STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375547	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Zarrow Pointe	2025 East 71st Street Tulsa, OK 74136

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. Based on record review and interview, the facility failed to ensure assessments were completed for 1 (#20) of 16 sampled residents whose assessments were reviewed.The administrator identified 55 residents resided in the facility. Findings: A 5-day assessment, dated 02/26/25, showed Resident #20 had a BIMS score of 13 which indicated their cognition was intact and active discharge planning was occurring for the resident to return to the community. A Transfer/Discharge Report, dated 03/14/25, showed Resident #20 had been discharged from the facility to home. Review of the assessments in the electronic clinical record did not show a discharge assessment had been completed. On 08/22/25 at 12:59 p.m., MDS coordinator #1 stated they had reviewed the electronic clinical record and should have completed a discharge assessment for Resident #20.

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
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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, the facility failed to accurately code a significant change MDS assessment for 1 (#41) of 14 sampled residents who were reviewed for accuracy of assessments. The administrator identified 55 residents resided in the facility. Findings:Resident #41's significant change assessment, dated 07/28/25, showed cognitively intact cognition with a BIMS score of 15. The assessment showed the life expectancy of less than 6 months coded as no.A physician's order, dated 07/22/25, showed to admit Resident #41 to hospice for late affect cerebrovascular accident.On 08/21/25 at 1:34 p.m., MDS coordinator #1 stated the significant change assessment was related to the resident going on hospice. They stated the resident went on hospice services on 07/22/25. MDS coordinator #1 reviewed the MDS and stated the MDS did not have life expectancy of six months coded and was not accurately coded to reflect the resident's status at that time.On 08/21/25 at 1:43 p.m., the administrator stated the MDS was expected to be coded accurately.