

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/14/2025
NAME OF PROVIDER OR SUPPLIER  Hensley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  Highway 152, Box 465 Sayre, OK 73662	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41873</p> <p>Based on observation, record review, and interview, the facility failed to ensure standard infection control precautions were used during urinary catheter care for 1 (#9) of 1 sampled resident for urinary catheters.</p> <p>The DON reported 34 residents resided in the facility and two residents had urinary catheters.</p> <p>Findings:</p> <p>On 05/13/25 at 2:07 p.m., CNA #1 was observed to empty Resident #9's urinary catheter bag. CNA #1 removed the catheter bag from the dignity cover to empty the catheter bag into the urinal. CNA #1 layed the catheter bag on the floor while attempting to drain all the urine from the catheter tubing and bag into the urinal. CNA #1 set the urinal on the floor and placed the catheter bag back into the dignity cover. CNA #1 picked up the urinal and placed it on Resident #9's small dresser, near some open chocolate candy.</p> <p>A policy titled Emptying a Urinary Drainage Bag, dated 10/01/10, showed to keep the drainage bag and tubing off the floor at all times to prevent contamination and damage.</p> <p>A physician's order, dated 09/30/24, showed to flush suprapubic catheter with 60 milliliters of normal saline and provide catheter care two times a day.</p> <p>An annual assessment, dated 02/05/25, showed Resident #9's cognition was intact with a brief interview of mental status score of 15. The assessment showed diagnoses which included muscular dystrophy and neurogenic bladder, and the use of a urinary catheter.</p> <p>On 05/13/25 at 2:07 p.m., CNA #1 was asked if they should have done anything differently while emptying the urinary catheter bag. CNA #1 reported they should not have lifted the face shield to see better while emptying the catheter bag.</p> <p>On 05/14/25 at 11:10 a.m., the DON reported the catheter bag should not have been layed on the floor and staff needed to be in-serviced again on infection control techniques.</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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