

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Lawton Post Acute & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Northwest Fort Sill Blvd Lawton, OK 73507	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30875</p> <p>Based on record review and interview, the facility failed to ensure the minimum data set was coded accurately for Legionella for 1 (#1) of 1 sampled discharged resident from the hospital with Legionella.</p> <p>The administrator reported one resident tested positive for Legionella at the hospital and readmitted to the facility on [DATE].</p> <p>Findings:</p> <p>Resident #1 diagnoses included COPD with acute exacerbation, pneumonia (unspecified organism), and chronic kidney disease stage 4.</p> <p>A hospital discharge summary, dated 01/27/25, showed assessment: severe sepsis with acute organ dysfunction due to Legionella pneumonia/acute COPD exacerbation and urinary tract infection was improving.</p> <p>A Medicare-5 day assessment, dated 02/02/25, did not show a diagnosis for Legionella.</p> <p>On 03/12/25 at 12:19 p.m., the MDS/QS coordinator stated the resident discharged to the hospital on 01/16/25 and returned from the hospital on 01/27/25 and the Medicare-5 day care assessment was completed on 02/02/25 for skilled services. They stated the resident wanted off skilled services and switched to hospice with a diagnosis of malignant neoplasm and the assessment did not document Legionella.</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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30875</p> <p>Based on record review and interview, the facility failed to update a care plan for 1 (#1) of 1 sampled resident with a new diagnosis of Legionella.</p> <p>The administrator reported one resident tested positive for Legionella at the hospital and readmitted to the facility on [DATE].</p> <p>Findings:</p> <p>An undated Care Plans, Comprehensive Person-Centered policy, read in part, The facility will develop a comprehensive person-centered care plan for each resident within 7 days after completion of the comprehensive assessment that includes: Measurable objectives and timeframes to meet the resident's medical, nursing, mental and psychosocial needs.</p> <p>Resident #1 diagnoses included COPD with acute exacerbation, pneumonia (unspecified organism), and chronic kidney disease stage 4.</p> <p>A care plan, dated 03/17/23 through 02/20/25, did not show Legionella.</p> <p>A hospital discharge summary, dated 01/27/25, showed assessment: severe sepsis with acute organ dysfunction due to Legionella pneumonia/acute COPD exacerbation and urinary tract infection was improving.</p> <p>On 03/12/25 at 12:22 p.m., the MDS/QS coordinator was asked about Resident #1's care plan related to Legionella. They stated they did not specifically list Legionella.</p> <p>On 03/12/25 at 1:39 p.m., the MDS/QS coordinator was asked about the facility's care plan policy related to a new diagnosis. They stated as soon as they see it they would add it.</p>		