

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  01/08/2026
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on observation, record review, and interview, the facility failed to assess and monitor a resident before and after dialysis treatments for 1 (#4) of 1 sampled resident reviewed for dialysis. The administrator identified one resident required dialysis services. Findings: On 01/06/26 at 3:20 p.m., Resident #4 pulled up their sleeve and showed the dialysis shunt site on their left forearm to this surveyor. An undated policy titled Dialysis, showed nursing staff would monitor residents before and after dialysis, and dialysis access sites would be protected and observed for signs of infection or complications. The policy showed all dialysis-related care, observations, and communications would be documented in the resident's medical record. A care plan, dated 12/15/25, showed a goal to manage Resident #4's end-stage renal disease while attending dialysis on Tuesday, Thursday, and Saturday. The care plan showed to ensure the resident was safely transported to and from dialysis and the resident was encouraged to report any symptoms related to dialysis. Resident #4's admission assessment, dated 12/21/25, showed their cognition was intact with a BIMS score of 13. The assessment showed the resident received dialysis services. Resident #4's medical records showed no monitoring was conducted by a nurse before or after scheduled dialysis treatments on 12/16/25, 12/18/25, 12/20/25, 12/23/25, 12/26/25, 12/27/25, 12/30/25, 01/02/26, 01/03/26, and 01/06/26. On 01/05/26 at 12:29 p.m., Resident #4 stated they went to dialysis on Tuesday, Thursday, and Saturday. The resident stated a transportation company took her to dialysis during the week, and her family transported her on the weekend. On 01/06/26 at 3:20 p.m., Resident #4 stated the facility nurses did not look at their dialysis shunt site or assess them before or after dialysis. On 01/06/26 at 4:00 p.m., RN #1 stated they did not assess Resident #4 before or after dialysis unless the resident was not feeling well or if their blood pressure was abnormal. The RN reported the resident's dialysis shunt was assessed if there was a concern. On 01/06/26 at 4:45 p.m., the DON stated the nurse should assess the resident when the resident returned from dialysis and document the findings in the nurse's notes. The DON stated in-service training needed to be provided for staff related to the dialysis resident.</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: 37E109
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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>Based on observation, record review, and interview, the facility failed to ensure staff used enhanced barrier precautions during catheter care for 1 (#11) of 1 sampled resident reviewed for catheter care. The facility roster matrix showed four residents in the facility had urinary catheters. Findings: On 01/07/26 at 9:35 a.m., CNA #1 and CNA #2 were observed to provide urinary catheter care for Resident #11. The CNAs were observed to provide resident privacy, set up supplies, and don gloves. The CNAs were observed to provide catheter care without wearing a gown. An undated policy titled Enhanced Barrier Precautions, showed enhanced barrier precautions were needed for residents with a catheter to prevent the spread of infections, especially multidrug-resistant organisms in the facility. The policy showed gloves and gowns must be worn whenever touching the resident or their environment. A care plan, dated 12/05/25, showed Resident #11 had an indwelling catheter and was at risk for infection and complications related to catheter use and required enhanced barrier precautions to maintain safety and reduce infection transmission. The care plan showed the staff should consistently utilize gowns, gloves, and hand hygiene during high-contact care. A quarterly assessment, dated 12/20/25, showed Resident #11's cognition was severely impaired with a BIMS score of 03. The assessment showed the resident had an indwelling urinary catheter. A physician's order, dated 12/25/25, showed urinary catheter change to be performed monthly related to a diagnosis of urine retention. On 01/07/26 at 9:45 a.m., CNA #1 and CNA #2 stated they should have worn a gown during catheter care for enhanced barrier precautions. On 01/07/26 at 4:45 p.m., the ADON stated staff should have worn gowns and gloves when performing urinary catheter care.</p>		