

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER The Health Center at Concordia		STREET ADDRESS, CITY, STATE, ZIP CODE 7707 West Britton Road Oklahoma City, OK 73132	

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>46653</p> <p>Based on record review and interview, the facility failed to ensure an advance directive was available for one (#2) of two sampled residents reviewed for advance directives.</p> <p>The DON identified 27 residents resided in the facility.</p> <p>Findings:</p> <p>An Advance Directive policy, dated 11/01/07, read in part, 9. If the resident has prepared such documents, obtain a copy and place in the resident's clinical record.</p> <p>Res #2's clinical record was reviewed. There was no advance directive available.</p> <p>On 11/14/24 at 2:58 p.m., the social services director reported there was no documentation of Res #2's advance directive.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46653</p> <p>Based on observation and interview, the facility failed to ensure food was being prepared in accordance with professional standards of practice for food safety.</p> <p>The DON identified 27 residents resided in the facility.</p> <p>Findings:</p> <p>On 11/13/24 at 9:57 a.m., Dietary Aide #1 was observed preparing and rinsing fresh food items in the left compartment of the sink. In the right compartment of the sink raw fish was being defrosted with running water.</p> <p>On 11/13/24 at 9:58 a.m. the dietary manager reported the dietary aide #1 was not to rinse and prepare fresh food items in the sink compartment next to the raw fish defrosting.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34460</p> <p>Based on observation, interview, and record review, the facility staff failed to implement infection control measures when using the blood pressure cuffs from resident to resident.</p> <p>The DON identified 24 residents depended on staff to obtain their blood pressure before administering medication.</p> <p>Findings:</p> <p>The infection control policy, dated 09/23/23, documented the purpose was to provide and ensure an ongoing program to establish and maintain an infection prevention and control program to provide safety, sanitary, and comfortable environment and prevent the development and transmission of communicable disease and infections. It documented the process would be reviewed annually or as needed to update the program through the QAPI process.</p> <p>During medication administration on 11/14/24, LPN #1 and LPN #2 were observed using the blood pressure cuff from their medication carts to obtain blood pressure readings for residents.</p> <p>On 11/14/24 at 7:38 a.m., LPN #1 stated they should have used hand sanitizer on the blood pressure cuff between residents.</p> <p>On 11/14/24 at 8:40 a.m., LPN #2 stated the blood pressure cuff should have been wiped down with Lysol disinfectant wipes between residents.</p> <p>11/15/24 at 10:39 a.m., the DON stated staff should use sanitizer wipes before and after blood pressure cuff use.</p>