

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37E082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Seiling Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 914 NE Highway 60 Seiling, OK 73663	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a resident receiving dialysis services had pre-assessments, post assessments, and ongoing communication with the dialysis center for 1 (#12) of 1 sampled resident reviewed for dialysis. The administrator identified 20 residents resided in the facility and one resident received dialysis. Findings:A review of the facility policy book contained no policy for dialysis services. Undated dialysis center forms, Your Medication List and Nutrition and Blood Test Results showed the facility received a copy of Resident #12's tests results and medication from the dialysis center on 01/15/26 via fax. A baseline care plan, dated 01/15/26, showed Resident #12 was admitted to the facility on [DATE] and received dialysis services Tuesdays, Thursdays, and Saturdays.Nursing progress notes, dated 01/17/26, 01/20/26, and 01/22/26, showed Resident #12 was transported to and from dialysis via public transport. There was no documentation in Resident #12's clinical record of communication between the facility and the dialysis center. There was no documentation in the clinical record to show the facility completed Resident #12's dialysis pre and post assessments. On 01/22/26 at 10:10 a.m., the DON stated there were no communication forms or documentation between the facility and the dialysis center. The DON stated the facility was not completing pre and post assessments for Resident #12.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interview, the facility failed to ensure RN coverage for eight consecutive hours seven days per week. The administrator identified 20 residents resided in the facility. Findings: A PBJ Staffing Data Report, dated 07/01/25 through 09/30/25, showed the metric was suppressed as the PBJ had not been submitted for the required quarter. A review of the direct care staff schedule was conducted from 07/01/25 to 01/21/26. On the schedule the administrator documented on the paper what the letters and colors meant on the schedule: a. A - 6a-6p, b. N - 6p - 6a, c. red ink - request off, and d. highlights red - call out. There were seven days without 8 hours of RN coverage: 10/19/25, 11/08/25, 11/09/25, 11/29/25, 11/30/25, 01/17/26, and 01/18/26. On 01/21/26 at 10:58 a.m., the administrator stated the DON was salary and was not counted on the schedule. On 01/21/26 at 12:08 p.m., the DON stated, Call ins were handled by the nurse trying to get their shift covered, then if not they call and let me know. If the nurse does not find someone, then I find someone, and if not find someone then I come and work it. On 01/21/26 at 12:10 p.m., the DON was asked to verify RN coverage for 10/19/25, 11/08/25, 11/09/25, 11/29/25, 11/30/25, 01/17/26, and 01/18/26. They pulled up all the schedules on their computer and stated they covered on 10/19/25, 11/08/25, 11/09/25, 11/29/25, and 11/30/25 with no timecard to show they worked. The DON stated on 01/17/26 there were only 6 RN hours for that day. The DON stated on 01/18/26 they did not come in and cover, so there were no RN hours. On 01/21/26 at 1:26 p.m., the administrator provided a handwritten piece of paper that showed, DON only clocks in when working on floor, otherwise here for 8 hours/shift when on call and no coverage. The facility did not provide timecards to verify RN hours for the above dates.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on record review and interview, the facility failed to ensure the required PBJ staffing data was submitted to CMS within the mandated timeframe for the FY Quarter 4 2025. The administrator identified 20 residents resided in the facility. Findings:A PBJ Staffing Data Report, dated FY Quarter 4 2025 (07/01/25 through 09/30/25), showed the facility had not provided staffing data to CMS for the PBJ staffing data report for FY Quarter 2 2025. On 01/21/26 at 11:30 a.m., the administrator stated the PBJ was not submitted. They stated they attempted to submit it on the 16th of January, and it was not accepted. The administrator stated it showed it was late and was due on the 15th. They stated customer service was contacted, and the facility was told they missed the deadline and to try next month.</p>		