

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2024
NAME OF PROVIDER OR SUPPLIER Beacon Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East Line Avenue Sapulpa, OK 74066	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47751</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed related to the resident's dental status for one (#10) of three sampled residents whose care plans were reviewed.</p> <p>The administrator identified 52 residents who resided in the facility.</p> <p>Findings:</p> <p>Res #10 was admitted to the facility on [DATE] with diagnoses which included diabetes, dental caries, and hypertension.</p> <p>An admission assessment, dated 04/18/23, documented the resident's dental status was obvious or likely cavity or broken natural teeth.</p> <p>There was no comprehensive care plan developed or implemented for Res #10's dental status and to include their upper and lower teeth extractions.</p> <p>On 01/09/23 at 1:17 p.m., the DON stated a comprehensive care plan related to the resident's dental status had not been completed but should have been.</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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NAME OF PROVIDER OR SUPPLIER Beacon Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East Line Avenue Sapulpa, OK 74066	
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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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47751</p> <p>Based on record review and interview, the facility failed to ensure resident records were complete for one (#10) of three residents whose records were reviewed.</p> <p>The administrator identified 52 residents resided in the facility.</p> <p>Findings:</p> <p>Res #10 was admitted to the facility on [DATE] with diagnoses which included diabetes, dental caries, and hypertension, right shoulder pain, and atrial fibrillation.</p> <p>An admission assessment, dated 04/18/23, documented Res #10's cognition was intact and was dependent on staff for most ADLs.</p> <p>A physician's progress note, dated 07/24/23, documented Res #10 attended an appointment with an orthopedic physician. There was no documentation found in the resident's record they had attended the appointment or when the resident returned to the facility. There also was no nursing documentation of the resident's condition upon return to the facility or if any physician orders were put in place.</p> <p>A physician's progress note, dated 10/11/23, documented Res #10 attended an appointment with an orthopedic physician. There was no documentation found in the resident's record they had attended the appointment or when the resident returned to the facility. There was also no nursing documentation of the resident's condition upon return to the facility or if any physician orders were ordered.</p> <p>On 01/08/24 at 10:40 a.m., the social service director stated Res #10 underwent extraction of their upper teeth on 12/05/23 . There was no documentation the resident had underwent extraction of their upper teeth in the record. There was no documentation found in the nursing notes related to follow up observation of the resident post teeth extraction or documentation of any aftercare provided or if any physician orders were ordered.</p> <p>On 01/08/24 at 10:41 a.m., the social service director stated Res #10 underwent extraction of their lower teeth on 12/19/23. There was no documentation the resident had underwent extraction of their lower teeth in the record. There was no documentation found in the nursing notes related to follow up observation of the resident post teeth extraction or documentation of any aftercare provided.</p> <p>On 01/09/24 at 10:03 a.m., the DON was asked what the policy was for nursing documentation. They stated the nurses are supposed to document on any resident with any significant changes for at least 72 hours. The nurses are also supposed to document when a resident leaves and returns to the facility in addition to any physician orders that were given. They were asked if this documentation occurred with Res #10. They stated no it was not but should have been.</p>		