STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375564	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shattuck Nursing Center	211 North Alfalfa Shattuck, OK 73858

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 41318 Based on record review and interview, the facility failed to ensure the physician was notified when a medication was unavailable for one (#44) of five sampled residents reviewed for medications. The DON stated 45 residents resided in the facility. Findings: Resident #44 had diagnoses which included Huntington's disease. An Order Summary Report, dated 03/25/24, documented to give Austredo (VMAT2 inhibitor medication) 24 mg daily, and another order, dated 04/08/24, documented to give Austredo 6 mg daily. Both medications were to treat Huntington's disease. Resident #44's quarterly assessment, dated 08/21/24, documented the resident had moderate cognitive impairment. A CMA Medications report, dated September 2024, documented the resident did not receive either one of the Austredo medications for 18 out of 30 days. A CMA Medications report, dated October 2024, documented the resident did not receive either one of the Austredo medications for 22 out of 23 days. On 10/24/24 at 12:46 p.m., CMA #1 was asked what they knew about Resident #44's Austredo medication. They stated the pharmacy could not fill it because insurance would not cover it. On 10/24/24 at 1:33 p.m., the DON stated the neurologist was last notified the medication could not be filled on 09/23/24. On 10/24/24 at 1:42 p.m., the DON stated the PCP had not been notified.

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 41318 Based on record review and interview, the facility failed to ensure resident assessments were completed and submitted to CMS for nine (#13, 17, 21, 23, 25, 37, 40, 42, and #45) of 13 sampled residents who were reviewed for resident assessments. The DON identified 45 residents resided in the facility. Findings: 1. Resident #21's Annual Assessment, dated 09/15/24, documented the ARD was 09/15/24. Sections B, C, D, F, GG, J, L, M, N, P, and Q did not contain any data. Section Z0400 did not contain any signatures documenting the assessment had been completed. On 10/24/24 at 5:34 p.m., MDS #1 stated Resident #21's assessment was not completed. 2. Resident #13's Quarterly Assessment, dated 08/29/24, documented the ARD was 08/29/24. Section Z0500 documented the DON signed the assessment 09/12/24. A MDS Final Validation Report, dated 10/22/24, documented Resident #13's assessment was submitted late (more than 14 days after section Z0500.) On 10/24/24 at 5:30 p.m., MDS #1 stated Resident #13's assessment was not submitted timely. 3. Resident #17's Quarterly Assessment, dated 09/07/24, documented the ARD was 09/07/24. Section Z0500 documented the DON signed the assessment 09/21/24. A MDS Final Validation Report, dated 10/22/24, documented Resident #17's assessment was submitted late (more than 14 days after section Z0500.) On 10/24/24 at 5:34 p.m., MDS #1 stated Resident #17's assessment was not submitted timely. 4. Resident #23's Quarterly Assessment, dated 08/25/24, documented the ARD was 08/25/24. Section Z0500 documented the DON signed the assessment 09/08/24. A MDS Final Validation Report, dated 10/08/24, documented Resident #23's assessment was submitted late (more than 14 days after section Z0500.) On 10/24/24 at 5:24 p.m., MDS #1 stated Resident #23's assessment wasn't submitted timely. 5. Resident #25's Quarterly Assessment, dated 09/16/24, documented the ARD was 09/16/24. Sections B, C, D, GG, J, L, M, N, P, and Q did not contain any data. Section Z0400 did not contain any signatures documenting the assessment had been completed. On 10/24/24 at 5:36 p.m., MDS #1 stated Resident #25's assessment was not completed. (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. Resident #37's Quarterly Assessment, dated 09/05/24, documented the ARD was 09/05/24. Section Z0500 documented the DON signed the assessment 09/19/24. A MDS Final Validation Report, dated 10/22/24, documented Resident #37's assessment was submitted late (more than 14 days after section Z0500.) On 10/24/24 at 5:40 p.m., MDS #1 stated Resident #37's assessment was not submitted timely. 7. Resident #40's Quarterly Assessment, dated 09/22/24, documented the ARD was 09/22/24. Sections B, C, D, GG, L, M, N, P, and Q did not contain any data. Section Z0400 did not contain any signatures documenting the assessment had been completed. On 10/24/24 at 5:38 p.m., MDS #1 stated Resident #40's assessment was not completed. 8. Resident #42's Quarterly Assessment, dated 09/16/24, documented the ARD was 09/16/24. Sections B, C, D, GG, L, M, N, P, and Q did not contain any data. Section Z0400 did not contain any signatures documenting the assessment had been completed. On 10/24/24 at 5:38 p.m., MDS #1 stated Resident #42's assessment was not completed. 9. Resident #45's Quarterly Assessment, dated 08/29/24, documented the ARD was 08/29/24. Section Z0500 documented the DON signed the assessment on 09/12/24. A MDS Final Validation Report, dated 10/08/24, documented Resident #45's assessment was submitted late (more than 14 days after section Z0500.) On 10/24/24 at 4:10 p.m., MDS #1 stated Resident #45's assessment was not submitted timely.

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. 21731 Based on record review and interview, the facility failed to ensure resident assessments were accurate for two (#15 and #30) of 13 sampled residents whose resident assessments were reviewed for accuracy. The DON identified 45 residents who resided in the facility. Findings: The Long-Term Care Facility Resident Assessment Instrument, dated October 2023, documented alternative medicine products were considered as a dietary supplement. It documented medications such as melatonin should not be counted as a medication. 1. Resident #15 had diagnoses which included insomnia. An Order Summary Report, dated 04/20/24, documented Resident #15 received melatonin at bedtime for insomnia. Resident #15's quarterly assessment, dated 08/10/24, documented the resident received a hypnotic. 2. Resident #30 had diagnoses which included insomnia. An Order Summary Report, dated 03/20/24, documented Resident #30 received melatonin at bedtime for insomnia. Resident #30's quarterly assessment, dated 06/30/24, documented the resident received a hypnotic. On 10/25/24 at 4:40 p.m., MDS #1 was asked how medications were coded correctly on the MDS. They stated they look for new orders, order summaries, and MARs during the date range needed for the MDS. They were asked to list hypnotic medications. They stated melatonin. MDS #1 stated they should look at the classification of the medication. 41318

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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 0642 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a qualified health professional conducts resident assessments. 41318 Based on record review and interview, the facility failed to ensure resident assessments were not back dated for three (#23, 37 and #45) of 13 sampled residents who were reviewed for resident assessments. The DON identified 45 residents resided in the facility. Findings: 1. Resident #23's Quarterly Assessment, dated 08/25/24, documented the ARD was 08/25/24. Section Z0500 documented the DON signed the assessment was completed on 09/08/24. Section Z0400 documented MDS #1 completed sections A-E, GG, and H-Q on 10/03/24. 2. Resident #37's Quarterly Assessment, dated 09/05/24, documented the ARD was 09/05/24. Section Z0500 documented the DON signed the assessment was completed on 09/19/24. Section Z0400 documented the DON completed sections A-E, GG, and H-Q on 10/22/24. 3. Resident #45's Quarterly Assessment, dated 08/29/24, documented the ARD was 08/29/24. Section Z0500 documented the DON signed the assessment was completed on 09/12/24. Section Z0400 documented the DON completed sections A-E, GG, and H-Q on 10/03/24. On 10/24/24 at 4:36 p.m., the DON and MDS #1 were asked how assessments were signed by the DON before the sections were completed. MDS #1 stated they collected the data and completed resident interviews timely, but were not able to input the data. The DON stated they changed the date on the MDS to reflect when the assessment (data and interview) had been completed.

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F 0657 Level of Harm - Minimal harm or potential for actual harm 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. 21731 Based on record review and interview, the facility failed to ensure care plans were updated for use of alarms for one (#3) and failed to ensure the care plan specified what behaviors were being treated with psychotropic medications for one (#30) of eight sampled residents whose care plans were reviewed for behaviors and alarms. The DON identified 45 residents resided in the facility. Findings: 1. Resident #3 had diagnoses which included senile degeneration of the brain. An Order Summary Report, dated 05/23/24, documented the resident had an order for a fall alert monitor device. Resident #3's quarterly assessment, dated 07/20/24, documented the resident's cognition was severely impaired. It documented a bed and chair alarm were used. A Care Plan, dated 10/03/24, did not document an alarm was utilized. On 10/24/24 at 3:55 p.m., the DON stated the care plan did not address the alarms. 2. Resident #30 had diagnoses which included psychosis. An Order Summary Report, dated 03/20/24, documented the resident received Seroquel (antipsychotic medication). Resident #30's quarterly assessment, dated 06/30/24, documented the resident's cognition was severely impaired. It documented the resident received an antipsychotic. A Care Plan, dated 05/09/24, documented the resident received Seroquel, but it did not specify what behaviors the Seroquel was being used for. On 10/24/24 at 4:45 p.m., the DON stated the care plan did not have a list of specific behaviors. They stated it documented a list of side effects.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 21731 Based on record review and interview, the facility failed to follow their protocol and the resident's care plan by not completing weekly wound assessments for one (#15) of two sampled residents reviewed for pressure ulcer care. The Resident Matrix, dated 10/22/24, documented two residents had pressure ulcers. Findings: An undated Wound Care Protocol, documented wounds would be drawn and documented on the pressure ulcer chart and documented in the skin assessment book every Saturday. Resident #15 had diagnoses which included pressure ulcer. Resident #15's Care Plan, dated 05/29/24, documented to follow the facility's protocol, assess, record, and monitor wound healing weekly. A Weekly Observation Tool, dated 09/11/24, documented the resident had a stage three pressure ulcer to their right hip and a stage two pressure ulcer to their left hip. This was the last documented weekly wound assessment. On 10/24/24 at 9:55 a.m., Resident #15's skin was observed with LPN #1. LPN #1 stated they completed skin assessments weekly. They stated they are behind on them. They stated they were documented, but not the in the EHR. LPN #1 stated they had them documented in a notebook, but did not have the note book with them.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 41318 Based on record review and interview, the facility failed to ensure a medication was available for one (#44) of five sampled residents reviewed for medications. The DON stated 45 residents resided in the facility. Findings: Resident #44 had diagnoses which included Huntington's disease. An Order Summary Report, dated 03/25/24 documented to give Austredo (VMAT2 inhibitor medication) 24 mg daily, and another order, dated 04/08/24, documented to give Austredo 6 mg daily. Both medications were to treat Huntington's disease. Resident #44's quarterly assessment, dated 08/21/24, documented the resident had moderate cognitive impairment. A CMA Medications report, dated September 2024, documented the resident did not receive either one of the Austredo medications for 18 out of 30 days. A CMA Medications report, dated October 2024, documented the resident did not receive either one of the Austredo medications for 22 out of 23 days. On 10/24/24 at 12:46 p.m., CMA #1 was asked what they knew about Resident #44's Austredo medication. They stated the pharmacy could not fill it because insurance would not cover it. They stated the medication had not been available for a couple of months.