

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Saint Simeons Episcopal Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3701 Martin Luther King Jr Blvd Tulsa, OK 74106	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to ensure discharge assessments were submitted to CMS within seven days of completion of the assessment for two (#64 and #66) of 18 sampled residents whose assessments were reviewed.</p> <p>The administrator reported 75 residents resided in the facility.</p> <p>Findings:</p> <p>Res #64 admitted to the facility with diagnoses which included hypertension, hyponatremia, and malnutrition.</p> <p>A discharge assessment, dated 08/29/24, was completed but not submitted to CMS.</p> <p>Res #66 admitted to the facility with diagnoses of chronic obstructive pulmonary disease, cerebrovascular accident, and hypertension.</p> <p>A discharge assessment, dated 08/31/24, was completed but not submitted to CMS.</p> <p>On 01/24/25 at 11:03 a.m., the MDS coordinator reported the assessments should have been submitted</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to ensure assessments were coded accurately for one (#75) of 18 sampled residents whose assessments were reviewed.</p> <p>The administrator reported 75 residents resided in the facility.</p> <p>Findings:</p> <p>Res #75 admitted to the facility with diagnoses which included heart failure, hypertension, and diabetes.</p> <p>A discharge summary, dated 10/24/24, documented the resident went home.</p> <p>A discharge assessment, dated 10/28/24, documented the resident was discharged to the hospital.</p> <p>On 01/23/25 at 1:44 p.m., the MDS coordinator reported the assessment was not accurate.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>46703</p> <p>Based on record review and interview, the facility failed to obtain an order for suprapubic catheter care for one (#46) of one resident reviewed for catheter care.</p> <p>The administrator identified 75 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #46 had diagnoses which included benign prostatic hyperplasia with lower urinary tract symptoms.</p> <p>On 1/24/25 at 10:57 a.m., LPN #1 was preparing to perform suprapubic catheter care. When reviewing the resident's orders they noted there was not an order for catheter care. LPN #1 stated there should be an order for catheter care.</p> <p>On 1/24/25 at 11:29 a.m., the DON stated the resident went to the hospital and when they returned the order for catheter care was not put into the resident's orders.</p>