

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 02/12/2026
NAME OF PROVIDER OR SUPPLIER Stigler Nursing & Rehab		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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure walls were kept clean for 1 (room [ROOM NUMBER]) of 1 room observed for infection control concerns. The administrator identified 54 residents resided in the facility. Findings: On 02/05/26 at 1:30 p.m., room [ROOM NUMBER] was observed. There was 3 to 4 inches of the base board pulled away from the bottom of the wall next to the bathroom door. There was a moderate amount of a black substance on the wall under and around the base board. On 02/05/26 at 1:40 p.m., housekeeper #1 stated they had worked at the facility for three months. Housekeeper #1 stated the black substance on the wall looked like mold. They stated it had been that way since they have worked at the facility. Housekeeper #1 stated they had tried to clean it off the wall several times, but it would not come off. On 02/11/26 at 10:46 a.m., the maintenance supervisor stated the black substance looked like mold. They stated they used spackling to adhere the base board back to the wall and around the skirting. They stated the spackling did not remove the mold, only covered it up. They stated it should have been cleaned off the wall.

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