STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375573	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cross Timbers Nursing and Rehabilitation	1400 Buena Vista Avenue Midwest City, OK 73110

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 record review and interview, the facility failed to ensure MDS assessments were coded accurately for two (#32 and #57) of 17 sampled residents reviewed for assessments. LPN #4 identified 66 residents resided in the facility. Findings: 1. Res #32 had diagnoses which included atherosclerotic heart disease, hypertension, and schizoaffective disorder. A quarterly assessment, dated 05/24/24, documented the resident received an anticoagulant. There was no documentation the resident received an anticoagulant during the review period. On 08/22/24 at 10:00 a.m., the MDS coordinator stated the MDS assessment was coded for an anticoagulant in error. They stated they accidentally coded Plavix as an anticoagulant. 2. Res #57 had diagnoses which included diabetes mellitus, schizophrenia, and hyperlipidemia. An annual assessment, dated 07/26/24, documented the resident received a diuretic. There was no documentation the resident received a diuretic during the review period. On 08/22/24 at 10:05 a.m., the MDS coordinator stated the MDS assessment was coded for a diuretic in error. They stated the resident did not receive a diuretic during the review period.

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46582 Based on record review and interview, the facility failed to ensure a PASRR level I assessment was completed and/or included the resident had a serious mental illness for two (#13 and #54) of five sampled residents reviewed for PASRR assessments. LPN #4 identified 66 residents who resided in the facility. Findings: 1. Res #13 had diagnosis of paranoid schizophrenia. There was no documentation a PASRR level I assessment was completed. On 08/21/24 at 1:16 p.m., the SSD stated they could not locate a PASRR level I assessment for the resident. They stated OHCA should have been notified of the paranoid schizophrenia diagnosis to find out if a level II screening was indicated. 34460 2. Res #54 was admitted to the facility on [DATE] with diagnosis which included bipolar disorder. A PASRR level 1 assessment, dated 07/14/23, documented the resident had a primary diagnosis of cerebral infarction and a secondary diagnosis of hemiplegia and hemiparesis. It was documented there was no evidence or diagnosis of a serious mental illness. On 08/22/24 at 11:46 a.m., the SSD stated the resident had a diagnosis of bipolar disorder on admission. They stated the PASRR level I should have documented the resident had a diagnosis of a serious mental illness.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 33148 Based on observation, record review, and interview, the facility failed to ensure O2 was administered as ordered by the physician for one (#21) of one sampled resident reviewed for respiratory therapy. The administrator identified eight residents who received O2. Findings: Res #21 had diagnosis which included SOB. A physician order, dated 10/05/22, documented O2 at 2 LPM via NC to maintain saturation above 90%. On 08/20/24 at 9:15 a.m., the resident was observed with O2 in place. The O2 concentrator was set at 5 LPM. On 08/20/24 at 9:51 a.m., LPN #1 was asked what was the resident's O2 supposed to be set at. They reviewed the order in the EHR and stated it was supposed to be set at 2 LPM. LPN #1 was asked to verify what the resident's O2 concentrator was set at. They stated 5 LPM and it should be 2.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 46582 Based on record review and interview, the facility failed to consistently employ an RN for at least eight consecutive hours a day and seven days a week for January 2024, February 2024, March 2024. LPN #4 identified 66 residents who resided in the facility. Findings: A PBJ Staffing Data Report, dated 01/01/24 through 03/31/24, documented no RN hours for 01/06/24, 01/07/24, 01/21/24, 02/03/24, 02/04/24, 02/10/24, 02/11/24. 02/17/24, 02/18/24, 02/24/24, 02/25/24, 03/03/24. 03/09/24, 03/10/24, 03/16/24, 03/17/24, 03/23/24, 03/24/24, 03/30/24, and 03/31/24. On 08/23/24 at 10:05 a.m., the nursing service coordinator stated finding weekend RN coverage had been challenging.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 33148 Based on record review and interview, the facility failed to ensure side effect monitoring was conducted for the use of a psychotropic medication for one (#17) of five sampled residents reviewed for medications. LPN #4 identified 66 residents resided in the facility. Findings: Res #17 had diagnosis which included major depressive disorder. A physician order, dated 08/05/24, documented Zoloft (depression medication) 50 mg tab at bedtime. There was no documentation side effects were monitored during the month of August 2024. On 08/22/24 at 10:46 a.m., the DON was asked if side effects were monitored for the resident's use of Zoloft. On 08/23/24 at 7:51 a.m., the DON stated side effects were not monitored and should have been.