STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375502	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor	3804 North Barr Ave Oklahoma City, OK 73122

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, record review, and interview, the facility failed to ensure a medication cart was supervised and locked for 1 (medication cart #1) of 2 medication carts observed. The ADON identified 48 residents resided in the facility and there were two medication carts. Findings:On 05/19/26 at 4:43 p.m., medication cart #1 on the south hall by the nurse's station was observed to be unlocked and unattended. There was no staff in sight of the medication cart.On 05/19/26 at 4:44 p.m., the ADON was observed walking to the unlocked medication cart #1 on the south hall by the nurse's station and then left without locking the medication cart. On 05/19/26 at 4:45 p.m., CMA #1 was observed walking out of a resident's room on the north hall to medication cart #1 on the south hall. Medication cart #1 was unlocked and unattended. Medication cart #1 remained unlocked, out of sight and supervision, while CMA #1 was away from the medication cart. A facility policy titled Security of Medication Cart, revised April 2007, read in part, 4. Medication carts must be securely locked at all times when out of the nurse's view.On 05/19/26 at 4:47 p.m., CMA #1 stated medication carts should be locked and supervised at all times. CMA #1 stated they forgot to lock medication cart #1.05/19/26 at 4:48 p.m., CMA #1 stated they had medication cart #1. CMA #1 stated they went to help another resident and left medication cart #1 unlocked and unattended.On 05/19/26 at 4:49 p.m., the ADON stated anyone could have taken the medications from the cart and they were to be locked and supervised.

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