

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 06/10/2025
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to transmit MDS assessments data to CMS in the required timeframe for 3 (#9, 49, 52, and #61) of 6 sampled residents reviewed for MDS assessments.</p> <p>The administrator identified 51 residents resided in the facility.</p> <p>Findings:</p> <p>1. An undated Resident Face Sheet, showed Resident #52 was admitted to the facility on [DATE].</p> <p>Resident #52's quarterly assessment, dated 04/23/25, was completed, but not submitted.</p> <p>On 06/04 at 2:06 p.m., the MDS coordinator stated Resident #52's assessment should have been submitted by 04/30/25.</p> <p>2. An undated Resident Face Sheet, showed Resident #9 was admitted to the facility on [DATE].</p> <p>Resident #9's annual assessment, dated 04/23/25, was completed, but not submitted.</p> <p>3. An undated Resident Face Sheet, showed Resident #49 was admitted to the facility on [DATE].</p> <p>Resident #49's quarterly assessment, dated 04/23/25, was completed, but not submitted.</p> <p>A CMS Submission Report, dated 06/02/25, showed Resident #9, 49, and #52's records were submitted late.</p> <p>On 06/04/25 at 2:07 p.m., the MDS coordinator stated Resident #9 and Resident #49's assessments should have been submitted no later than 04/29/25.</p> <p>4. An undated Resident Face Sheet, showed Resident #61 was admitted to the facility on [DATE].</p> <p>Resident #61's assessment, dated 05/09/25, was still in progress.</p> <p>On 06/05/25 at 9:02 a.m., the MDS coordinator stated the assessment, dated 05/09/25, for Resident #61 should have been completed by 05/18/25.</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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/05/25 at 9:06 a.m., the MDS coordinator stated the assessment for Resident #61 had not been completed.</p> <p>A CMS Submission Report, dated 06/09/25, showed Resident #61's record was submitted late.</p>		