assessment, dated 01/15/24, documented the resident required supervision to touch assist with bathing.</p> <p>On 04/09/24 at 11:21 a.m., Res #2 stated they had asked for a bath on Sunday 04/07/24 and did not receive a bath.</p> <p>Res #2 was scheduled to receive a shower or bath on Mondays, Wednesdays, and Fridays of each week. During March 2024 the resident received four showers out of 13 opportunities. One shower was on a scheduled shower day and the other three were not on scheduled days. The documentation on the shower sheets revealed eight refusals on scheduled days, and no documentation was provided for the remaining shower days.</p> <p>The resident's scheduled shower sheets for April 2024 did not document the resident had a shower in April as of the 10th. The resident scheduled days would have been the 1st, 3rd, 5th, 8th, and 10th, of April. The documentation revealed on April 1st the resident refused a shower. There was not a shower sheet for April 3rd. On April fifth there was a shower sheet but did not documented if the resident had a shower or not that day, On April 7th, the date the resident stated they had requested a shower, the resident's name was on a shower sheet but there was no documentation of the resident receiving a shower.</p> <p>2. Res #4 had diagnoses of hemiplegia and hemiparesis, muscle weakness, and lack of coordination.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A quarterly assessment, dated 02/06/24, documented the resident was dependent with bathing.</p> <p>The shower sheets observed for Res #4 documented the resident did not receive a shower on their scheduled shower days for 03/23/24, 03/30/24 for March 2024.</p> <p>On 04/10/24 at 1:38 p.m., CNA #2 stated at times they had to rush to get the showers done. CNA #2 stated if they did not get a shower on the scheduled day they tried to get it on the next day. CNA #2 stated they had to ask the resident three times and then report to the nurse if the resident refused to shower. CNA #2 stated sometimes the shower would be completed but did not get documented.</p> <p>On 04/10/24 at 1:42 p.m., CNA #1 stated they had a shower chart they went by to know what resident was supposed to get a shower. CNA #1 stated they had two CNAs currently so they did three showers today because did not have the time to get all the showers completed. The CNA #1 stated if the shower sheet did not document a bath or refusal the resident probably did not receive a shower that day.</p> <p>On 04/10/24 at 1:49 p.m., the DON stated by looking at the documentation the showers were not completed as scheduled.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38495</p> <p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, record review, and interview, the facility failed to ensure double portions were provided for one (#2) of four residents who were reviewed for nutrition.</p> <p>The administrator identified 15 residents who had weight loss.</p> <p>Findings:</p> <p>Res #2 had diagnoses which included moderate protein calorie malnutrition.</p> <p>A physician order, dated 08/02/23, documented the resident was to receive a regular diet with double portions.</p> <p>A quarterly assessment, dated 01/15/24 documented the resident's weight was 209 pounds and had not had a loss or gain. The assessment documented the resident required supervision or touch assist with eating.</p> <p>A dietary note, dated 04/08/24, documented the resident weight was 204.5 pounds with a BMI of 26.3, WNL. The note documented no significant weight changes. The resident's diet was documented as a regular diet with double portions and the resident's intake was 76 to 100% of their meal. The note documented to continue care.</p> <p>On 04/09/24 at 11:21 a.m., Res #2 stated the food in the facility sucks and was delivered cold. Res #2 stated they had been hungry for a month.</p> <p>On 04/09/24 at 11:33 a.m., the lunch meal service was observed. At 12:22 p.m., the kitchen ran out of taco meat and a test tray was not provided. Cook #1 stated they served all the residents but were out of taco meat. They were observed to not serve any resident double portions of food.</p> <p>On 04/10/24 at 8:48 a.m., cook #1 stated they did not have any residents who received double portions of food with meals.</p> <p>Res #2's meal card was observed it documented the resident was to receive a regular diet with thin liquids. Double portions was not documented on the meal card.</p> <p>On 04/10/24 at 1:56 p.m., the DON reviewed Res #2's orders and stated they were not aware Res #2 was to receive double portions of food with their meals.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38495</p> <p>Based on record review and interview, the facility failed to provide a sufficient number of staff to ensure residents received the needed care and services for two (#2, and #4) of four residents reviewed for staffing.</p> <p>The administrator identified 50 resident residing in the facility.</p> <p>Findings:</p> <p>1. Res #2 had diagnoses which included psoriasis, skin changes, and moderate protein calorie malnutrition.</p> <p>A physician order, dated 7/13/21, documented the resident required one person assist with bathing.</p> <p>A quarterly assessment, dated 01/15/24, documented the resident required supervision to touch assist with bathing.</p> <p>On 04/09/24 at 11:21 a.m., Res #2 stated they had asked for a bath on Sunday 04/07/24 and did not receive a bath.</p> <p>Res #2 was scheduled to receive a shower or bath on Mondays, Wednesdays, and Fridays of each week. During March 2024 the resident received four showers out of 13 opportunities. One shower was on a scheduled shower day and the other three were not on scheduled days. The documentation on the shower sheets revealed eight refusals on scheduled days, and no documentation was provided for the remaining shower days.</p> <p>The resident's scheduled shower sheets for April 2024 did not document the resident had a shower in April as of the 10th. The resident scheduled days would have been the 1st, 3rd, 5th, 8th, and 10th, of April. The documentation revealed on April 1st the resident refused a shower. There was not a shower sheet for April 3rd. On April fifth there was a shower sheet but did not documented if the resident had a shower or not that day, On April 7th, the date the resident stated they had requested a shower, the resident's name was on a shower sheet but there was no documentation of the resident receiving a shower.</p> <p>2. Res #4 had diagnoses of hemiplegia and hemiparesis, muscle weakness, and lack of coordination.</p> <p>A quarterly assessment, dated 02/06/24, documented the resident was dependent with bathing.</p> <p>The shower sheets observed for Res #4 documented the resident did not receive a shower on their scheduled shower days for 3/23/24, 3/30/24 for March 2024.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/10/24 at 1:38 p.m., CNA #2 stated at times they had to rush to get the showers done. CNA #2 stated if they did not get a shower on the scheduled day they tried to get it on the next day. CNA #2 stated they had to ask the resident three times and then report to the nurse if the resident refused to shower. CNA #2 stated sometimes the shower would be completed but did not get documented.</p> <p>On 04/10/24 at 1:42 p.m., CNA #1 stated they had a shower chart they went by to know what resident was supposed to get a shower. CNA #1 stated they had two CNAs currently so they did three showers today because did not have the time to get all the showers completed. The CNA stated if the shower sheet did not document a bath or refusal the resident probably did not receive a shower that day.</p> <p>3. Documents titled Homestead of [NAME] Daily Staffing Hours sheets were reviewed for February and March 2024. The facility had one day in February 2024 where they did not meet the staffing requirements. March sheets revealed 11 days the staffing requirements were not met.</p> <p>On 04/10/24 at 2:09 p.m., the DON stated the facility did not have enough CNAs the first part of March. They stated the facility had to let a couple of them go and had some not shown up for work and/or just never came back. The DON stated staffing was challenging but they had some good staff who just needed leadership.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38495</p> <p>Based on observation, record review, and interview, the facility failed to ensure:</p> <p>a. infection control policy were implemented in the kitchen.</p> <p>b. food was distributed in a sanitary manner.</p> <p>The administrator identified 50 residents who received meals from the kitchen.</p> <p>Findings:</p> <p>An undated facility policy titled Employee Health Policy Agreement, read in part, Reporting: Symptoms of illness I agree to report to the manager when I have: 1. diarrhea 2. Vomiting .If you have any of the symptoms or illness listed above, you may be excluded*or restricted**from work .if an employee is on duty during the onset of symptoms, their immediate supervisor will release them to leave the facility until they are free of symptoms .</p> <p>1. Times cards were reviewed for 03/16/24 for DA #1 and DA #2. DA #1 worked from 6:00 a.m., to 11:06 a. m.</p> <p>DA #2's time card documented they had clocked in at 10:59 a.m. on 03/16/24 to relieve DA #1.</p> <p>On 04/09/24 at 3:45 p.m., DA #1 stated on 03/16/24 I was sick and came to work sick. DA #1 stated the DM made them stay at work until someone came into relieve them. DA #1 stated they worked passing meals out to the residents.</p> <p>On 04/09/24 at 3:40 p.m., the DM stated when the if kitchen staff came to work they sick they should have been sent home. The DM stated they had not had anyone sick at work who was made to stay and work.</p> <p>On 04/10/24 at 8:43 a.m., Cook #2 stated a staff member had been sick in the kitchen and was throwing up. The cook stated they called the DM. The DM told Cook #2 to send the sick staff member home, so DA#2 was called in to work. Cook #2 stated the sick staff member did not stay at work until the relief staff got to work.</p> <p>2. On 04/09/24 at 11:36 a.m., during meal service the following things were observed. Cook #2 was touching the rims of the glasses while serving them to the residents. Cook #2 was observed to touch the eating end of the silverware with bare hands.</p> <p>The serving trays were observed to be wet.</p> <p>On 04/09/24 at 11:47 a.m., Cook #1 was observed to leave the serving area, retrieve a can of tomato juice, poured it into a glass, and returned to serving the meals without removing their gloves or washing their hands.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 04/09/24 at 12:02 p.m., the DM stated the kitchen staff should not have been touching eating areas of the silverware or drinking glasses. They stated the staff should not have been touching dirty items and returning to serve the food in the same gloves. The DM stated the trays should have been air dried completely before using them for service.</p>		