

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375577	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Senior Village Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 North Madison Blanchard, OK 73010	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to refer a resident with a new mental health diagnosis to OHCA for a PASRR level II evaluation for one (#3) of one sampled residents reviewed for PASRR.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res #3 admitted to the facility with diagnoses of atherosclerotic heart disease, diabetes, dementia, depression, and hypothyroidism.</p> <p>A review of the resident's record documented a PASRR level I was completed on 04/27/23.</p> <p>On 12/26/23, the resident received a new diagnosis of psychosis. The resident's record contained no documentation that OHCA was notified of the new mental health diagnosis.</p> <p>On 08/01/24 at 9:58 a.m., the DON reported that OHCA was not notified of the new mental health diagnosis.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>43023</p> <p>Based on observation, record review, and interview, the facility failed to ensure physcain's orders were followed as ordered for one (#32) of one resident reviewed for respiratory care.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res #32 admitted to the facility with diagnoses of COPD, depression, and diabetes.</p> <p>A physician's order, dated 06/28/24, documented Oxygen 5 liters via NC if O2 sats are less than 90%.</p> <p>On 07/29/24 at 9:27 a.m., the resident was observed resting in bed with eyes closed. Oxygen settings were observd at 7 L/M with a nasal canula.</p> <p>On 07/30/24 at 12:25 p.m., the resident was observed wearing their oxygen. Oxygen settings were at 7 L/M via NC.</p> <p>On 07/31/24 at 9:32 a.m., the resident was observed sitting in their room watching tv. The resident was observed wearing oxygen with the setting at 7L/M via NC.</p> <p>On 08/01/24 at 10:00 a.m., the DON was made aware of the observations. The DON reported the physician's orders were not being followed.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to ensure yearly nursing skill and competencies were completed for three (LPN #1, LPN #2, and RN #1) of the seven employees reviewed.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>On 08/01/24 at 9:21 a.m., the skills and competencies for licensed nurses were reviewed. Three licensed nurse skills review had not been completed for , LPN #1, LPN #2, and RN #1, since 2022.</p> <p>On 08/01/24 at 11:44 a.m., the DON reported she did not realize the yearly skills and competencies had not been completed for the three licensed nurses.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to follow/implement the Preparation for Medication Administration policy for one (#2) of four sampled residents reviewed for accidents.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res #2 admitted to the facility with diagnoses of hypertension, diabetes, anxiety, and depression.</p> <p>An Incident Report, dated 04/04/24, documented the resident received another resident's medication.</p> <p>On 07/31/24 at 10:46 a.m., the facility's policy for Preparation for Medication Administration was reviewed. The Preparation for Medication Administration Policy, last revised 12/01/12, documented,</p> <p>Preparation- Prior to administration, the medication and dosage schedule on the resident's MAR is compared with the medication label.</p> <p>Administration- Residents are identified before medication is administered. The medication nurse or certified medication aide will turn to that resident's medication sheet, compare photo with resident and positively identify the resident. Each resident must have a completed Resident Information Sheet or similar form, with their photo attached at the appropriate location on the form. This form is included in the medication administration record and in the treatment administration record.</p> <p>Methods of identification include.</p> <ul style="list-style-type: none"> - Checking identification band. -Checking photograph attached to medical record. -Calling resident by name. - If necessary, verifying resident identification with other facility personnel. <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/01/24 at 09:47 a.m., the DON reported the resident wanted to wait on taking their medication so the DON put the resident's medications in the drawer of the medication cart. The DON reported they started getting another residents medications ready and the hospice staff and asked about a chart they couldn't find. The DON reported they put the medication cup of the resident they was working on in the drawer of the medication cart and went to get the chart for hospice. The DON reported when they returned to the medication cart that resident #2 came to the cart and wanted to take their medications at that time. The DON reported they retrieved the medication cup from the cart and administered the resident's medication. The DON reported they realized they had administered the resident the wrong medications by accident. The DON was asked if they had followed the facility policy and if resident #2's medication cup should have been placed in the drawer unlabeled when they refused the medications at the time they went to administer them. They reported no.</p> <p>On 08/01/24 at 10:51 a.m., the corporate nurse reported the DON did not follow the facility's policy</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to ensure a PRN order for an antianxiety had a 14 day stop date for one (#3) of five sampled residents reviewed for unnecessary medications.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res #3 admitted to the facility with diagnoses of dementia in other diseases with mild anxiety.</p> <p>A physician's order, dated 6/24/24, documented, Lorazepam Oral Concentrate 2 MG/ML (Lorazepam) *Controlled Drug* Give 0.25 ml by mouth every 2 hours as needed for ANXIETY/RESTLESSNESS, no stop date provided on the order.</p> <p>A Medication Regimen Review, dated 1/18/24, documented a request for physician to add a stop date. The physician signed the request with no response documented and no stop date was added to the Lorazepam.</p> <p>On 08/01/24 at 9:56 a.m., the DON reported the medication should have had a stop date added.</p>