

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  02/18/2026
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 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>Based on record review and interview, the facility failed to ensure sufficient staff were provided on a 24-hour basis to meet the needs of the residents in accordance with resident plans of care. The administrator identified 55 residents resided in the facility. Findings: The Quality of Care Monthly Report, dated 11/2025, showed the facility did not meet the required direct care staffing hours 18 of 30 days for the day shift, 12 of 30 days for the evening shift, and six of 30 days for the night shift. The report showed the facility did not meet the required direct care staffing hours on 11/01, 11/02, 11/07 through 11/10, 11/15 through 11/19, 11/22 through 11/24, and 11/27 through 11/30 for day shift. The report showed the facility did not meet the required direct care staffing hours on 11/01 through 11/03, 11/09, 11/10, 11/15, 11/16, 11/22, 11/23, and 11/28 through 11/30 for evening shift. The report showed the facility did not meet the required direct care staffing hours on 11/01, 11/07, 11/09, 11/23, 11/28, and 11/29. The Quality of Care Monthly Report, dated 12/2025, showed the facility did not meet the required direct care staffing hours 22 of 31 days for the day shift, 12 of 31 days for the evening shift, and five of 31 days for the night shift. The report showed the facility did not meet the required direct care staffing hours on 12/01, 12/04, 12/06, 12/07, 12/09 through 12/16, 12/19, 12/29, and 12/30 for the day shift. The report showed the facility did not meet the required direct care staffing hours on 12/06, 12/07, 12/11 through 12/16, 12/24, and 12/26 through 12/28 for the evening shift. The report showed the facility did not meet the required direct care staffing hours on 12/14, 12/26 through 12/28, and 12/31 for night shift. The Quality of Care Monthly Report, dated 01/2026, showed the facility did not meet the required direct care staffing hours for 14 of 31 days for the day shift, 13 of 31 hours for the evening shift, and 17 of 31 days for the night shift. The report showed the facility did not meet the required direct care staffing hours 01/01 through 01/04, 01/06, 01/10, 01/11, 01/17 through 01/19, and 01/24 through 01/27, for day shift. The report showed the facility did not meet the required direct care staffing hours on 01/06, 01/10, 01/17, 01/18, 01/24 through 01/17, and 01/30 the facility did not meet the required direct care staffing hours for evening shift. The report showed on 01/01, 01/03, 01/04, 01/07, 01/09 through 01/11, 01/16 through 01/18, 01/23 through 01/26, 01/30, and 01/31 the facility did not meet the required direct care staffing hours for night shift. On 02/18/26 at 10:30 a.m., the administrator stated they were aware of staffing shortages on various shifts for the last three months. The administrator stated they would call current staff for staffing needs but was not always able to find coverage. The administrator stated they did not use agency staff or any other source for staffing needs.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 375492	If continuation sheet Page 1 of 2

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interview, the facility failed to ensure an RN was in the facility at least eight consecutive hours a day, seven days a week. The administrator identified 55 residents resided in the facility. Findings: The facility RN time summary sheets, dated 11/2025 through 02/2026, showed the facility had an RN in the facility at least eight consecutive hours on 11/01, 11/02, 11/05, 11/06, 11/09, 11/12, 11/13, 11/15, 11/16, 11/19, 11/20, 11/22, 11/23, 11/26, 11/27, 11/29, 11/30, 12/03, 12/04, 12/06, 12/07, 12/10, 12/11, 12/13, 12/14, 12/17, 12/18, 12/20, 12/21, 12/24, 12/25, 12/31, 01/01, 01/03, 01/04, 01/07, 01/08, 01/10, 01/14, 01/15, 01/17, 01/18, 01/21, 01/22, 01/24, 01/25, 01/28, 01/29, 02/01, 02/04, 02/05, 02/07, 02/14, and 02/15. The facility did not show eight hours consecutive RN coverage consistently from 11/2025 through 02/2026. On 02/18/26 at 9:55 a.m., the interim DON/corporate RN stated they had been considered the interim DON for the facility since the end of October 2025 to current date. The interim DON stated they were considered the RN coverage for eight consecutive hours a day Monday through Friday. The interim DON stated they did not complete time summary sheets/document their days and times worked in the facility as the RN coverage. The interim DON stated they should have documented their time. On 02/18/26 at 1:45 p.m., the administrator stated the interim DON/corporate RN was considered their eight hour a day RN coverage for the facility. The administrator stated they could not provide documentation for the eight hour a day RN coverage for the facility.</p>		