

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Elk Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 811 West Elk Duncan, OK 73533	

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>33148</p> <p>Based on record review and interview, the facility failed to ensure resident assessments were accurate for one (#59) of 18 sampled residents whose resident assessments were reviewed.</p> <p>The Long Term Care Facility Application for Medicare and Medicaid, dated 04/22/24, documented 83 residents resided in the facility.</p> <p>Findings:</p> <p>Res #59 had diagnoses which included hyperlipidemia and non-ruptured cerebral aneurysm.</p> <p>A quarterly assessment, dated 04/03/24, documented the resident had received an anticoagulant during the last seven days or since admission/entry or reentry if less than seven days.</p> <p>There was no documentation the resident had received an anticoagulant during the last seven days or since admission/entry or reentry if less than seven days.</p> <p>On 04/23/24 at 2:32 p.m., the DON was made aware the resident's 04/03/24 quarterly assessment documented the resident received an anticoagulant during the last seven days or since admission/entry or reentry if less than seven days. They stated the resident received aspirin and clopidogrel bisulfate. They were coded as anticoagulants instead of antiplatelets.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33148</p> <p>Based on observation and interview, the facility failed to ensure proper food service sanitation and storage requirements were followed.</p> <p>The Long Term Care Facility Application for Medicare and Medicaid, dated 04/22/24, documented 83 residents resided in the facility. The CDM identified one resident received nutrition and hydration solely through a feeding tube.</p> <p>Findings:</p> <p>On 04/22/24 at 11:15 a.m., a tour of the kitchen was conducted. The following observations were made.</p> <ul style="list-style-type: none"> a. a oven hood light was burned out and/or not working, b. there was an accumulation of black and brown residue on the floor and the wall in the dish wash area, c. the metal back splash was not secure to the wall in the dish wash area, d. the gasket on the walk in freezer door was split and in bad repair, e. there were two plastic storage bags of ready to eat hot dogs with open dates of April 7th and April 8th in the walk in cooler, and f. there was a plastic storage bag of ready to eat turkey with a discard date of April 20th in the walk in cooler. <p>On 04/22/24 at 11:25 a.m., the CDM was asked what was the date marking policy. They stated the date on the hot dogs was the date they were opened. They stated the the hot dogs were to be held for seven days once opened. They stated the turkey should have been discarded.</p> <p>On 04/22/24 at 11:31 a.m., a tour of the long term care serving and dining area was conducted. The gasket on the Delfield one door reach in cooler was observed split and in bad repair.</p> <p>On 04/22/24 at 11:40 a.m., a tour of the skilled serving and dining area was conducted. The gasket on the ice cream freezer was observed split and in bad repair.</p> <p>On 04/24/24 at 12:22 p.m., the CDM was asked how staff ensure food service areas were kept clean and maintained in good repair. They stated they cleaned daily and maintenance concerns were reported to the maintenance department. They were made aware of the cleaning and maintenance concerns.</p> <p>On 04/24/24 at 12:33 p.m., there was a blanket on the floor around the garbage disposal drain. The CDM stated there were plumbing issues and water flood the floor.</p>		