STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375581	A. Building B. Wing	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cearu Medical Resort	8720 South 101st Avenue Tulsa, OK 74133

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 35474 Based on observation, record review, and interview, the facility failed to ensure the catheter bag and tubing were maintained to prevent infection for one (#151) of one sampled resident who was reviewed reviewed for indwelling urinary catheter. The roster matrix identified 12 residents who had indwelling urinary catheters. Findings: Resident #151 had diagnoses which included obstructive and reflux uropathy. The Care Plan, dated 12/10/24, read in part, Attach my catheter bag to bedside to drain and ensure it is closed drainage system and not touching the floor. On 12/10/24 at 8:54 a.m., Resident #151 was observed in bed with the catheter bag and tubing laying on the floor beside the bed. On 12/10/24 at 2:46 p.m., the resident's catheter bag was observed touching the floor. On 12/11/24 at 2:25 P.M., CNA #3 stated staff were to position the catheter bag on the side of the bed and not let it touch the floor. On 12/11/24 at 3:58 p.m., LPN #3 stated staff should place the catheter bag on the lower railing of the bed and were to keep the bag and tubing from touching the floor. On 12/11/24 at 4:26 p.m the DON stated catheter bags and tubing was to be kept off the floor.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46703 Based on observation, record review, and interview, the facility failed to ensure medications were securely stored on halls 200 and 300. The DON identified five medications carts in the facility. Findings: The undated Medication Storage policy, read in part, All drugs and biologicals will be stored in locked compartments .During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart. On 12/09/24 at 4:06 p.m., LPN #1 on hall 300, walked into a resident room leaving the medication cart unlocked and unattended. On 12/09/24 at 4:07 p.m., LPN #1 returned to the medication cart, then walked into another resident room leaving the cart unlocked and unattended. On 12/09/24 at 4:08 p.m , LPN #1 returned to the medication cart and prepared medications. On 12/09/24 at 4:10 p.m., LPN #1 locked the medication cart and walked away. On 12/10/24 at 9:10 a.m., LPN #1 approached the medication cart picking up a clipboard then entered a resident room leaving the cart unlocked and unattended. On 12/10/24 at 9:11 a.m., LPN #1 locked the medication cart and walked away. On 12/11/24 at 2:00 p.m., the medication cart on hall 200 was observed to be unlocked and unattended. On 12/11/24 at 2:20 p.m., LPN #2 walked over to the cart and locked it. They stated the protocol was to keep the cart locked to ensure medication were secure. They stated they were not sure why it was not locked. On 12/11/24 at 3:40 p.m., the DON stated the medication carts must stay locked at all times.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 41220 Based on observation, record review, and interview, the facility failed to follow the menu as written for puree diets. The kitchen manager documented three residents had pureed diets. Findings: On 12/10/24 at 10:52 a.m., pureed food was observed being prepared by cook #1. The menu for the day consisted of sweet and sour chicken, stir fried vegetables, rice, and an egg roll. Chef #1 prepared the chicken and the vegetables for the puree. Pasta was substituted for the rice. The chef did not puree an egg roll for the residents who were ordered a puree diet. On 12/10/24 at 11:14 a.m., [NAME] #1 stated they did not usually add the egg roll or bread that was on the menu to the puree diets. They stated if there was a starch, a protein, and a vegetable, that was enough. [NAME] #1 stated they had never pureed bread for a meal. On 12/10/24 at 11:17 a.m., Chef #1 stated the puree diets were adequate if they contained a vegetable, a protein, and a starch. On 12/11/24 at 10:52 a.m., Dietician #1 stated the menu should not be altered without their consent. Dietician #1 stated everything on the menu contributed to the nutritional value of the meal, and should be the same no matter what the texture. They stated substitutions were allowed with consent by them, but nothing should be omitted from the menu.