

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 05/16/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34270</p> <p>Based on record review and interview, the facility failed to enter required information on a Skilled Nursing Facility Advance Notice of Beneficiary Notice of Non-coverage (SNFABN) form prior to having a resident sign the document for one (#20) of three sampled resident reviewed for beneficiary notification.</p> <p>A facility daily census report documented 37 resident resided in the facility.</p> <p>Findings:</p> <p>Resident #20 was admitted on [DATE] and discharged on [DATE].</p> <p>A review of the residents records found a Skilled Nursing Facility Advance Notice of Beneficiary Notice of Non-coverage (SNFABN) form had been signed by Resident #20 on 05/01/24. The document stated the resident may be charged for services out of pocket starting on 05/03/24. The area of the document where the services to be charged were to be listed along with the reason Medicare may not pay and the estimated cost of those services were blank. The area on the form where the resident checks one of three boxes to declare if they want to continue or discontinue the services that Medicare may not pay for was also blank.</p> <p>On 05/15/24 at 11:44 a.m., the BOM stated the document was required to be filled out with accurate information prior to having a resident sign the SNFABN. They stated the one for Resident #20 was blank.</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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>34270</p> <p>Based on observation, record review, and interview, the facility failed to ensure the resident was assessed for their ability to safely use bed rails and the resident or their representative gave informed consent in writing prior to the use of bed rails for one (#7) of one resident reviewed for bed rail use.</p> <p>A facility daily census report documented 37 resident resided in the facility.</p> <p>Findings:</p> <p>A facility Proper Use of Bed Rails policy, dated 2023, documented a resident must be assessed for safe use of bed rails and informed consent must be obtained from the resident or their representative prior to use of bed rails.</p> <p>A quarterly assessment, dated 04/11/24, documented the resident required substantial assistance to reposition themselves in bed. The assessment documented the resident had moderate cognitive impairment.</p> <p>A review of Resident #20's medical record did not find documentation of the resident being assessed for or giving informed consent to use bed rails. No documentation of the resident having any accidents related to the bed rails was found.</p> <p>On 05/13/24 at 10:03 a.m. the resident's bed was observed to have half rails in the up position on each side other their bed. The resident stated they needed the rails to support themselves.</p> <p>On 05/15/24 at 1:33 p.m., the DON stated they had reviewed the resident records and did not find documentation the resident had been assessed prior to the use of the bed rails or had signed a consent form for the use of bed rails.</p> <p>On 05/16/24 at 10:48 a.m., the DON stated the staff had not followed policy when they allowed the resident to use the bed rails without following proper procedure. They had not followed 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42171</p> <p>Based on record review and interview, the facility failed to ensure a resident did not receive unnecessary psychotropic medications for two (#5 and #19) of five residents reviewed for unnecessary medications.</p> <p>The CMS form 802 documented 27 residents received psychotropic medications.</p> <p>Findings:</p> <p>1. Resident #5</p> <p>Resident #5 had diagnoses including depressive episodes and hip pain.</p> <p>A quarterly assessment dated [DATE] documented the resident received an antidepressant medication and an antianxiety medication.</p> <p>A physician's order, dated 04/19/24, documented Resident #5 received 10 mg of buspirone (an antianxiety medication) twice a day.</p> <p>A review of Resident #5's health record did not document side-effect monitoring was in place for antianxiety medication.</p> <p>2. Resident #19</p> <p>Resident #19 had diagnoses including anxiety and depression.</p> <p>A physician order, dated 03/14/24, documented Resident # 19 had a PRN order for lorazepam (a psychotropic medication).</p> <p>On 05/15/24 at 09:24 am, RN #1 stated residents receiving antianxiety medications should be monitored for medication side effects. They also stated PRN orders for psychotropic medications should be evaluated frequently.</p> <p>On 05/15/24 at 2:15 pm, the DON stated antianxiety monitoring should be documented in the TAR and all residents receiving antianxiety medications should be monitored for side effects. They also stated PRN orders for psychotropic medications should be evaluated every two weeks.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42171</p> <p>Based on observation, record review, and interview, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety.</p> <p>The DON identified 37 residents who received meals from the kitchen.</p> <p>Findings:</p> <p>An undated policy titled Food Safety Requirements, read in part, .Food will also be stored, prepared and served in accordance with professional standards for food service safety .Monitoring food temperatures and functioning of the refrigeration equipment daily .Labeling , dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date .foods shall be prepared as directed until recommended temperatures for the specific foods are reached .Staff shall follow procedures for dishwashing .</p> <p>On 05/13/24 at 8:30 am, a review of the refrigerator and freezer temperature log for May did not document any temperatures had been recorded since 05/06/24.</p> <p>On 05/13/24 at 8:32 am, a reach in cooler was observed to contain open packages of sliced ham, shredded cheese, and chicken noodle soup, none of these items were dated.</p> <p>On 05/13/24 at 8:34 am, the bulk container of sugar was observed to be open, and a scoop was observed inside. The bulk container of flour was also observed to contain a scoop. All four trash cans in the kitchen were observed to be uncovered.</p> <p>On 05/13/24 at 8:40 am, the dish machine temperature log for May was observed, it did not document the temperature, or the concentration of sanitizer had been recorded for the first 13 days of May.</p> <p>On 05/13/24 at 8:45 am, the food temperature log for May was reviewed. The log did not document a meal temperature had been recorded since the noon meal on 05/06/24.</p> <p>On 05/14/24 at 11:16 am, Cook #1 stated that the temperature logs for the freezers and coolers should be recorded by the cook on duty, they also stated open containers of food should be closed and a date should be written on them. They further stated scoops should not be left in bulk containers and that the temperature of all meals should be recorded prior to serving. Cook #1 stated the person washing dishes was responsible for monitoring the dish machine and the temperature and chemical concentration should be recorded three times a day.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42171</p> <p>Based on observation and interview, the facility failed to ensure infection control protocols were followed during wound care for one (#5) of two residents reviewed for wounds.</p> <p>The DON identified 8 residents in the facility with wounds.</p> <p>Findings:</p> <p>An undated facility policy titled Hand Hygiene read in part, .All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors . The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves .</p> <p>Resident #5 had diagnoses which included MRSA and stage 3 pressure ulcers to the left and right heel.</p> <p>On 05/14/24 at 10:14 am, LPN #1 was observed changing the wound dressings on Resident #5's heels. LPN #1 was observed three times removing soiled gloves and putting on clean gloves without performing hand hygiene.</p> <p>On 05/14/24 at 10:23 am, LPN #1 was observed to remove the existing wound dressings from Resident #5's heels and then to support the residents uncovered left heel directly on LPN #1's uniform pants. LPN #1 then completed the dressing change on the left heel. Next, LPN #1 supported the residents uncovered right heel on their uniform pants.</p> <p>On 05/15/24 at 9:19 am, CNA #1 stated you should perform hand hygiene before putting on gloves and after removing gloves.</p> <p>On 05/15/24 at 11:09 am, the DON stated hand hygiene should be performed when changing gloves. They also stated it was not acceptable to rest an uncovered wound directly on your uniform.</p>		