

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Heritage Park		STREET ADDRESS, CITY, STATE, ZIP CODE 6912 Northwest 23rd Street Bethany, OK 73008	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>20960</p> <p>Based on record review and interview, the facility failed to ensure residents had access to their trust account money on nights and weekends for three (#9, 10, and #26) of three sampled residents reviewed for access to their trust account money.</p> <p>The BOM identified 33 residents who had money in the trust account.</p> <p>Findings:</p> <p>The Policy and Procedure of Resident Trust Fund, last updated 03/01/24, read in part, .The management of the trust shall be managed by the business office or it's designees and ensure that proper accounting principals are followed .but not to exclude State and Federal regulations .</p> <p>A review of the trust account ledgers for Resident #9, Resident #10 and Resident #26 contained no entries of money being withdrawn at night or on the weekends.</p> <p>On 10/20/24 at 2:21 p.m., Resident #26 stated they could not get funds on the weekends. They stated if they wanted money they would need to request it and get it on Friday.</p> <p>On 10/22/24 at 8:25 a.m., the BOM stated they worked at the facility Monday through Friday and resident funds were kept in a safe in the administrators office. They stated the administrator and themselves were the only ones that had access to the funds. The BOM then stated if the residents wanted money at night they were not able to get it. When asked about access on the weekends they stated the residents needed to get the money requested on Friday. They stated the residents did not have access to funds on the nights and weekends.</p> <p>On 10/22/24 at 8:34 a.m., Resident #10 stated they could not get money on the weekends or when the BOM was gone. They stated they had to ask for money on Friday for the weekends.</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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>20960</p> <p>Based on record review and interview, the facility failed to ensure residents received notification when they were within \$200 of the Medicaid resource limit of \$2,000 for four (#5, 9, 10, and #26) of four sampled residents reviewed for notifications of trust balances.</p> <p>The BOM identified 33 residents who had money in the trust account.</p> <p>Findings:</p> <p>The Policy and Procedure of Resident Trust Fund, last updated 03/01/24, read in part, .The management of the trust shall be managed by the business office or it's designees and ensure that proper accounting principals are followed .but not to exclude State and Federal regulations .</p> <p>1. Resident #5's face sheet documented they had a payer source of Medicaid.</p> <p>Resident #5's trust account ledger, dated 10/21/24, documented a current balance of \$2,444.21.</p> <p>2. Resident #10's face sheet documented they had a payer source of Medicaid.</p> <p>Resident #10's trust account ledger, dated 10/21/24, documented a current balance of \$2,152.88.</p> <p>3. Resident #9's face sheet documented they had a payer source of Medicaid.</p> <p>Resident #9's trust account ledger, dated 10/21/24, documented a current balance of \$2,446.25.</p> <p>4. Resident #26's face sheet documented they had a payer source of Medicaid.</p> <p>Resident #26's trust account ledger, dated 10/21/24, documented a current balance of \$1,853.72.</p> <p>There was no documentation the facility had notified Resident #5, Resident #9, Resident #10, and Resident #26 when their trust account balance was within \$200 of the Medicaid resource limit of \$2,000.</p> <p>On 10/22/24 at 8:25 a.m., the BOM stated the resource limit for residents with Medicaid was \$2,000. They were asked how they provided notices to Resident #5, Resident #9, Resident #10, and Resident #26 when their trust account was within \$200 of the resource limit. They stated notices have not been provided to the residents when they were close to the resource limit.</p> <p>On 10/22/24 at 8:34 a.m., Resident #10 stated the facility had not provided any notices. They stated they needed to spend money.</p> <p>On 10/22/24 at 8:37 a.m., Resident #26 stated they were not aware their balance was close to \$2,000 and they needed to spend money.</p>		

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<p>F 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>35389</p> <p>Based on observation and interview, the facility failed to ensure contact information for filing a complaint with the State agency was available to the residents.</p> <p>LPN #2 identified 41 residents resided in the facility.</p> <p>Findings:</p> <p>On 10/21/24 at 1:06 p.m., both resident halls and the main living area were observed. There was no information regarding filing a complaint with the State agency.</p> <p>On 10/21/24 at 2:15 p.m., a confidential interview was held with the resident council group.</p> <p>On 10/21/24 at 2:33 p.m., the resident council group was asked if they had been informed of their rights, and given information on how to formally complain to the State about the care they were receiving. They stated, No.</p> <p>On 10/21/24 at 2:51 p.m., the administrator stated the facility had information on how to formally file a complaint with the State agency posted. The administrator walked out of their office and observed the wall next to their office and stated it was right by the ombudsman sign. They stated it was not posted, but it used to be.</p>

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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>35389</p> <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on observation, record review and interview, the facility failed to ensure the most recent survey results were readily accessible to the residents.</p> <p>LPN #2 identified 41 residents resided in the facility.</p> <p>Findings:</p> <p>On 10/21/24 at 1:01 p.m., binders with survey results for 2018, 2019, and 2022 were located on the wall between the medication storage room and the administrator's office. The survey results from the most recent survey were not located.</p> <p>On 10/21/24 at 2:15 p.m., a confidential interview was held with the resident council group.</p> <p>On 10/21/24 at 2:32 p.m., the resident council group stated the State survey results were not available to read without having to ask. They stated they did not even know that they post them.</p> <p>On 10/21/24 at 2:50 p.m., the administrator stated the latest survey results were supposed to be posted. They stated they never got posted back after the painting.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35389</p> <p>Based on observation, record review and interview the facility failed to provide a homelike environment for one (#10) of one sampled resident reviewed for homelike environment.</p> <p>LPN #2 identified 41 residents resided in the facility.</p> <p>Findings:</p> <p>A Homelike Environment policy, revised ,d+[DATE], read in part, .Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible .The facility staff and management maximizes, to the extent possible the characteristics of the facility that reflect a personalized homelike setting. These characteristics include .clean, sanitary and orderly environment .</p> <p>Resident #10 had diagnoses which included cardiomyopathy and acute respiratory failure with hypoxia.</p> <p>A Quarterly Resident Assessment, dated [DATE], documented Resident #10's cognition was intact.</p> <p>On [DATE] at 2:37 p.m., Resident #10 stated they had concerns with the wall spackle and the top of their wall. They stated they paid a lot of money to live at the facility and they wanted it to look good.</p> <p>On [DATE] at 8:58 a.m, Resident #10's wall next to their television was observed to have two areas of white plaster like material covering the wall as well as five plastic screw anchors in the wall. Resident #10 stated the wall had been in that condition since they moved in.</p> <p>On [DATE] at 9:29 a.m., CNA #3 stated anything they took into a residents room they made sure they took it back out. They stated they would put items away so nothing was hanging out and tidied up when they could to provide a clean homelike environment. They stated if something needed repaired, they would notify maintenance and write it in the book.</p> <p>On [DATE] at 9:37 a.m., LPN #3 stated the facility provided a homelike environment by allowing residents to go out as they wished. They stated they would notify maintenance if a residents room needed repaired.</p> <p>On [DATE] at 9:44 a.m., Maintenance #1 stated they were the staff member responsible for repairs.</p> <p>On [DATE] at 9:47 a.m., Maintenance #1 walked into Resident #10's room and observed the wall. They stated the wall looked like someone had started the repairs and did not finish them. They stated this was prior to them taking on the maintenance role.</p>		

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>20960</p> <p>Based on record review and interview the facility failed complete a discharge summary with a recapitulation of their stay for one (#41) two closed records reviewed.</p> <p>LPN #2 identified 41 residents resided in the facility.</p> <p>Findings:</p> <p>The undated policy, Discharge Summary and Plan , read in part, .a discharge summary and post discharge pan will be developed .the discharge summary will include the recapitulation of the resident's stay at this facility and a final summary of the residents status at the time of discharge .</p> <p>An incident progress note, dated 08/12/24 at 8:19 p.m., documented the emergency services arrived. It documented Resident #41 coded and the emergency services took over care.</p> <p>Resident #41's discharge assessment, dated 08/12/24, documented the discharge was due to a death in the facility.</p> <p>Resident #41's census report documented they were discharged from the facility on 08/12/24.</p> <p>There was no documentation the facility had completed a discharge summary for Resident #41.</p> <p>On 10/21/24 at 9:27 a.m., the DON was asked for the discharge summary for Resident #41. The DON looked through the record and stated they did not see one and would try and locate it.</p> <p>On 10/21/24 at 9:41 a.m., the ADON with the DON present stated the facility did not have a discharge summary because they were in the hospital when they passed away.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960</p> <p>Based on observation, record review, and interview the facility failed to:</p> <p>a. monitor fluid input and output for one (#93) of one sampled resident reviewed for fluid restrictions; and</p> <p>b. provide nutritional interventions for weight loss of providing nutritional supplements and double portions at meals for two (#3 and #5) of two sampled residents reviewed for nutritional.</p> <p>The DM identified four residents who were on a pureed diet. The ADON identified one resident on a fluid restriction, 13 residents who had physician orders for double portions, and 23 residents who had orders for health shakes with meals.</p> <p>Findings:</p> <p>An undated policy Encouraging and Restricting Fluids , read in part, .restricting fluids .record the amount of fluid .intake and output .</p> <p>1. Resident #93 was admitted to the facility on [DATE] with diagnosis which included ESRD and acute kidney failure.</p> <p>Resident #93's October 2024 orders documented they had dialysis services every Tuesday, Thursday and Saturday. It documented they received a renal diet with a 2,000 milliliter fluid restriction.</p> <p>Resident #93's care plan, dated 10/18/24, documented they received hemodialysis related to stage four chronic kidney disease. Interventions included to monitor input and output.</p> <p>There was no documentation the facility was monitoring the input and output.</p> <p>On 10/20/24 at 4:06 p.m., Resident #93 was observed in their room with a small refrigerator with over thirty cans of various drinks. Resident #93 stated they were on a fluid restriction and they did not follow it all the time. They stated the facility did not monitor or ask them how much they have consumed in fluids.</p> <p>On 10/23/24 at 8:20 a.m., LPN #1 stated Resident #93 was on a fluid restriction, but they did not document input and output. They stated it should be documented on the TAR if they documented them.</p> <p>On 10/23/24 at 9:32 a.m., the ADON stated Resident #93 was on a fluid restriction and no monitoring was being completed on input and output.</p> <p>2. Resident #3 had diagnosis which included dementia, dysphagia, and major depression.</p> <p>Resident #3's care plan dated 02/05/24, documented interventions of diet as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician order, dated 06/10/24, documented the resident was to receive a pureed diet with double portions and a supplemental shake for weight loss.</p> <p>Resident #3's significant change assessment, dated 10/11/24, documented they were on a mechanically altered diet and had no weight loss.</p> <p>Resident #3's diet card documented they were to receive a pureed meal with double portions and a shake with each meal.</p> <p>On 10/20/24 at 2:37 p.m., Resident #3 was observed receiving a pureed meal. Dietary staff was observed serving a single portion of pureed meat loaf, potato salad, and cabbage. The resident was not served a shake or double portions.</p> <p>On 10/21/24 at 12:50 p.m., Resident #3 was observed receiving the noon meal with single portions and no shake.</p> <p>On 10/21/24 at 1:18 p.m., CNA #1 stated Resident #3 received a pureed diet and only received a shake if they wanted one. CNA #1 stated Resident #3 always received a single portion unless they asked for more and never received a double portion.</p> <p>3. Resident #5 had diagnosis of abnormal weight loss and dementia.</p> <p>Resident #5's care plan, dated 10/19/23, documented nutrition interventions were to provide and serve diet as ordered and to receive health shakes with all meals.</p> <p>A physician order, dated 09/12/24, documented the resident was to receive a double portion pureed diet with a shake with meals for weight loss.</p> <p>On 10/20/24 at 2:37 p.m., Resident #5 was observed receiving a pureed meal. Dietary staff was observed serving a single portion of pureed meat loaf, potato salad, and cabbage. The resident was not served a shake or double portions.</p> <p>On 10/21/24 at 12:50 p.m., Resident #5 was observed receiving the noon meal with single portions and no shake.</p> <p>On 10/21/24 at 1:12 p.m., CNA #2 stated Resident #5 did not have any orders for a health shake, but was to receive double portions. CNA #2 stated Resident #5 did not have double portions served to them and dietary staff were to ensure the portion sizes were correct. CNA #2 stated the meal ticket did have double portions and health shake on it, but it was not provided.</p> <p>On 10/21/24 at 1:29 p.m., the DM stated Resident #3 and Resident #5 had orders for double portions and health shakes with each meal. They stated health shakes were not provided due to running out and not having any on hand. They stated Resident #3 and Resident #5 had not been provided double portions with their meals as care planned and ordered.</p> <p>On 10/21/24 at 2:37 p.m., the ADON stated Resident #3 and Resident #5 had orders and care plan interventions for double portions and health shakes with each meal. The ADON stated the care plan interventions and orders for weight loss were not being followed.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960</p> <p>Based on record review and interview, the facility failed to complete pre and post dialysis assessments for one (#93) of one sampled resident reviewed for dialysis services.</p> <p>The administrator identified one resident who received dialysis.</p> <p>Findings:</p> <p>An undated policy Dialysis Care/ Arterial Fistula, read in parts, .All residents receiving dialysis will have monitoring before and after dialysis treatment to ensure condition is stable after treatment .The charge nurse prior to an upon return from dialysis shall evaluate the residents condition, including but not limited to vital signs and the graft/fistula site .check bruit and thrill .</p> <p>Resident #93 was admitted to the facility on [DATE] with diagnoses which included end stage renal disease and acute kidney failure.</p> <p>Resident #93's October 2024 orders documented they had dialysis services every Tuesday, Thursday, and Saturday.</p> <p>A dialysis communication form, dated 10/03/24, did not document a post assessment had been completed.</p> <p>There was no documentation a dialysis communication form had been completed on 10/05/24.</p> <p>A dialysis communication form, dated 10/17/24, did not document all areas in the pre and/or post assessment were completed.</p> <p>Resident #93's care plan, dated 10/18/24, documented they received hemodialysis related to stage four chronic kidney disease. Interventions included to encourage resident to go to scheduled dialysis appointments on Tuesday, Thursday and Saturday.</p> <p>Dialysis communication forms, dated 10/19/24 and 10/22/24, did not document pre and/or post assessments had been fully completed.</p> <p>On 10/23/24 at 8:20 a.m., LPN #1 stated Resident #93 was the only resident who received dialysis. LPN #1 stated Resident #93 was to be checked before and after disables with vitals, bruit, thrill, and to make sure all information was filled out in the dialysis binder.</p> <p>On 10/23/24 at 9:32 a.m., the ADON was asked how the facility monitored dialysis residents. The ADON stated they had communication forms which were filled out before and after disables and all other monitoring was documented in the progress notes. The ADON reviewed the communication forms and stated the facility had not been completing pre and post dialysis assessments.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>35389</p> <p>Based on observation, record review and interview, the facility failed to ensure a medication error rate of less than five percent during the medication pass observation.</p> <p>LPN #2 identified 41 residents resided in the facility. The ADON identified 21 residents with ordered blood pressure parameters.</p> <p>Findings:</p> <p>An Administering Medications, policy, revised 04/19, read in part, .Medications are administered in a safe and timely manner, and as prescribed .The following information is checked/verified for each resident prior to administering medications .vital signs, if necessary .</p> <p>1. Resident #33 had diagnoses which included polyneuropathy and neurogenic bowel.</p> <p>A Physician Order, start date 09/10/24, documented Colace (laxative) give 100 mg by mouth two times a day related to neurogenic bowel.</p> <p>A fax transmission, dated 10/18/24 at 11:17 a.m., documented Resident #33's Colace order was faxed with an order category of pharmacy.</p> <p>On 10/21/24 at 9:20 a.m., CMA #1 was observed preparing Resident #33's medications for administration. They stated they were waiting for the resident's Colace to be delivered by pharmacy because it was a new order. CMA #1 stated they had to go to their nurse on Friday because the Colace was discontinued on the pharmacy's end, but it was still an active order for the facility. They stated last week they said they would get it in.</p> <p>On 10/21/24 at 9:43 a.m., CMA #1 provided a copy of the fax transmission for Resident #33's Colace dated 10/18/24. They stated it usually took a few days to get medications in. They stated they believed the issue was pharmacy had it as a discontinued order. They stated the Colace could be received that night because medications were delivered on the evening shift.</p> <p>On 10/21/24 at 9:47 a.m., CMA #1 was observed administering Resident #33's morning medications. The scheduled Colace was not administered.</p> <p>On 10/22/24 at 11:30 a.m., CMA #1 stated Resident #33's Colace had come in.</p> <p>2. Resident #38 had diagnoses which included hypertension.</p> <p>A Physician Order, start date 10/09/24, documented carvedilol (nonselective adrenergic blocker) 25 mg give one tablet by mouth two times a day, hold for systolic 110 or below or diastolic 60 or below.</p> <p>On 10/21/24 at 9:50 a.m., ACMA #2 was observed preparing Resident #38's medication. They placed the resident's carvedilol 25 mg one tablet into a separate medicine cup from the other medications.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/21/24 at 9:56 a.m., ACMA #2 entered Resident #38's room and took their blood pressure. The reading was blood pressure 146/50 with a pulse of 83. ACMA #2 administered all of the resident's medications by mouth including the carvedilol.</p> <p>On 10/21/24 at 10:25 a.m., ACMA #2 stated they would triple check medications and ensure it was the right medication, right dosage, and ensure the medications were available to administer. They stated they would also ensure the resident took all of the medications before leaving.</p> <p>On 10/21/24 at 10:27 a.m., ACMA #2 stated if a resident had blood pressure parameters with a medication, they would separate that medication and not give it if the blood pressure was below parameters.</p> <p>On 10/21/24 at 10:28 a.m., ACMA #2 reviewed Resident #38's order and stated the parameter was for a systolic lower than 110 and a diastolic for 60 or below. They stated Resident #38's diastolic blood pressure was below 60 and they did administer the resident's carvedilol. They stated they honestly thought the order said pulse rate. They stated, Yes, that is on me.</p> <p>On 10/21/24 at 10:32 a.m., ACMA #2 stated routine medications came in packets daily to the facility. They stated if medications were not routine, the facility would order them monthly. They stated if a medication was not available for administration, they would mark not here, notify the nurse, and call pharmacy to get it sent out. They stated pharmacy delivered medications everyday.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Heritage Park		STREET ADDRESS, CITY, STATE, ZIP CODE 6912 Northwest 23rd Street Bethany, OK 73008	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>20960</p> <p>Based on observation, record review, and interview, the facility failed to ensure pureed meals were served at the correct consistency for one of one pureed meal preparation.</p> <p>The DM identified four residents who had diet orders for pureed meals.</p> <p>Findings:</p> <p>An undated facility policy, Therapeutic Diets, read in part, .Therapeutic diets are reflected on the menu extension .</p> <p>The menu extension, dated 10/20/24, documented the noon pureed meal was to have baked meat loaf, scalloped potatoes, dinner roll, and pineapple cake.</p> <p>On 10/20/24 at 12:33 p.m., the DM was observed preparing the noon purred. The DM pureed meat loaf, potato salad, and cabbage. The DM added water to each of the items pureed. Once completed the pureed item was tasted by the DM and surveyor. Items were not smooth and had fine chunks of meat, cabbage, and potatoes.</p> <p>On 10/20/24 at 1:10 p.m., the dietary staff was observed serving four out of four pureed trays with the incorrect consistency.</p> <p>On 10/21/24 at 1:29 p.m., the DM stated pureed foods should be made to a smooth consistency. When asked about the consistency of the Sunday noon meal, the DM stated it was not smooth, the food was grainy, and had fine chunks in it.</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage Park		STREET ADDRESS, CITY, STATE, ZIP CODE 6912 Northwest 23rd Street Bethany, OK 73008	
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>20960</p> <p>Based on observation, record review, and interview, the facility failed to ensure menus were followed for pureed diets for one of one meal service observed.</p> <p>The DM identified four residents who had diet orders for pureed meals.</p> <p>Findings:</p> <p>An undated facility policy, Therapeutic Diets, read in part, .Therapeutic diets are reflected on the menu extension .</p> <p>The menu extension, 10/20/24, documented the noon pureed meal was to have baked meat loaf, scalloped potatoes, dinner roll, and pineapple cake.</p> <p>On 10/20/24 at 12:33 p.m., the DM was observed preparing the noon purred meal. The DM pureed single portions of meat loaf, potatoes salad, and cabbage. The dietary manager did not pureed any bread, or pineapple cake.</p> <p>On 10/20/24 at 1:10 p.m., the dietary staff was observed serving four out of four pureed trays without bread or pineapple cake.</p> <p>On 10/21/24 at 1:29 p.m., the DM stated the current diet orders were on each meal ticket for all diet types. They stated they prepared four pureed meals on Sunday afternoon and all residents were to receive their diet order and all menu items. They stated the pineapple cake was not made and nothing else was provided. The dietary manager stated there was no bread as the menu called for. They stated the potato salad was a substitute for scalloped potatoes because the residents had the scalloped potatoes the night before. The dietary manager stated they did not provide all menu items like they should have.</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage Park		STREET ADDRESS, CITY, STATE, ZIP CODE 6912 Northwest 23rd Street Bethany, OK 73008	
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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>20960</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on record review and interview, the facility failed to ensure the medical director was part of the quality assurance program.</p> <p>LPN #2 identified 41 residents resided in the facility.</p> <p>Findings:</p> <p>The undated Quality Assurance and Performance Improvement policy, read in part, .The administrator is responsible for assuring that the facilities QAPI program complies with federal, state, local regulatory agency requirements .</p> <p>A review of the facility list of committee members as listed in their QAPI plan indicated all department heads, the administrator, and DON were part of the committee. The list did not include a physician and/or medical director.</p> <p>A review of the sign in sheets for the QA meetings for January 2024 to October 2024 contained no signature medical director being part of of the committee.</p> <p>A review of the medical director contract documented they were to participate as part of the QA program.</p> <p>On 10/23/24 at 12:04 p.m., the administrator stated the facility had not had a physician or medical director that participated as part of the committee for all of 2024. The administrator stated the last time the medical director was part of the committee was December 2023.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>35389</p> <p>Based on observation, record review, and interview, the facility failed to ensure the environment was free from pests for one (#13) of one sampled residents reviewed for pests.</p> <p>LPN #2 identified 41 residents resided in the facility.</p> <p>Findings:</p> <p>A Pest Control Policy, updated 01/01/24, read in part, .Pest control services treat the facility on a monthly and as needed basis for preventative and ongoing maintenance. Should staff at any time suspect pests/rodents in the facility, they are to communicate with the Maintenance Director/Administration immediately so the service can be initiated .</p> <p>Resident #13 had diagnoses which included multiple sclerosis.</p> <p>A Significant Change Resident Assessment, dated 09/26/24, documented Resident #13's cognition was intact.</p> <p>On 10/22/24 at 2:26 p.m., three flies were observed in Resident #13's room. Resident #13 stated the flies were very bad and they usually had three or four flies in the room during the day or evening. They stated they had reported it to staff many times, but nothing was ever done.</p> <p>On 10/22/24 at 9:06 a.m., Resident #13 was observed in their room in a seated position in their bed. There was one fly observed on the window next to the resident and one fly observed on the resident's pillow.</p> <p>On 10/22/24 at 9:11 a.m., CNA #3 stated they were not sure what the pest control policy was. They stated if they identified any pests, other than a fly, they would let maintenance know. They stated flies had never really been an issue until this year. CNA #3 was asked about the flies in the room. CNA #3 stated they honestly did not know. They stated they were not part of the housekeeping service.</p> <p>On 10/22/24 at 9:37 a.m., LPN #3 stated the facility had a monthly pest control service that sprayed the facility. They stated the pest control service would ask the facility if they had identified any pest concerns during their monthly visit. LPN #3 stated if the staff identified pests, they could call the company to come out in between the scheduled monthly visits.</p> <p>On 10/22/24 at 9:44 a.m., Maintenance/Housekeeping #1 stated they would have their supervisor set up pest control if there was an identified pest concern. They stated laundry was the only staff member who had been in the department more than two weeks. They stated the rest of the staff was new.</p> <p>On 10/22/24 at 9:48 a.m., Maintenance/Housekeeping #1 walked into Resident #13's room. Three flies were observed. Resident #13 started speaking about the flies. Maintenance/Housekeeping #1 stated they were not aware of the fly concern in this particular room. They stated they had made their supervisor aware of the need for fly lights yesterday evening.</p>		