| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375562 | A. Building<br>B. Wing | 03/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| McMahon-Tomlinson Nursing Center | 2007 NW 52nd Street<br>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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives an accurate assessment.<br><br>30875<br><br>Based on record review and interview, the facility failed to ensure the minimum data set was coded accurately for Legionella for 1 (#1) of 1 sampled discharged resident from the hospital for skilled services.<br><br>The DON/IP reported one case of Legionella.<br><br>Findings:<br><br>Resident #1 had diagnoses which included pneumonia (unspecified), high blood pressure, and non-Alzheimer's dementia.<br><br>A hospital discharge report, dated 02/17/25, showed hospital course: patient admitted for altered mental status due to pneumonia from Legionella.<br><br>A Medicare-5 day MDS assessment, dated 02/21/25, did not show the diagnosis of Legionella.<br><br>On 03/11/25 at 12:45 p.m., the MDS coordinator stated the resident discharged to the hospital on 02/14/25 and returned from the hospital on 02/17/25 and the Medicare-5 day care MDS assessment was completed on 02/21/25 for skilled services. They stated the skilled services completed on 03/02/25. They stated the Legionella was not incorporated into the MDS and they did not see it on the discharge report from the hospital. They stated it would be the facility policy to list it under other. |

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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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>30875<br><br>Based on record review and interview, the facility failed to update a care plan for 1 (#1) of 1 sampled resident with a new diagnosis of Legionella.<br><br>The DON/IP reported one case of Legionella.<br><br>Findings:<br><br>A Care Plans, Comprehensive Person-Centered policy, dated March 2022, read in part, The interdisciplinary teams reviews and updates the care plan .c. when the resident has been readmitted to the facility from a hospital stay.<br><br>On 03/10/25 at 4:48 p.m., the DON/IP was asked about Resident #1's care plan related to Legionella. They stated they thought it had been resolved. They stated it was not care planned because it was already resolved. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>30875<br><br>Based on record review and interview, the facility failed infection prevention and control practices to ensure identification of high risk areas to include flushing of unused outlets to prevent the spread of a waterborne illness.<br><br>The DON/IP reported 118 residents resided in the facility.<br><br>Findings:<br><br>A Water Management Program to Reduce Legionella and other Waterborne Path[ogens], dated 03/05/25, policy, read in part, The program will identify risk factors, establish control measures, and ensure monitoring and corrective actions to reduce the risk of Legionella and other waterborne pathogens. System Assessment: Conduct a comprehensive assessment of the facility's water systems, including . *Identify high-risk areas (e.g [for example]., showers, sinks, water tanks) .Regularly check water temperature. Documentation *Maintain detailed records of: *Testing and monitoring results *Maintenance and cleaning schedules .Water management program .We will flush hot water heaters once per year, even though the hot water systems are equivalent continuously circulating pumps. The fire sprinkler system is required every quarter and is completed by [Name withheld] controls. As a part of the control measures the house keeping department will implement into their daily cleaning the following as staff enters the room to clean: they will turn on the sinks and showers to let them run for one to two minutes while they are cleaning this will help keep the water moving and disinfecting going throughout the water system [sic] systems many of the residents rarely use their sinks or showers in their rooms and this will keep the water moving if the Legionella bacteria has [sic] found in the water system in a facility proceeded with DEQ [Department of Environmental Quality] in [sic] CDC [Centers for Disease Control and Prevention] recommendation as well as Oklahoma State Department of health.<br><br>A hospital discharge report for Resident #1, dated 02/17/25, showed hospital course: patient admitted for altered mental status due to pneumonia from Legionella.<br><br>On 03/07/25 at 10:30 a.m., the maintenance director stated they reviewed all the documentation related to the policy and procedure for Legionnaire's. They stated the only documentation they had was the water temperatures and air temperatures. They did not have any preventative documentation and cleaning schedules. They did not identify any high risk areas. They stated the house keeping staff would run water when they cleaned the rooms. They stated the water testing was conducted for Legionnaire's in Resident #1's room because it was the farthest from the city inlet on 03/06/25.<br><br>On 03/07/25 at 11:49 a.m., the DON/IP stated the policy for Legionnaire's was part of the water management policy.<br><br>On 03/10/25 at 2:20 p.m., housekeeper #1 stated they were instructed today to flush the toilets six times and had signed off on that today. They were asked if they had been running the water while cleaning before they had a case of Legionella. They stated not unless they had something to pour down the drain. They stated maintenance would do that.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 03/10/25 at 2:35 p.m., housekeeper #2 was asked if they would run the water in the sinks/showers while cleaning the room prior to the case of Legionella. They stated they did not leave it running. They were asked if they were instructed to do something specifically after the case of Legionella and they stated they were instructed to flush the toilet six times and they had signed off on that procedure. They were asked if they knew of any areas in the facility where the water was not routinely used. They stated no, everybody uses the water.<br><br>On 03/11/25 at 10:15 a.m., the housekeeping supervisor was asked about an in-service related to flushing of the toilets six times. They stated they did that inservice yesterday. They stated they wanted us to run the sinks/showers for two minutes after everything was turned back on. They were asked if that was performed prior to the case of Legionella. They stated no it was not a set thing. They were asked about staff in-services related to running the water while cleaning the room prior to the case of Legionella. They stated they did not have any in-services related to that. |