

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Spanish Cove Housing Authority		STREET ADDRESS, CITY, STATE, ZIP CODE  11 Palm Street Yukon, OK 73099	

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 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>46702</p> <p>Based on record review and interview, the facility failed to accurately code a MDS assessment for one (#37) of five residents sampled for accuracy for MDS assessments.</p> <p>The Administrator identified 44 residents resided in the facility.</p> <p>Findings:</p> <p>A MDS Assessment Coordinator policy, revised November 2019, read in part each individual who completes a portion of the assessment must certify the accuracy of that portion of the assessment</p> <p>Resident #37 was admitted on this date 09/21/24 with diagnosis that included fracture of right femur and depression.</p> <p>A Medication List from admission orders, dated 09/21/24, documented Quetiapine (Seroquel) 25mg one tablet given daily for 5 days.</p> <p>The facility's Comprehensive Assessment, dated 09/28/24, documented in section N that Resident #37 received a Antipsychotic medication upon admission. Section N0450 on assessment was coded a zero for Resident #37 not receiving a Antipsychotic since admission.</p> <p>The facility's Medication Administration Record, dated September 2024, documented Resident #37 received Seroquel 25mg on September 21 through 25th.</p> <p>On 10/22/24 at 10:16 a.m., MDS Coordinator #1 was asked the facility policy for accurately coding MDS. They stated for section N of a MDS the information comes from the MAR(medication administration record). They were then asked to review admission MDS for Resident #37 dated 09/28/24, section N, then asked is the section for Antipsychotic medication was coded correctly. They stated section N0450 is not coded correctly, Resident #37 received Antipsychotic medication since admission.</p> <p>47453</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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