

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375569	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Henryetta Community Skilled Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 212 North Antes Henryetta, OK 74437	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46703</p> <p>Based on observation and interview, the facility failed to maintain sanitary conditions in the laundry area for one of one observation.</p> <p>The administrator identified 36 residents resided in the facility.</p> <p>Findings:</p> <p>On 05/07/25 at 1:02 p.m., a large 55 gallon laundry barrel full of soiled laundry was observed uncovered, sitting outside of the laundry room door on the sidewalk. There were flies observed swarming the barrel.</p> <p>On 05/07/25 at 1:10 p.m., the laundry supervisor stated they did not know why the laundry barrel was uncovered, but it should not be.</p> <p>On 05/07/25 at 1:20 p.m., the infection preventionist stated they had been to the laundry and did not like the way the dirty laundry had to sit out on the sidewalk. They stated laundry was washed in an outside building then brought into the facility to be sorted and dispersed. They stated the laundry barrels should be covered.</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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