

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Antlers Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 511 East Main Antlers, OK 74523	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>33097</p> <p>Based on record review and interview the facility failed to ensure a resident was assessed related to smoking and accident hazards for 1 (#22) of 1 sampled resident reviewed for smoking.</p> <p>The administrator identified three residents were smokers.</p> <p>Findings:</p> <p>A policy titled SMOKING SAFETY, dated 08/03/15, read in part Initiate and complete the Smoking Safety evaluation if the resident requests smoking privileges as follows: 1. On Admission 2. Quarterly .Staff will monitor distribution of smoking material during smoking sessions .Document interventions on the resident's care plan.</p> <p>Resident #22 had diagnoses which included acute upper respiratory infection, chronic atrial fibrillation, shortness of breath, congestive heart failure, and chronic obstructive pulmonary disease.</p> <p>An annual minimum data set assessment, dated 12/21/24, documented the resident was cognitively intact and currently used tobacco.</p> <p>The resident's plan of care, revised 12/23/24, did not document the resident's use of tobacco.</p> <p>The facility could not provide documentation regarding smoking safety assessments completed on admission or quarterly per the policy.</p> <p>On 03/03/25 at 3:26 p.m., the resident stated they smoked independently with no staff present when smoking.</p> <p>On 03/06/25 at 12:15 p.m., the DON stated a smoking assessment should have been completed on admission and reassessed quarterly. The DON stated the smoking assessments must have been missed. The DON reviewed the resident's plan of care and stated there was no plan of care for smoking.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33097</p> <p>Based on observation, record review, and interview, the facility failed to ensure the low temperature dish machine had the appropriate amount of chemical to sanitize dishes for the facility.</p> <p>The administrator identified 32 residents who ate meals prepared by the kitchen.</p> <p>Findings:</p> <p>On [DATE] at 11:38 a.m., the DM obtained a bottle of test strips for testing the sanitizer level for the dish machine. The test strip did not register a result. The container of tests strips documented the strips had expired on ,d+[DATE].</p> <p>On [DATE] at 1:25 p.m., the DM used new test strips obtained by the facility to check the sanitizer level. The test strip showed 10 parts per million.</p> <p>A undated manufacturers operations guide for the dish machine, read in part, Verify Sanitizer levels regularly. Use test strip to ensure sanitizer level is at least 50 ppm and no more than 200 ppm.</p> <p>A dish machine temperature log for [DATE] did not document the sanitizer level results for the dish machine.</p> <p>On [DATE] at 12:24 p.m., the DM stated they had been using the expired test strips for at least two weeks. The DM stated they had not been documenting the sanitizer level.</p> <p>On [DATE] at 1:59 p.m., the regional director stated there was no facility policy/instructions for testing the chemical used in the dish machine.</p>		