

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Woodlands Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 East 6th Street Okmulgee, OK 74447	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on record review and interview, the facility failed to ensure a resident was treated in a dignified manner during ADL care for 1 (#35) of 1 sampled resident reviewed for dignity.</p> <p>The administrator identified 45 resident resided in the facility.</p> <p>Findings:</p> <p>An undated transfer/discharge report showed Resident #35 had diagnoses which included mononeuropathy, anxiety disorder, and major depressive disorder.</p> <p>An annual assessment, dated 04/23/25, showed Resident #35 was cognitively intact and had a brief interview for mental status score of 15. The assessment showed the resident was independent with ADLs including showers.</p> <p>The care plan, revised 04/24/25, showed Resident #35 had an ADL self care performance deficit related to musculoskeletal impairment. The care plan showed the resident was able to bathe self, feed self independently, ambulate independently, and toilet self.</p> <p>The resident council minutes for the meeting held 05/19/25 was reviewed. The minutes showed on a resident response form a concern from resident council regarding the nursing department. The form showed the aides were coming into the shower room when someone was showering without knocking.</p> <p>On 05/21/25 at 8:54 a.m., Resident #35 stated Monday they were taking a shower and CNA #2 opened the door when they were undressed. Resident #35 stated it had happened about three times before. Resident #35 stated the in use sign was displayed and the CNA did not even knock. Resident #35 stated CNA #2 said they had to get the shower chair from the room to give another resident a shower. Resident #35 stated they told CNA #1 who was also working on the hall about the incident.</p> <p>On 05/21/25 at 11:27 a.m., CNA #1 stated they were aware of the incident regarding CNA #2 opening the door while the resident was showering. CNA #1 stated this was not the first time CNA #2 had opened the door to the shower room while Resident #35 was showering. CNA #1 stated they did not tell the nurse and should have reported the incident to the nurse.</p> <p>On 05/22/25 at 9:13 a.m., the administrator stated there was no facility policy regarding dignity. The administrator stated they followed resident rights.</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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NAME OF PROVIDER OR SUPPLIER Woodlands Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 East 6th Street Okmulgee, OK 74447	
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/22/25 at 9:43 a.m., CNA #2 was interviewed regarding opening the door when Resident #35 was showering. CNA #2 stated there was an incident Monday regarding Resident #35. CNA #2 stated they walked in on Resident #35 while they were taking a shower. CNA #2 stated they did not notice the sign on the door the shower room was in use and they did not knock. CNA #2 stated it had happen once before and the resident was not upset. CNA #2 stated the resident was upset about the incident occurring on Monday.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review and interview, the facility failed to ensure the care plan was revised for 1 (#32) of 12 residents reviewed for care plans.</p> <p>The administrator reported 45 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #32's undated medical diagnoses list showed diagnosis of Parkinsonism.</p> <p>A facility incident report, dated 05/08/25, showed Resident #32 had a fall on 05/08/25.</p> <p>A fall risk assessment, dated 05/08/25, showed Resident #32 was high risk for falls.</p> <p>There was no documentation in Resident #32's care plan to reflect the fall on 05/08/25.</p> <p>On 05/22/25 at 11:46 a.m., registered nurse #1 stated the fall on 05/08/25 should have been care planned with an intervention put in place.</p>