STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375094	A. Building B. Wing	07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Care Center Tulsa	2425 South Memorial Tulsa, OK 74129

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 0698 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 41220 Based on interview and record review, the facility failed to ensure dialysis services for one (#1) of four residents who were reviewed for dialysis services. This deficient practice resulted in Resident #1 being hospitalized with a diagnosis of metabolic acidosis from missed dialysis. The DON identified 11 residents who resided in the facility who required dialysis. Findings: A facility policy for dialysis was requested but not provided by the end of the survey. Resident #1 had diagnoses which included end stage renal disease. A physician order, dated 05/24/24, documented Resident #1 was to receive dialysis three times a week on Monday, Wednesday, and Friday. A care plan, dated 05/23/24, documented Resident #1 had a 9:30 a.m. appointment at a dialysis center on Monday, Wednesday and Friday. A progress note, dated 07/05/24, at 11:48 a.m., documented the facility was called and asked to come back to the dialysis center and pick up Resident #1. Transportation was sent and Resident #1 returned to the facility with a note taped to their wheelchair that stated Resident #1 may not return to the dialysis center without a sitter, due to behaviors at the dialysis center. There was no documentation the resident went to dialysis after 07/05/24. A progress note, dated 07/09/24, at 12:40 p.m., documented Resident #1 was sent to a hospital due to not receiving dialysis services. (continued on next page)

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 0698 Level of Harm - Actual harm Residents Affected - Few	A hospital History and Physical assessment plan for Resident #1, dated 07/09/24, read in part, .Admit to inpatient status. I anticipate that this patient will require a stay exceeding at least 2 midnights for the following reasons. Altered mental status with missing multiple dialysis sessions and inability to get dialysis on an outpatient setting . 1. Altered mental status suspect acute metabolic encephalopathy due to missing dialysis. Baseline appears to be nonverbal answering yes/no questions per care everywhere .2. Metabolic acidosis-multifactorial but likely from missing dialysis . Metabolic acidosis is to much acid accumulated in the body, causes include kidney failure. On 07/18/24 at 11:05 a.m., the administrator stated Resident #1 was sent to dialysis on 07/08/24 but was sent back to the facility without receiving dialysis because no sitter was provided. The administrator stated the facility was not required to provide a sitter. On 07/18/24 at 11:08 a.m., the DON stated Resident #1 was sent to the hospital on 07/09/24 to receive dialysis. On 07/19/24 at 10:53 a.m., LPN #1 stated they had sent Resident #1 to dialysis on 07/05/24 around 9:00 a. m. LPN #1 stated since the resident returned about 25 minutes later, and dialysis usually took around 4-5 hours, they had assumed Resident #1 did not receive dialysis. LPN #1 stated they were unsure if they notified the ADON, and stated they did not notify the physician.