

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>45913</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed for a resident with wounds for one (#1) of three sampled residents whose wound documentation was reviewed.</p> <p>LPN #2 identified ten residents who had wounds.</p> <p>Findings:</p> <p>Res #1 had diagnoses which included paraplegia, end stage renal disease, hepatitis c, diabetes and pressure ulcers.</p> <p>Wound care assessments, dated 05/22/24, documented Res #1 had pressure ulcers to their coccyx, left heel, outer right ankle, outer right foot and spinous process lower.</p> <p>Res #1's comprehensive care plan did not include a care plan for their pressure ulcers.</p> <p>On 05/23/24 at 12:32 p.m., LPN #2 reported they missed the wounds when auditing new physician's orders and reported the wounds should have been care planned.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45913</p> <p>Based on record review and interview, the facility failed to ensure wound care assessments were accurate for a resident with wounds for one (#1) of three sampled residents whose wound documentation was reviewed.</p> <p>LPN #2 identified ten residents who had wounds.</p> <p>Findings:</p> <p>The Pressure Ulcer Treatment policy, undated, read in part, .Suspected Deep Tissue Injury: Purple or [NAME] localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear .Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan gray, green or brown) and/or eschar (tan, brown or black) in the wound bed .</p> <p>Res #1 had diagnoses which included paraplegia, end stage renal disease, hepatitis c, diabetes and pressure ulcers.</p> <p>A wound care assessment, dated 05/22/24, documented Res #1 had a SDTI (Suspected Deep Tissue Injury) of the spinous process lower.</p> <p>A progress note, dated 05/22/24, documented in part, .Contacted doctor about wound care and obtained orders .where slough and eschar is present on spinous process lower .</p> <p>A wound care assessment, dated 05/22/24, documented Res #1 had a SDTI to the coccyx with Epithelial tissue, granulation tissue, slough and necrotic tissue present.</p> <p>On 05/23/24 at 12:34 p.m., LPN #2 reported the facility had a dedicated wound care nurse but the position was eliminated recently. LPN #2 reported the wound care assessments for Res #1 were not accurate with regard to staging. LPN #2 reported the wounds that were documented as SDTI should have been documented as unstageable.</p>		