

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375505	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER Magnolia Creek Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide toenail care for 1 (#7) of 1 sampled resident reviewed for foot care. The administrator identified 72 residents resided in the facility. Findings: On 01/20/26 at 1:49 p.m., Resident #7's toenails were observed to be thick, overgrown, and were half an inch long. A significant change assessment, dated 12/03/25, showed Resident #7's cognition was intact with a brief interview for mental status score of 13. The assessment showed the resident was admitted to the facility on [DATE] with diagnosis which included diabetes mellitus and required partial to moderate assistance from staff for most activities of daily living. The facility did not have a policy related to nail care. Nurse notes, dated 08/30/25 through 01/20/26, did not show Resident #7's toenails needed to be cut or a referral to the podiatrist was needed. On 01/20/26 at 1:49 p.m., Resident #7 stated their toenails were long and needed to be cut. Resident #7 stated their toenails had needed to be cut since admission to the facility and had told staff on various occasions they needed to be cut. On 01/23/26 at 10:51 a.m., the podiatrist stated, Services were last conducted in the facility on 08/07/25. On 01/23/26 at 11:45 a.m., the director of nursing stated toenails were to be looked at by licensed practical nurses weekly and were part of the skin assessment. They stated nursing and social services signed up the residents who needed podiatry services. On 01/23/26 at 12:10 p.m., the assistant director of nursing stated staff tried to cut Resident #7's toenails, but it was not documented.</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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