

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER The Golden Rule Home		STREET ADDRESS, CITY, STATE, ZIP CODE 38801 Hardesty Road Shawnee, OK 74801	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35749</p> <p>Based on record review and interview, the facility failed to ensure residents were offered the right to formulate an advance directive for two (#24 and #25) of three sampled residents reviewed for advance directives.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid form, dated 10/01/24, documented 36 residents resided in the facility.</p> <p>Findings:</p> <p>An Advance Directive policy, dated April 2008, read in part, .upon admission to our facility, the Social Services Director or designee will provide written information to the resident concerning his/her right to make decisions concerning medical care .and the right to formulate advance directives .</p> <p>1. Resident #24 admitted to the facility on [DATE].</p> <p>Resident #24's medical record did not contain an advanced directive or an advance directive acknowledgement form.</p> <p>2. Resident #25 admitted to the facility on [DATE].</p> <p>Resident #25's medical record did not contain an advanced directive or an advance directive acknowledgement form.</p> <p>On 10/01/24 at 1:47 p.m., the DON was asked to provide advance directives or advance directive acknowledgement forms for Resident #24 and Resident #25. They stated they were in the front of residents' charts. The DON was informed they were not located in the medical records.</p> <p>On 10/01/24 at 1:53 p.m., the SSD stated Resident #24 and Resident #25 did not have advance directives or acknowledgement forms.</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>35749</p> <p>Based on record review and interview, the facility failed to ensure careplans were updated quarterly for three (#14, 26, and #27) of 14 sampled residents reviewed for careplans.</p> <p>The DON identified 34 residents resided in the facility.</p> <p>Findings:</p> <p>A Care Plans policy, dated October 2010, read in part, .care plan that includes measurable objectives and timetables to meet the resident's .needs .The comprehensive care plan is based on a thorough assessment that includes .the MDS .The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans .At least quarterly .</p> <p>1. Resident #14 had diagnoses which included depression and anxiety.</p> <p>A care plan, dated 12/11/23, did not contain quarterly updates.</p> <p>Resident #14 had a comprehensive resident assessment, dated 12/12/23.</p> <p>2. Resident #26 had diagnoses which included acute kidney failure, cerebral infarction, bipolar, COPD, and HTN.</p> <p>A care plan, dated 11/20/23, did not contain quarterly updates.</p> <p>Resident #26 had comprehensive resident assessments dated 05/25/24 and 08/25/24.</p> <p>3. Resident #27 had diagnoses which included neuralgia, ALS, and major depressive disorder.</p> <p>A care plan, dated 03/06/24, did not contain quarterly updates.</p> <p>Resident #27 had comprehensive resident assessments on 06/30/24 and 09/25/24.</p> <p>On 10/02/24 at 1:50 p.m., the DON was asked when careplans were updated. They stated they were updated with each new order. The DON was asked if they conducted quarterly updates. They stated they did quarterly MDS assessments, but quarterly care plan updates. The DON stated they just did those annually. The DON was asked how the facility evaluated the effectiveness of interventions. They stated, I just know them. The DON was informed quarterly updates had not been conducted for Resident #14, Resident #26, and Resident #27.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387</p> <p>Based on observation, record review, and interview, the facility failed to conduct thorough skin assessments weekly for one (#138) of one sampled resident reviewed for non-pressure related skin conditions.</p> <p>The DON identified 34 residents resided in the facility.</p> <p>Findings:</p> <p>A Pressure Ulcer Risk Assessment form, dated September 2013, read in part, .Skin Assessment. Skin will be assessed for the presence of developing pressure ulcers on a weekly basis .Documentation .The conditions of the resident's skin .</p> <p>Res #138 admitted to the facility on [DATE] with diagnoses which included metabolic encephalopathy, neuropathy, and gout.</p> <p>A physician order, dated 09/16/24, documented to complete a skin assessment weekly on the 7-3 shift on Mondays.</p> <p>A Weekly Wound Assessment form, documented Res #138 refused a skin assessment on 09/16/24.</p> <p>On 09/17/24 at 2:00 p.m., LPN #1 documented a head to toe skin assessment was completed. The note did not document the presence of dressings to the heels.</p> <p>On 09/30/24 at 10:29 a.m., Res #138 was observed in their room in the bed. They stated they had a dressing on each ankle that had been placed by the hospital prior to their arrival. They stated the facility had not done anything with the dressings.</p> <p>On 09/30/24 at 10:32 a.m., LPN #1 was observed removing Res #138 socks. Adhesive foam dressings were observed on their bilateral heels dated 09/10/24. The skin beneath the dressings was intact.</p> <p>A Weekly Wound Assessment form documented Res #138 refused a skin assessment on 09/23/24.</p> <p>On 09/30/24 at 10:36 a.m., LPN #1 stated the resident initially refused a skin assessment on the day of admission, but the DON had performed one the day after. They stated the DON had told the LPN the resident's skin was all clear. They stated the skin assessments were scheduled on the TAR.</p> <p>On 10/01/24 at 1:20 p.m., the ADON stated skin assessments should be performed in a limited capacity whenever the resident was changed, a shower was completed, or wound care was completed. They stated a weekly head to toe skin assessment should be performed which included the heels. They stated any dressings in place during a skin assessment should be removed to assess the skin under the dressing. They stated this should have been completed for Res #138.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35749</p> <p>Based on observation and interview, the facility failed to ensure dietary staff properly utilized hair nets for one (Cook #1) of three sampled employees observed for kitchen sanitation.</p> <p>The DON identified 34 residents resided in the facility.</p> <p>Findings:</p> <p>On 09/30/24 at 9:14 a.m., [NAME] #1 was observed preparing the noon meal. They were observed to have hair outside of their hairnet around their ears and a ponytail in the back.</p> <p>On 09/30/24 at 9:17 a.m., the DM was asked what was the policy for hair nets. They stated everyone should have one on and we all have them on. The DM was asked to observe [NAME] #1 and asked if all of their hair was secured in their hair net. The DM stated, No, not around [Cook #1's] hair. The DM was informed [NAME] #1's ponytail was not secured in the hair net.</p>		