Printed: 06/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375505	A. Building B. Wing	01/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Creek Skilled Nursing and Therapy	2610 Cedar Creek Drive Altus, OK 73521

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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873 Based on record review and interview, the facility failed to allow a resident to return to the facility after a hospitalization for one (#3) of two sampled residents reviewed for discharge. The facility failed to have a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The DON reported 81 residents resided in the facility. Findings: Res #3 was admitted to the facility on [DATE] with diagnoses which included peripheral vascular disease, chronic venous hypertension with ulcers to bilateral lower extremities, general anxiety, and depressive disorder. A quarterly assessment, dated 10/26/23, documented the resident was cognitively intact and no behaviors were exhibited. A physician phone order, dated 12/26/23, documented, Discharge res to [hospital name withheld] ER for harmful behaviors towards self and others. A nurse progress note, dated 12/26/23 at 10:10 p.m., documented, The resident combative, throwing things at staff and other residents. Lighting various things in his room on fire as well as smoking in his room. Resident believes facility staff are holding his daughter hostage in the attic and also in the basement. He called 911 multiple times, tying up the emergency number. When confronted with information that what he was doing was against the law, he started throwing things at staff members. Swearing at us and yelling really loudly. He has had multiple resent lab draws showing critical levels for HGB and HCT. Resident refuses medical care. Corporate ordered to have resident emergency discharged from facility d/t him being a danger to himself as well as other residents and staff members. [Police department name withheld] escorted resident to [hospital name withheld] for medical evaluation. Resident agreed to go and left without incident. An emergency involuntary transfer/discharge notice, dated 12/26/23, was not signed by Res #3. (continued on next page)

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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NAME OF PROVIDER OR SUPPLIER Magnolia Creek Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 2610 Cedar Creek Drive Altus, OK 73521	

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A summary order overruling involuntary discharge, signed by the Administrative Law Judge, dated 01/10/24, read in part, .The court finds an involuntary discharge hearing is not required because the facilty failed to comply with the previsions of 42 C.F.R. 483.15(c)(5), regarding a written notice . No discharge summary signed by the physician was available in the resident's medical record. On 01/17/24 at 10:45 a.m., the administrator reported Res #3 was EOD to the hospital by the police department due to being a harm to himself and others. The administrator reported the nurse signed a third party statement because the resident would not agree to go to the ER until the police arrived to the facility. The administrator reported the resident was involuntarily discharged due to the EOD and the facility not being able to meet his needs. The administrator reported the facility did not have a policy related to involuntary discharges. On 01/17/24 at 2:58 p.m., the case manager with [hospital name withheld] reported the hospital was not aware Res #3 had been discharged and was not able to return to the facility. The case manager reported they contacted the facilty to notify them that the resident had been evaluated and cleared to return to the facility. The case manager reported being told by the facility that the resident was discharged and was not allowed to return d/t the facility not being able to meet his needs. The case manager reported not being able to find placement for the resident. The case manager reported no knowledge that the resident had not been given a discharge notice. The case manager reported the resident had voiced missing the other residents at the facility and was ready to return.