Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375528	A. Building B. Wing	02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Senior Suites Healthcare	3501 W Washington Street Broken Arrow, OK 74012

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 41220 Based on record review and interview, the facility failed to ensure medications were available for one (#5) of three residents reviewed for medication availability. The Administrator identified 76 residents in the facility who required medications. Findings: A Facility policy titled Medication Orders read in parts, .Emergency/STAT Medication Order (Medication NOT Contained in Emergency Medication Supply) .the medication is scheduled to be given as soon as received or within 4 hours, whichever is sooner . Resident #5 had diagnoses which included acute kidney failure. On 01/05/24 Resident #5 returned to the facility from a local hospital. Discharge orders from the hospital documented the resident was discharged back to the facility at 5:30 p.m., with an order for the medication cefepime (an antibiotic) 2,000 mg in sodium chloride 0.9% 50 ml IVPB every 12 hours. The MAR for Resident #5 documented the medication was administered on 01/06/24 at 1900. On 2/28/24 at 1:52 p.m., the ADON stated antibiotics are considered a STAT order to pharmacy and, depending on the time ordered, should be available to be administered within four hours or the next scheduled dose. The ADON stated a wait of over 24 hours to begin an antibiotic was not acceptable. The ADON stated the facility protocol for ordering medications was not followed. On 2/28/24 at 2:33 p.m., the Administrator stated a new order for antibiotics should be available within four hours to the resident.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. 41220 Based on record review and interview, the facility failed to have an administrator of record. The administrator identified 76 residents who resided in the facility. Findings: On 02/26/24 at 2:00 p.m. the Administrator stated the previous administrator left their position with the facility on 11/23/23. They stated their first day as Administrator at the facility was 01/18/24. The Administrator stated they would check to see who was the acting administrator during the interim between 11/23/23 and 01/18/24. On 02/28/24 at 2:38 p.m. the Administrator stated they were unable to determine if anyone was the interim administrator for the facility. They stated that as far as they could determine, no one occupied that position between 11/23/23 and 01/18/24. By the end of the survey, requested documentation related to administration coverage for the facility was not provided.