STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375519	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calera Manor	1061 North Access Road Calera, OK 74730

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review and interview, the facility failed to notify the physician of a significant weight change for 1 (#71) of 3 sampled residents reviewed for nutrition. A weight variance report, dated 06/09/25, showed 4 residents with significant weight loss. Findings: An undated facility policy titled Weight and Height Measurement, read in part, Notify the charge nurse or physician of all weight changes of five pounds (or 5%) or more in a 30-day period or ten percent in a 180-day period or per state requirement. Review of the vital sign records for Res #71 showed their weight on: - 05/02/25 - 126.1 pounds, - 05/14/25 - 114.2 pounds, and - 05/27/25 - 109.4 pounds. A care plan intervention, implemented on 05/05/25, read in part. Monitor vital sign and weight as ordered, notify physician if there is a significant weight change. A Dietitian's Recommendations for Primary Care Provider form, dated 05/30/25, showed Res #71's weight had decreased from 126.1 pounds on 05/02/25 to 109.4 pounds in one month. The form also recommended 60 milliliters of TwoCal HN (a liquid nutritional supplement) three times a day and to consider adding Vitamin B12 and Omega 3. This form was not signed by the physician. On 06/11/25 at 2:30 p.m., LPN #1 stated the dietician was responsible for notifying the physician of significant weight loss. On 06/12/25 at 8:46 a.m., the DON stated they were unable to locate any documentation the physician had been made aware of Res #71's weight loss. They also stated they received the resident weights after the CNA's take them. They stated they had never contacted the physician regarding Res #71's weight loss.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375519	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calera Manor	1061 North Access Road Calera, OK 74730

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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure residents did not receive antipsychotic medications for the diagnosis of dementia for 2 (#14 and #25) of 6 sampled residents reviewed for unnecessary medications. The DON stated 22 residents were prescribed antipsychotic medications at the facility. 1. A significant change MDS assessment, dated 03/09/25, showed in section C Res #14 had a BIMS score of 3 [this indicated the resident's cognition was severely impaired]. A policy titled Antipsychotic Medication Use, dated April 2007, read in part, Residents will only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective. A prescription order, dated 03/04/25, showed Res #14 had been prescribed one tablet of Seroquel [an antipsychotic medication] 50 mg every day for dementia with mood disturbance. A prescription order, dated 05/16/25, showed Res #14 had been prescribed one tablet of Risperdal [an antipsychotic medication] 1 mg each day for dementia with mood disturbance. On 06/11/25 at 2:42 p.m., the ADON stated it was their understanding antipsychotic medications could be used for the diagnosis of dementia with behaviors. On 06/11/25 at 2:43 p.m., MDS coordinator #1 stated it was also their understanding that antipsychotic medications could be used for the diagnosis of dementia with behaviors. 2. A prescription order, dated 02/26/24, showed Res #25 had been prescribed two tablets of Seroquel [an antipsychotic medication]100 mg each night at 8:00 p.m. for dementia with agitation. An annual MDS assessment, dated 05/12/25, showed in section C Res #25 had a BIMS score of 3 [the score of 3 on the BIMS assessment indicated the resident's cognition was severely impaired]. Section N of the MDS assessment showed Res #25 had received antipsychotic medications on a routine basis. On 06/10/25 at 11:29 a.m., the DON was asked about Res #14 and #25's use of the antipsychotic medications. They stated Risperdal and Seroquel were medications used for people with hallucinations and such. They stated the medications were not approved by the FDA for treating dementia and they believed the orders showing Res #14 and #25 were using it for dementia was a clerical error. They stated the facility did not use antipsychotic medication for dementia. They stated Res #14 and #25 had not experienced hallucinations or delusions of which they were aware. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375519	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calera Manor	1061 North Access Road Calera, OK 74730

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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/10/25 at 11:48 a.m., LPN #1 stated they had worked with Res #25 for about three months. They stated the reason the resident had been prescribed Seroquel was for them yelling out and saying things that did not make sense. They stated the Res #25 was confused at times, but they had not seen or heard of the resident hallucinating or experiencing delusions. When asked about what Seroquel was, they stated it was an antipsychotic medication. LPN #1 was asked about monitoring Res #25 for psychotic symptoms such as hallucinations and delusions. LPN #1 stated no one had instructed them to monitor for those.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375519	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calera Manor	1061 North Access Road Calera, OK 74730

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, the facility failed to report an allegation of physical abuse to local law enforcement for 1 (#80) of 1 sampled resident reviewed for abuse. The assistant administrator reported the census in the facility was 74. Findings: A facility policy titled Abuse - Reportable Events, dated 08/19, read in part, All alleged allegations of abuse will be reported to the appropriate state agency and to all other agencies as required by regulation. The policy further read in part, Local law enforcement will be notified of any reportable crime against a resident. An admission assessment, dated 05/11/24, showed Res #80 had a BIMS score (a test of cognitive function) of 15, which is indicative of intact cognition. An incident report form, dated 05/17/24, showed Res #80 reported an allegation of physical abuse to facility staff. The report also showed the physician, the resident's legal representative and adult protective services were notified. The report did not show local law enforcement had been notified. On 06/11/25 at 2:49 p.m., the DON stated they could not locate any documentation law enforcement had been contacted regarding this allegation.