

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37E109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/01/2024
NAME OF PROVIDER OR SUPPLIER Colonial Manor II		STREET ADDRESS, CITY, STATE, ZIP CODE 120 West Versa Hollis, OK 73550	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>30875</p> <p>Based on record review and interview, the facility failed to ensure the resident assessment was transmitted within seven days of completion for one (#19) of one sampled resident reviewed for discharge assessments.</p> <p>The DON reported 38 residents resided in the facility.</p> <p>Findings:</p> <p>A Minimum Data Set (MDS), policy and procedure, not dated read in part, .Our facility is committed to ensuring the accurate and timely completion of the Minimum Data Set (MDS) for all residents, as required by federal and state regulations .</p> <p>On 05/30/24 at 9:30 a.m., the DON reviewed Res #19's MDS assessment. They reported there was a glitch in the system and the MDS coordinator did not receive a report that Res #19's MDS had not been submitted. They reported the MDS assessment was submitted yesterday.</p> <p>On 05/30/24 at 9:40 a.m., the DON notified the MDS coordinator on the phone via speaker. They reported they had a software issue with PCC. Reported they did not notice if it was on the report as accepted or rejected. They reported they modified the MDS because of the re-entry dates and transmitted the MDS yesterday. They reported they signed the MDS yesterday 05/29/24 at 11:15 p.m., and transmitted it.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30875</p> <p>Based on record review and interview, the facility failed to update the plan of care related to documented falls for two (#22 and #29) of five sampled residents reviewed for falls.</p> <p>The DON reported 38 residents resided in the facility.</p> <p>Findings:</p> <p>A Long Term Care Facility: Care Plan Policy and Procedure, not dated, read in part, .All residents will have a care plan that is resident-centered, addressing their medical, psychological, and social needs. Care plans will be developed, reviewed, and updated regularly in collaboration with residents, their families, and the interdisciplinary care team . Care interventions will be carried out as outlined in the care plan .</p> <p>A plan of care dated 12/12/23 through 06/12/23, documented, the resident is high risk for falls r/t Parkinson's disease. New Goal New Custom Goal: The resident will be free of falls through the review date. New Intervention: New Custom Intervention Anticipate and meet the resident's needs. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. Encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility such as: morning exercises, walk to dine. Ensure that the resident is wearing appropriate footwear black non-skid tennis shoes when ambulating or mobilizing in w/c. Follow facility fall protocol. Pt evaluate and treat as ordered or RESIDENT SEEN [Name Withheld-Physician] ON THE EVENING OF 1-8-24 D/T RESIDENT STATING SHE HAD FALLEN AND GOTTEN HER SELF UP. BRUISE WITH A KNOT NOTED TO RIGHT HIP. ORDERED X-RAY OF R HIP AND L KNEE. RESIDENT SENT OUT FOR X-RAYS ON 1-9-24. Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible. Educate resident/family/caregivers/IDT as to causes.</p> <p>A significant change assessment dated [DATE], documented, severe cognitive impairment, with partial/moderate assistance with some activities of daily living. Number of falls since admission or prior assessment - no Injury: two or more. Number of falls since admission or prior assessment - injury (except major): two or more. Number of falls since admission or prior assessment - major injury: none.</p> <p>Res #22 had 8 un-witnessed falls documented from 01/08/24 through 05/14/24. The reports document immediate action taken; however, did not list interventions put into place after the falls.</p> <p>Res #22's incident reports, dated 01/08/24, 01/15/24, 02/13/24, 03/21/24, 03/25/24, 04/01/24, 04/17/24, and 05/14/24.</p> <p>On 05/29/24 at 3:10 p.m., Res #22 was using a rolling walker in hallways.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/30/24 at 10:48 a.m., the DON was asked about the corresponding fall interventions for Res #22. They reported they would update the plan of care and RN #1 was good about doing that.</p> <p>On 05/30/24 at 11:01 a.m., the DON reported RN #1 had not updated the plan of care related to the corresponding falls and reported they would let them know.</p> <p>41873</p> <p>2. Resident #29 had diagnoses which included hemiplegia.</p> <p>A comprehensive assessment, dated 02/15/24, documented cognition was severely impaired.</p> <p>An incident note, dated 03/24/24, read in part .Upon entering the room resident #29 was observed lying on the floor, lying on their right side .Resident was assisted back to his recliner .The resident had a small-moderate amount of bright red blood from the back of head and two large hematoma's.</p> <p>A progress note, dated 03/24/24, read in part .Upon entering the room resident #29 was observed lying on the floor, lying on their right side .Resident was assisted back to his recliner .The resident had a small-moderate amount of bright red blood from back of his head and two large hematoma's .Resident transported to emergency room for evaluation and treatment .</p> <p>A care plan, updated 03/20/24, read in part Risk for falls .Assist resident with ambulation and transfers, utilizing therapy recommendations .Determine residents ability to transfer .Ensure call light is available to resident .If fall occurs, alert provider .If fall occurs, initiate frequent neuro and bleeding evaluation per facility protocol .If resident is a fall risk, initiate fall risk precautions .Review medications for drugs that increase the risk of falls .Utilize devices as appropriate to ensure safety. The care plan documented no updates related to falls after 03/20/24.</p> <p>A progress note, dated 03/24/24. read in part .Resident #29 returns with discharge paperwork, neuro checks ordered, laceration to head cleaned, triple antibiotic ointment applied, and orders to repeat three times a day, no other new ordered noted .</p> <p>On 05/31/24 at 10:28 a.m., ADON reported resident care plans should be updated with fall interventions after each fall. The ADON reported not all care plans had been updated with new interventions after each fall.</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>30875</p> <p>Based on record review and interview, the facility failed to ensure the medication was necessary to treat a specific condition indicated in the clinical record for three (#7, 14, and #31) of five residents reviewed for unnecessary medications.</p> <p>The DON reported 38 residents resided in the facility.</p> <p>Findings:</p> <p>An Antipsychotic Medication Policy and Procedure for Long-Term Care, not dated, read in part, .Assessment and Indication: Clinical Indication: Antipsychotic medications should only be prescribed for residents with a diagnosed psychiatric disorder (e.g., schizophrenia, bipolar disorder) or for the management of severe behavioral symptoms associated with dementia when other interventions have failed .</p> <p>A facility document titled, Psychosis/Schizophrenia/Behaviors, not dated, read in part, Antipsychotic's require specific diagnosis and behavior monitoring .</p> <p>Res #7's diagnosis included other recurrent depressive disorders, delusional disorders, generalized anxiety, and restlessness and agitation.</p> <p>1. A physician's order as of 05/09/24 read in part, Ativan 0.5 mg give by mouth every 6 hours, order date 04/24/24 for agitation, Buspirone 15 mg give one tablet two times a day for dementia, order date 04/24/24, Klonopin 1 mg give one tablet by mouth two times a day for dementia, order date 05/20/24, Zoloft give 1.5 tablet by mouth once time a day, order date 11/11/22, give 1 1/2 tabs to =75 mg related to other recurrent depressive disorders, Zyprexa 10 mg give one tablet by mouth two times a day for dementia, order date 04/24/24. Refer to [Name Withheld-Psych Facility] order date 04/11/24 .Behaviors - Monitor for the following: (specify) itching, picking at skin, restlessness (agitation), hitting, increase in complaints, biting, kicking, spitting, cussing, racial slurs, elopement, stealing, delusion, hallucinations, psychosis, aggression, refusing care . Behavioral charting for March 2024 consisted of 12 days, April 2024 consisted of 13 days, and May 2024 consisted of 7 days charted as Yes for behaviors.</p> <p>On 05/31/24 at 10:28 a.m., ADON was asked about medications administered for a diagnosis of dementia. They reported the pharmacist request appropriate diagnosis and they try to get them changed. They reported the pharmacist in-serviced them on what they could chart for what to be considered a behavior. They reported the residents were under the care of Geri psych facility and medications were prescribed from them.</p> <p>On 05/31/24 at 11:12 a.m., ADON provided antipsychotic policy and a Buspirone order with a diagnosis of anxiety not dementia. They reported they would need to change that.</p> <p>41873</p> <p>(continued on next page)</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>2. Resident #14 had diagnoses which included dementia.</p> <p>A comprehensive assessment, date 02/25/24, documented resident #14's cognition was severely impaired.</p> <p>A care plan, dated 02/15/24, read in part, The resident has a behavior problem (agitation/anxiety) related to dementia . Risperidone 0.5 mg one by mouth every night .The resident has impaired cognitive function/dementia or impaired thought processes related to Dementia.</p> <p>A pharmacist's monthly medication review, dated 04/08/24, documented no psychotic behaviors for risperidone reported.</p> <p>A physician order, dated 05/22/24, documented risperidone oral tablet 0.25 mg, give 1 tablet by mouth one time a day every other day related to unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety until 06/05/24.</p> <p>3. Resident #31 had diagnoses which included dementia.</p> <p>A pharmacist's monthly medication review, dated 03/08/24 , documented a recommendation to decrease risperidone from 05. mg to 0.25 mg for gradual dose reduction, will need a psych diagnoses, and psych behaviors monitored.</p> <p>A comprehensive assessment, dated 04/22/24, documented severely impaired cognition.</p> <p>A care plan, updated 04/29/24, read in part Behavior management: Resident seen Dr. [name removed] 03/12/24 due to pharmacy recommendation to decrease risperidone to 0.25 mg daily, physician agreed .The resident has impaired cognitive function/dementia or impaired thought process related to dementia . Administer medications as ordered .</p> <p>A pharmacist's monthly medication review, dated 05/13/24, documented Finding no diagnoses or behaviors to justify the use of risperidone .Recommend a decrease to every other day for gradual dose reduction .On 05/21/24, a physician disagreed due to agitation is under control with this medication, no change at this time .</p> <p>On 05/31/24 at 10:28 a.m., ADON was asked about antipsychotic medications being administered for a diagnosis of dementia. The ADON reported the pharmacist had requested an appropriate diagnosis for antipsychotic medications from the physician [name removed] and the physician fails to respond. The ADON reported resident's #14 and #31 physician [name removed] preferred to use risperidone to control behaviors for residents with dementia.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30875</p> <p>Based on record review and interview, the facility failed to submit PBJ FY Quarter 1 2024 ([DATE]-[DATE]) for direct care staffing based on payroll data.</p> <p>The administrator reported 38 residents resided in the facility.</p> <p>Findings:</p> <p>On 05/29/24 at 4:30 p.m., the administrator was asked about the PBJ report for the first quarter of 2024 ([DATE] - [DATE]). They reported it was not submitted within the required time frame.</p> <p>On 05/31/24 at 2:58 p.m., the administrator was asked about the facility's PBJ policy. They reported the policy was to complete them quarterly.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>30875</p> <p>Based on record review and interview, the facility failed to develop, implement a policy and procedure for monitoring Legionella.</p> <p>The DON reported 38 residents resided in the facility.</p> <p>Findings:</p> <p>On 05/31/24 at 9:25 a.m., the maintenance director was asked to submit a specific policy for measures to prevent the growth of Legionella. They did not provide any descriptions of the water systems for visible inspection and/or steps to prevent the growth of Legionella in a flow diagram.</p> <p>On 05/31/24 at 9:15 a.m., ADON/IP reported there had not been any cases of Legionella.</p> <p>On 05/31/24 at 9:45 a.m., the administrator and DON were asked to the submit policy and procedures to include diagrams to identify areas of potential outbreaks of Legionella. The administrator reported they did not have a policy and procedure related to Legionella.</p> <p>41873</p>		