Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375574 | A. Building<br>B. Wing | 05/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Lodge at Brookline | 5301 North Brookline<br>Oklahoma City, OK 73112 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0565<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to organize and participate in resident/family groups in the facility.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960<br><br>Based on record review and interview, the facility failed to address and document a grievnaces of clothing and medical equipment for one (#1) of four sampled residents reviewed for grievnaces.<br><br>The administrator identified 43 residents currently resided in the facility.<br><br>Findings:<br><br>An undated facility policy, Resident and Family Grievances, read in part, .Evidence demonstrating the results of all grievances will be maintained for a period of no less than 3 years from the issuance of the grievance decision .The facility will make prompt efforts to resolve grievances .<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis to include severe protein Calorie Malnutrition, and end stage renal disease.<br><br>A hand written social service note, dated 04/23/24, documented Resident #1 family had complained about missing wheelchair, purse, and clothes.<br><br>A review of Resident #1 clinical record contained no additional documentation the resident or the family had any complaints or grievnaces and the resolution of the missing items from the hand written social service note.<br><br>On 05/30/24 at 10:48 a.m., the administrator stated Resident #'s daughter called the social service director about missing clothes, the wrong wheelchair was sent home with the resident. The administrator stated they did not have documentation of how the complaint of wrong wheelchair and clothes were addressed.<br><br>On 05/30/24 at 11:02 a.m., The social service director stated they received a call from family about the wrong wheelchair, purse and missing clothes. They then sated there was no documentation on how the grievance was handled. |

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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960<br><br>Based on record review and interview, the facility failed to complete a discharge summary with a recapitulation of stay for one (#1) of one sampled resident reviewed.<br><br>The administrator identified eight residents who have discharged from the he facility since 04/02/24.<br><br>Findings:<br><br>Resident #1 was admitted to the facility on [DATE] with diagnosis to include protein calorie malnutrition, diabetes mellitus and cachexia.<br><br>A review of the progress notes, dated 04/22/24, documented the resident was discharged from the facility and went home with their daughter.<br><br>A discharge instruction form, dated 05/14/24, documented the resident went home with their daughter and medications were provided to them. There was no documentation of a complete summary of the residents stay.<br><br>There was no documentation in the clinical record the facility completed a discharge summary for Resident #1 with a recapitulation of their stay.<br><br>On 05/30/2024 at 10:48 a.m., the administrator was asked for the discharge summary for Resident #1. The administrator stated the only form they used for a discharge summary was the discharge instructions form. The administrator was asked if this form included a full recapitulation of Resident #1. The administrator stated the surveyor saw everything they had regarding the discharge summary. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960<br><br>Based on observation, record review, and interview, the facility failed to obtain finger stick blood sugars in a manner to prevent cross contamination for three of four observations.<br><br>The administrator identified 15 residents who received finger sick blood sugars.<br><br>Findings:<br><br>1. Resident #2 had diagnosis to include diabetes mellitus, hyperlipidemia, gout, anxiety, paroxysmal atrial fibrillation, acute kidney failure, sleep apnea, respiratory failure<br><br>A current physician's order for Resident #2 documented they received Novolog injections four times a day per sliding scale.<br><br>2. Resident #3 had diagnosis to include diabetes mellitus.<br><br>A current physician's order for Resident #3 documented they received Insulin Lispro injections per sliding scale three times a day.<br><br>3. Resident #3 had diagnosis to include diabetes mellitus.<br><br>The current physician's order for Resident #4 documented they received Humalog injections per sliding scale before meals.<br><br>On 05/29/24 at 11:41 a.m., LPN#1 was observed completing a finger stick blood sugar and administering two units of insulin to Resident #2. LPN #1 was observed getting the supplies and removing the glucometer from the cart. LPN #1 did not wash her hands or use hand sanitizer prior to starting and did not clean and disinfect the glucometer before use. After obtaining the finger stick blood sugars LPN #1 placed the glucometer on top of the cart without cleaning and sanitizing it. The LPN#1 did not wash her hands or use hand sanitizer after administering two units of insulin.<br><br>On 05/29/24 at 11:46 a.m., LPN #1 rolled the cart down to room [ROOM NUMBER] to check Resident #3 glucometer. LPN #1 was observed checking Resident #1 blood sugars with the same glucometer that was not cleaned and sanitized after being used on Resident #2. LPN #1 took the reading returned to the cart and placed the glucometer in the cart and locked the cart back up. LPN #1 did not wash her hands or use hand sanitizer after she was completed with the task.<br><br>On 05/29/24 at 11:58 p.m., LPN #3 was observed obtaining a finger stick blood sugar from Resident #4. LPN #3 obtained the glucometer from the cart, cleaned and sanitized it. After setting for two minutes the LPN took the glucometer into the room to obtain the reading. LPN #3 did not was their hands and/or use hand sanitizer before taking the reading.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 05/29/24 at 11:50 a.m., LPN #1 stated each hall has only one glucometer to use. They were asked what the policy was for cleaning medical equipment. They stated they did not know. They were asked about handwashing and cleaning and sanitizing the glucometer. LPN #1 stated they did not wash their hands, or clean and sanitize the glucometer before and after.<br><br>On 05/29/24 at 12:07 p.m., LPN #3 stated they did not wash their hands before and after completing the finger sick blood sugar of Resident #4. |