STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375540	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montevista Rehabilitation and Skilled Care	7604 Quanah Parker Trailway Lawton, OK 73505

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 34333 Based on record review and interview, the facility failed to complete a discharge summary to include a recapitulation of the resident's stay for one (#42) of three residents reviewed for discharge. The DON reported there had been 33 discharges in the previous 30 days. Findings: A Discharge Plan policy, dated 04/26/24, documented in part, .when a resident is discharged , a post-discharge plan shall be provided to the resident, and/or his or her representative .The resident or representative should provide the facility with a minimum of a seventy-two (72) hour notice of a discharge to assure than an adequate discharge plan can be developed .The medical record must be documented as to the reason why a discharge plan was not developed .As a minimum, the post-discharge plan will include . The identity of specific residents needs after discharge .appropriate referrals .a description of how the resident and family need to prepare for the discharge .Social services will review the plan with the resident and family before the discharge is to take place .A copy of the post-discharge plan will be provided to the resident . Resident #42 was admitted with diagnoses which included anemia, coronary artery disease, hypertension, non-Alzheimer's dementia, multiple sclerosis, depression, and chronic obstructive pulmonary disease. A baseline care plan, dated 07/23/24, documented resident #42 was independent in decision making skills and independent with activities of daily living. The care plan documented the resident planned to discharge home with an anticipated length of stay as 15 to 30 days. The care plan documented the resident was a low elopement risk. An MDS assessment, dated 07/24/24, documented the resident was cognitively intact. A nurse note for resident #42, dated 08/01/24 at 8:00 p.m., documented a CNA notified the charge nurse they could not locate the resident. The note documented the nurse called the resident's contact and was told by the contact they had picked up the resident from the facility earlier in the day. The contact stated the resident had signed a form and thought they were discharged . The note documented the DON and ADON were notified and the resident would be placed out of facility until the following day when administration could follow up with the resident. (continued on next page)

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
	375540	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montevista Rehabilitation and Skilled Care	7604 Quanah Parker Trailway Lawton, OK 73505

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An incomplete Interdisciplinary Discharge Summary, dated 08/02/24, documented resident #42 was independent with supervision, was continent of bowel and bladder, and documented medications were not sent home with the resident. The summary did not include a recapitulation of the resident's stay, a final summary of the resident's status, or a reconciliation of all pre and post-discharge medications. On 09/06/24 at 11:34 a.m., the DON provided a partially completed discharge summary for resident #42. She stated the resident was given his NOMNC, which he signed and dated on 07/30/24, and apparently thought he was discharged . The DON reported the dayshift nurse on duty on 08/01/24 did not make any notes, complete the discharge summary for the resident, or pass the information on to the nightshift nurse. The DON reported the nurse responsible was no longer employed at the facility. On 09/06/24 at 12:20 p.m., the administrator reported they tried to call the resident the following day after his contact had picked him up but the resident's phone number had been disconnected. The administrator reported the social services director had been in touch with the resident's [Name Deleted] social worker about discharge plans but they thought the resident got confused when the NOMNC paperwork was provided to him and he thought he had been discharged . The administrator reported this information had not been documented anywhere in the resident's record. On 09/06/24 at 2:15 p.m., the administrator reported they had called the [Name Deleted] social worker and confirmed there had been communication from the facility but stated they could not get a copy of that documentation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375540	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montevista Rehabilitation and Skilled Care	7604 Quanah Parker Trailway Lawton, OK 73505

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 30875 Based on record review and interview, the facility failed to ensure a registered nurse was on duty for at least eight consecutive hours a day, seven days a week. Findings: A Position Description, documented, position title: Registered Nurse, essential duties to evaluate staffing pattern needed to meet the needs of the residents in conjunction with the Director of Resident Care Services. Organizes/coordinators subordinates, job tasks and time allotments. Oversees/monitors function and activities of subordinate staff. On 09/06/24 at 8:45 a.m., the administrator reported the DON was hired in June 2024 and the ADON was hired on 02/21/24. They reported they were short during the month of April/May 2024. On 09/06/24 at 9:30 a.m., the administrator reported they were short RN coverage for every Saturday and Sunday in May 2024 and two weekends in April 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375540	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montevista Rehabilitation and Skilled Care	7604 Quanah Parker Trailway Lawton, OK 73505

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 30875 Based on observation, record review, and interview, the facility failed to ensure staff served prepared food with clean tongs and restrained all hair with beard guards as indicated. Findings: A facility policy, Employee Infection Control, dated 08/01/18, read in part, Anyone who enters the kitchen will have all hair restrained using bouffant caps, mesh or net, beard guard and clothing which covers body hair. A facility policy, General Food Preparation and Handling, dated 02/06/24, read in part, Food is prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements to avoid manual contact of prepared foods. On 09/03/24 at 07:30 a.m., an initial tour was conducted of the kitchen. [NAME] #1 was preparing the morning meal and was observed without a beard guard in place. They reported they were running late this morning. On 09/03/24 at 11:40 a.m., the dietary supervisor was asked about the staff not wearing a beard guard. They reported it was their policy for them to wear beard guards when preparing meals. On 09/03/24 at 12:00 p.m., cook #1 donned gloves and was observed preparing lunch trays. They were observed plating food touching the plates, bowls, and menu slips with their gloved hands and then placed the dinner rolls on the plates with their gloved hands. Another staff member donned gloves and assisted the cook in preparing the lunch trays. They were observed touching the plates, bowls, and menu slips with their gloved hands and placed the dinner rolls on the plates with their gloved hands. The dietary supervisor reported the staff should use tongs when handling dinner rolls.