STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375159	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Skilled Nursing and Therapy	5800 West Okmulgee Muskogee, OK 74401

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 0642 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a qualified health professional conducts resident assessments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45913 Based on record review and interview, the facility failed to ensure resident assessment were completed within the required timeframe for 10 (#11, 12, 15, 17, 33, 55, 59, 62, 64 and #78) of 11 residents whose transmission reports were reviewed. The Administrator identified 79 residents who resided in the facility Findings: The CMS Transmission Report, dated 05/28/24 documented the following resident assessments were completed late/more than 14 days after the assessment reference date. a. Res #11's quarterly assessment dated [DATE]. b. Res #12's quarterly assessment dated [DATE]. c. Res #15's quarterly assessment dated [DATE]. d. Res #17's quarterly assessment dated [DATE]. e. Res #33's annual assessment dated [DATE] and quarterly assessment dated [DATE]. f. Res #55's admission assessment dated [DATE] and end of skilled assessment dated [DATE]. g. Res #59's quarterly assessment dated [DATE] and 01/21/24. h. Res #62's quarterly assessment dated [DATE]. i. Res #64's quarterly assessment dated [DATE] and 01/23/24. j. Res #78's quarterly assessment dated [DATE] On 05/31/24 at 11:16 a.m., the MDS Coordinator reported they have been pulled to the floor to cover staffing and during those times they weren't able to complete resident assessments.

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. 45913 Based on observation, record review, and interview, the facility failed to ensure oxygen and humidifier tubing was changed monthly for three (#11, 40, and #78) of three sampled residents whose respiratory care was reviewed. The Administrator identified six residents who require oxygen. Findings: The Respiratory Equipment Changeout Schedule policy, last revised on 11/11/19, read in part, .Changeout Schedule .O2 Humidifier one time per month, Cannulas one time per month . 1. Res #11 had diagnoses which included COPD A physician's order, dated 06/09/23, documented oxygen nasal cannulas/tubing and humidifiers should be changed on the 15th of each month and as needed. On 05/28/24 at 10:45 a.m., Res #11's oxygen was in use with their cannula/tubing dated 02/13/24. Res #11's oxygen humidifier was empty and dated 04/30/24. On 05/29/24 at 11:02 a.m., Res #11's oxygen was in use with their cannula/tubing dated 05/28/24. Res #11's oxygen humidifier was empty and dated 04/30/24. 2. Res #40 had diagnoses which included COPD A physician's order, dated 08/25/23, documented oxygen 2-4 liters via nasal cannula if oxygen saturation less than 90%. On 05/28/24 at 11:35 a.m., Res #40's oxygen tubing was dated 02/13/24 and humidifier bottle was empty and dated 04/10/24. On 05/29/24 at 9:35 a.m., Res #40's oxygen tubing was dated 05/28/24 and humidifier bottle was empty and dated 04/10/24. 3. Res #78 had diagnoses which included COPD A physician's order, dated 08/05/23, documented oxygen 2-4 liters via nasal cannula is oxygen saturation less than 90%. On 05/28/24 at 1:05 p.m., Res #78's oxygen tubing was dated 02/13/24. On 05/29/24 at 2:21 p.m., Res #78's oxygen tubing was dated 05/28/24. Res #78 reported the staff changed the oxygen tubing last night. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/31/24 at 11:28 a.m., the DON reported the tubing should be changed at least monthly. The DON reported the changing of oxygen tubing has been a problem but reported with a full administrative team they should be able to monitor tubing changes better.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 33097 Based on record review and interview, the facility failed to provide adequate staffing to ensure residents received their baths as scheduled for two (#34 and #71) of three sampled residents whose bathing documentation was reviewed. The administrator identified 79 residents who resided in the facility. Findings: 1. Res #34 had diagnoses which included end stage renal disease and congestive heart failure. The Inventory/Task Schedule documented Res #34 was scheduled to receive a bath on Monday and Wednesday each week. The Documentation Survey Report v2 for May 2024 documented Res #34 only received a bath on the following days: 05/01, 05/06, 05/15, 05/20 and 05/29/24. Res #34 did not receive a bath on the following scheduled days: 05/08, 05/13, 05/22, and 05/27/24. On 05/28/24 at 11:41 a.m., Res #34 reported they don't get baths when they are scheduled. Res #34 reported they were supposed to have a bath yesterday (05/27/24) and asked for one but was told by staff no one working could give them a bath. Res #34 reported the staff always say there aren't enough people when needing assistance with activities of daily living. 2. Res #71 had diagnoses which included COPD, history of falling and left hip replacement. The Inventory/Task Schedule documented Res #71 was scheduled to receive a bath on Wednesday and Saturday each week. The Documentation Survey Report v2 for May 2024 documented Res #71 only received a bath on the following days: 05/01, 05/04, 05/08, 05/15, 05/18, and 05/29/24. Res #71 did not receive a bath on the following scheduled days: 05/11, 05/22, and 05/25/24. On 05/28/24 at 11:40 a.m., Res #71 reported they were supposed to get two showers a week and stated tomorrow makes two weeks since I have had a shower. Res #71 reported they don't have enough staff to give everyone their baths when they are supposed to get them. Res #71 reported the staff do not attempt to make up missed showers. On 05/31/24 at 11:23 a.m., the DON reported their expectation is for any missed baths to be made up on another day. The DON reported our staffing problems are not the residents' problems. The DON reported the process of accounting for baths and documenting baths has not been organized and could not explain the lack of documented baths for Res #71. 45913

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 35749 Based on record review and interview, the facility failed to ensure a medication was administered as ordered for one (#83) of five sampled residents reviewed for medications. The Administrator identified 79 residents resided in the facility. Findings: A Specific Medication Administration procedure, date January 2022, read in part, .To administer oral medications in a safe, accurate, and effective manner . A Physician's Order, dated 02/08/24, documented to administer Levothyroxine Sodium Oral Tablet 88 MCG one tablet by mouth one time a day related to hypothyroidism. An April 2024 MAR documented blanks for the 6:00 a.m. Levothyroxine 88 mcg on 04/09, 04/10, 04/12, 04/16, 04/19, 04/20, 21, 04/23, 04/25, 04/27, and 04/28/24. A May 2024 MAR documented blanks for the 6:00 a.m. Levothyroxine 88 mcg on 05/04, 05/09, 05/13, 05/18, 05/21, 05/22, 05/26, 05/27, and on 05/31/24. On 05/30/24 at 10:09 a.m., CMA #1 was asked what the process was for administering medications. They stated they would look at the medication card and check it against the MAR. CMA #1 was asked how they documented when a medication was administered. They stated they pushed yes or no on the computer. CMA #1 stated if they pushed no, they would document a reason why the medication wasn't given. CMA #1 was asked what blanks on the MAR indicated. They stated it meant it wasn't given. CMA #1 was shown Resident #83's April and May MARs. They stated the night shift nurse should be giving the 6:00 a.m. medications. 45913