STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375563	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tidwell Living Center	900 W Ranchwood Drive Wilburton, OK 74578

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 46582 Based on observation, record review, and interview, the facility failed to ensure assessments were accurate for indwelling catheters for 1 (#26) of 12 sampled residents reviewed for resident assessments. The DON identified 32 residents who resided in the facility. Findings: On 05/06/25 at 3:11 p.m., Res #26 was observed sitting in the lobby in a wheelchair. No indwelling catheter was observed. A diagnoses sheet, dated 03/04/20, showed Res #26 was admitted with diagnoses which included chronic obstructive pulmonary disease and convulsions. A quarterly assessment, dated 04/29/25, showed Res #26 had a brief interview for mental status score of 15 and was cognitively intact. The assessment showed Res #26 had an indwelling catheter. Res #26's medical record did not document an order for an indwelling catheter during the assessment review period of 04/23/25 through 04/29/25. On 05/06/25 at 3:13 p.m., Res #26 stated they did not have a catheter. They stated they had never had an indwelling catheter. On 05/07/25 at 12:57 p.m., LPN #1 stated Res #26 did not have an indwelling catheter recently. On 05/07/25 at 1:00 p.m., the minimum data set coordinator stated Res #26 did not have an indwelling catheter during the assessment review period. They stated the assessment was coded in error.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 43023 Based on observation, record review, and interview, the facility failed to implement EBPs during catheter care for 1 (#21) of 2 sampled residents reviewed for EBPs. The DON reported seven residents required EBP. Findings: On 05/07/25 at 1:08 p.m. LPN #1 and certified nurse aide #1 were observed entering Res #21's room to perform catheter care. Neither staff was observed using EBPs when entering the room or while performing care. An undated policy titled Enhanced Barrier Precaution, read in part, Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include; device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator). An undated diagnoses list showed Res #21 had diagnoses of paraplegia and seizure disorder. On 05/07/25 at 1:15 p.m., LPN #1 was asked if they knew what EBPs were. LPN #1 stated a gown, gloves, and a mask. LPN #1 was asked if EBPs applied to performing catheter care. LPN #1 stated they did not think so with catheter care. On 05/07/25 at 1:40 p.m., the DON reported staff did not use EBPs with catheter care.