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

Printed: 06/19/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/27/2024	
NAME OF PROVIDER OR SUPPLIER Heritage Hills Living & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 411 North West Street McAlester, OK 74502		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		MMARY STATEMENT OF DEFICIENCIES ch deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information) Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46702 Based on observation and interview, the facility failed to maintain and clean, safe, and sanitary homelike environment during two of two observations. The administrator identified 59 residents resided in the facility. Findings: On 12/19/24 at 11:03 a.m., the following observations were made, a. a broken tile was observed with black tape over a loose and cracked tile in the main hallway, b. a tile in the main hall was cracked and pieces missing creating a trip hazard, c. there was a cracked and broken tile observed in room [ROOM NUMBER], d. room [ROOM NUMBER] had cracked tiles in the entry way, e. the double doors leading down the main hallway from the front commons had the lower panel separated from the door and had sharp edges, f. the walls in the main center hallway were scuffed with black marks and damaged in the commons area and the North main hallway, g. the tiled floors on the East hall were chipped, stained, and damaged where the center hall met. There was brown stained residue on the tile and the base boards and corners were damaged, h. the halls had missing paint and damaged sheetrock and resident doors were scuffed with marks, and i. there were cracked tiles and black mold around the toilet and shower area on the North hall. (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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			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/27/2024	
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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/27/2024	
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For information on the nursing home's plan to correct this deficiency, please cont				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information) On 12/27/24 at 12:07 p.m., a tour of the facility was conducted with the DON. They were asked to discuss the observations made. They stated the fire doors in the main hall laminate was not attached for safety and it looked like it was in disrepair. They stated the halls needed to be painted. The DON stated the corners were very concerning due to disrepair and how it looked. They stated the back nurses station metal trim was damaged and could cause skin tears. They stated the base boards were trip hazards and looked like they			