

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375573	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Cross Timbers Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>49701</p> <p>Based on record review and interview, the facility failed to ensure resident assessments were completed and submitted to Centers for Medicare & Medicaid Services for 1 (#60) of 15 sampled residents who were reviewed for resident assessments.</p> <p>The administrator identified 59 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #60's Discharge Assessment, showed the assessment reference date was 10/16/24 and the assessment was completed on 11/01/24. The assessment was not completed within the 14 day allowed time for completion.</p> <p>On 02/21/25 at 2:17 p.m., the director of nursing stated the assessment did not appear to have been submitted on time.</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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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>48344</p> <p>Based on observation, record review, and interview, the facility failed to follow the menu for one of one meal service observed.</p> <p>The administrator identified 47 residents who received their meals from the kitchen.</p> <p>Findings:</p> <p>On 02/25/25 at 9:51 a.m., a lunch menu observed posted in the dining room board showed baked chicken, buttered noodles, peas and mushrooms, roll and apricot parfait.</p> <p>The Menus policy, revised 04/2007, read in part, Menus shall be planned and followed to meet nutritional needs of patients.</p> <p>A Week 2 facility menu, dated 2024-2025, showed residents would be served chicken baked, buttered noodles, peas and mushrooms, white roll, and apricot parfait for Tuesday's lunch menu on 02/25/25.</p> <p>On 02/25/25 at 10:00 a.m., cook #1 stated they would serve fried chicken patties, peas, scalloped potatoes, dinner rolls, and mixed fruit. They stated they changed the menu because they could not locate the chicken to thaw out at that time. They stated they later located the chicken.</p> <p>On 02/25/25 at 10:39 a.m., cook #1 stated they consulted with the administrator before making the changes. They stated scalloped potatoes paired better with the chicken patties.</p> <p>On 02/25/25 at 11:33 a.m., cook #1 was observed to served the above menu items. No mushrooms were observed to be cooked and served during meal service observation.</p> <p>On 02/25/25 at 1:56 p.m., the administrator stated the certified dietary manager was off and they were supervising.</p> <p>On 02/25/25 at 2:05 p.m., the administrator stated they discussed the menu changed with cook #1.</p> <p>On 02/25/25 at 2:08 p.m., the administrator stated they were not sure why the mushrooms were not served. They stated it was an oversight on their part. They stated the dining room menu board should have been updated.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45583</p> <p>Based on observation and interview, the facility failed to ensure:</p> <p>a. prepared food was dated and labeled; and</p> <p>b. prepared food that could not consumed was removed from storage for one of one kitchen observation.</p> <p>The administrator identified 47 residents who received their meals from the kitchen.</p> <p>Findings:</p> <p>On 02/20/25 at 11:50 a.m., during the initial kitchen visit of the six door refrigerator, there were four white bowls of an unknown beige substance on a plastic tray. The unknown substance had greenish/gray center and white edges. They were not dated or labeled.</p> <p>The Food Receiving and Storage policy, revised 12/2008, read in part, Foods shall be received and stored in a manner that complies with safe food handling practices .All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</p> <p>On 02/20/25 at 11:56 a.m., cook #1 stated the greenish/gray with white edges in the bowls looked like mold. They stated they did not know what the date should be on the bowls. They stated the policy was to label, date, and after 48 hours depending on the food item, to pull it out of rotation. [NAME] #1 stated they did not see the tray with the four bowls.</p> <p>On 02/20/25 at 11:59 a.m., the dietary supervisor observed the four bowls. They stated they had mold on them and should have been thrown away. They stated the unknown substance should have been labeled and dated.</p>		