

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Senior Suites Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation and interview, the facility failed to ensure protected health information was secure for 1 (station 3 medication/treatment cart) of 2 medication/treatment carts on station 3.</p> <p>The administrator identified 95 residents resided in the facility.</p> <p>On 05/30/25 at 9:15 a.m., a computer on top of an unattended medication/treatment cart at nurses station 3, was observed to be open and showed protected health information.</p> <p>On 05/30/25 at 9:20 a.m., CMA #1 closed the computer and stated they did not know where the nurse assigned to the cart was.</p> <p>On 05/30/25 at 9:30 a.m., the administrator stated the computer should not have been left open with resident information visible.</p> <p>On 05/30/25 at 9:36 a.m., RN #1, who was assigned to the medication/treatment cart, stated the computer should have been closed and not showing protected health information.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were secure for 1 (station 3 medication/treatment cart) of 2 medication/treatment carts on station 3.</p> <p>The administrator identified 95 residents resided in the facility.</p> <p>Findings:</p> <p>On 05/30/25 at 9:15 a.m., the station 3 nurses medication/treatment cart was observed to be unlocked and unattended at the nurses station. On top of the cart was a bottle Hysept wound cleanser and a medicine cup containing an unidentified gel.</p> <p>An undated policy titled Medication Labeling and Storage, read in part, 4. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others.</p> <p>On 05/30/25 at 9:20 a.m., CNA #1 locked the cart and stated they did not know where the nurse assigned to the cart was.</p> <p>On 05/30/25 at 9:30 a.m., the administrator stated the medication/treatment cart should have been locked without medications on top.</p> <p>On 05/30/25 at 9:36 a.m., RN #1, who was assigned to the medication/treatment cart, stated they should not have left the cart unlocked with medications on top. RN #1 stated residents or visitors could have obtained the medications.</p>		