STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375558	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Highlands at Owasso	10098 N 123 E Ave Owasso, OK 74055

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 42171 Based on observation, record review, and interview, the facility failed to ensure proper infection control practices were utilized during medication administration for one (#16) for one resident sampled for medication administration. The administrator reported the census was 97. Findings: Resident #16 had diagnoses which included chronic pain syndrome and hypertension. A physician order, dated 09/05/24, documented Resident #16 was to receive oxycodone 20 mg (pain medication) every 6 hours as needed for breakthrough pain. On 01/15/25 at 11:45 a.m., CMA #1 was observed administering Resident #16's oxycodone. CMA #1 punched the medication out of the card into their bare hand and then placed the medication in the medication cup. On 01/15/25 at 11:47 a.m., CMA #1 stated the medication should have been punched out of the card directly into the medicine cup without touching it. On 01/15/25 at 11:54 a.m., LPN #1 stated medication should not be touched with a bare hand. On 01/15/25 at 4:01 p.m., the ADON stated medication should be punched out of the card directly into the cup and should not be touched.

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 42171 Based on observation, record review, and interview, the facility failed to ensure the call light system was functioning for one (#5) of one resident whose call light was tested . The administrator reported the census was 97. Findings: An undated policy titled Answering the Call Light, read in parts, Ensure the call light is plugged in and functioning at all times .Report all defective call lights to the nurse supervisor promptly. Resident #5 had diagnoses which included heart failure and anxiety disorder. On 01/15/25 at 10:00 a.m., Resident #5 stated that their call light did not work and that it had not worked in several months. They also stated that if they needed help, they would have their roommate activate their call light. Resident #5 then pressed the button to activate their call light and the light outside their door did not illuminate. On 01/15/25 at 11:54 a.m., LPN #1 was shown Resident #5's call light was not functioning. They stated they were unaware the call light was not functioning, and they would inform maintenance. 01/15/25 at 12:14 p.m., the maintenance supervisor stated call lights had been an ongoing issue in the facility. They stated the call system was wireless and required batteries. They further stated they did not conduct routine testing of the call system or scheduled replacement of the batteries.