

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2026
NAME OF PROVIDER OR SUPPLIER Higher Call Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 407 Whitebird Street Quapaw, OK 74363	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review, and interview, the facility failed to ensure: a. prepared food items were labeled with the preparation and use-by dates; b. fresh food items were discarded when wilted and soft to the touch; c. food items were discarded after manufacturer expiration dates; and d. temperature logs were completed for 1 of 2 community refrigerators. The administrator identified 41 residents received meals from the kitchen. Findings: On 01/06/26 at 8:45 a.m., the following observations were made in the refrigerator in the kitchen: a. five serving containers with lids were without labels, preparation, or use-by dates and contained a white pudding type substance, b. two prepared turkey lunchmeat sandwiches, in plastic wrap, were without labels, preparation, or use-by dates, c. an opened one-gallon container of classic Caesar prepared dressing had a manufacturer use-by date of 08/24/25, d. a plastic container with six zucchini squash were wilted and soft to the touch, and e. six heads of iceberg lettuce were wilted, soft to the touch, and discolored. On 01/06/26 at 9:30 a.m., the following observations were made in the south community refrigerator: a. an opened container of mayonnaise with a manufacturer expiration date of 12/04/25, b. an opened container of barbeque sauce with a manufacturer expiration date of 09/21/25, and c. an opened carton of lactose free reduced fat milk without open or use-by dates. On 01/06/26 at 9:33 a.m., a refrigerator log was observed on the South community refrigerator and had no dates or temperatures completed for 01/03/26, 01/04/26, and 01/05/26. An undated facility policy titled Food Labeling and Date marking, read in part all food containers must include common name of food item, date prepared or opened, discard date and initials of staff member. An undated facility policy titled LTC [Long Term Care] Resident Refrigerator, read in part, write the date you received, date opened, date expired and residents name each food item to keep track. temperature: keep your refrigerator at 40 degrees Faren height or below. when a food item has reached its expiration date, staff must notify the resident and ask whether they would like to discard the item or keep it. The resident must be informed that expired food items may not be returned to the resident refrigerator. On 01/06/26 at 9:10 a.m., the dietary manager stated they knew they were supposed to have items in the refrigerator labelled and dated, but staff had not done it consistently. The dietary manager stated fresh food items should be checked for freshness and discarded if not fresh. On 01/09/26 at 11:09 a.m., the administrator stated housekeeping checked the community refrigerators daily for temperature and once a week for outdated food and cleanliness. The administrator stated they were aware of open dates on the temperature log on the South community refrigerator, and they were not checked.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 375579	If continuation sheet Page 1 of 1