| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375483 | A. Building<br>B. Wing | 01/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Edmond Health Care Center | 39 East 33rd Street<br>Edmond, OK 73013 |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46702<br><br>Based on record review and interview, the facility failed to provide ADL care for a dependent resident for one (#3) of three sampled residents reviewed for ADL care.<br><br>The DON identified 76 residents resided in the facility.<br><br>Findings:<br><br>The facility's Bath, Shower/Tub policy, revised 02/2018, read in part, Documentation 1. The date and time the shower/tub was performed. 2. The name and title of the individual(s) who assisted the resident with the shower/tub bath. 3. All assessment data obtained during the bath. 4. How the resident tolerated the shower/tub bath. 5. If the resident refused the shower/tub bath, the reason(s).<br><br>The facility's Activities of Daily Living (ADL), Supporting policy, revised 03/2018, read in part, Appropriate care services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care.)<br><br>Resident #3 was admitted on [DATE] with diagnoses which included cerebral infarction, contracture of the right hand, conversion disorder, and dysphagia.<br><br>Resident #3's annual assessment, dated 01/01/25, documented their cognition was impaired and they required substantial/maximal assistance with showers/baths.<br><br>Resident #3's care plan, dated 01/01/25, documented the resident had an ADL self-care performance deficit. It documented the resident was totally dependent for bathing.<br><br>Task sheets for bathing, reviewed 11/01/24 through 12/31/24, documented the resident was not bathed 13 out of 26 opportunities on the following dates,<br><br>a. 11/01/24,<br><br>b. 11/04/24,<br><br>c. 11/06/24,<br><br>(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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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | d. 11/15/24,<br><br>e. 11/18/24,<br><br>f. 11/20/24,<br><br>g. 11/22/24,<br><br>h. 12/04/24,<br><br>i. 12/09/24,<br><br>j. 12/13/24,<br><br>k. 12/20/24,<br><br>l. 12/23/24, and<br><br>m. 12/27/24.<br><br>On 01/08/25 at 10:35 a.m., CNA #1 was asked to discuss Resident #3's baths. They stated the resident took showers on the 3-11 shift and had a bath about a month ago and had not been getting showers. The CNA stated they had bath sheets and residents should sign a refusal, but they did not think the resident had refused showers because they did not think the resident was offered a shower.<br><br>On 01/08/25 at 11:30 a.m., corporate nurse #1 was asked about showers on the above mentioned dates. They stated there was no documented refusal or showers given for the above dates. Corporate Nurse #1 was asked what the policy was for bathing dependent residents. They stated baths were logged in task and if the resident refused, the refusal should be documented. Corporate Nurse #1 was asked if their policies were followed regarding the above dates. They stated,No, they did not document refusals, notify the nurse of the refusal, and did not fill out shower sheets. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46702<br><br>Based on record review and interview, the facility failed to add an intervention to a residents care plan to prevent future accidents after a fall for one (#12) of three sampled residents reviewed for accident hazards.<br><br>The DON identified 76 residents resided in the facility.<br><br>Findings:<br><br>The facility's Falls- Clinical Protocol policy, revised 03/2018, read in part, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risk of clinically significance consequences of falling.<br><br>Resident #12 was admitted [DATE] with diagnoses which included cerebral infarction due to thrombosis of right middle cerebral artery, type two diabetes, unspecified, lack of coordination, muscle, weakness, and contusion of right lower leg.<br><br>Resident #12's annual assessment, dated 5/31/24, documented the resident's cognition was fully intact and required substantial to maximal assistance for chair to bed transfers.<br><br>The facility's #1420 Witnessed Fall with Injury report, dated 12/29/24, documented Resident #12 fell from the lift sling during a transfer and received a skin tear to the left toe.<br><br>Resident #12's care plan, dated 01/04/25, documented the resident required assistance with all ADLs and required two person assistance with the use of a mechanical lift for transfers.<br><br>The care plan did not document interventions were added to the care plan after the fall on 12/29/24 to prevent future accidents.<br><br>On 01/08/25 at 2:29 p.m., Resident #12 was asked about the incident on 12/29/24. They stated about three weeks ago, they had a fall when the lift machine failed during a lift. They stated the sling loop tore and they fell to the floor and hit their head. The resident stated EMSA was called and they were transported to the hospital. They stated their hip was bruised and they did not stay overnight.<br><br>On 01/13/25 at 10:15 a.m., the ADON was asked what was the facility's policy for adding interventions after a fall. They stated after a fall they had a clinical meeting and discussed interventions and then the MDS coordinator would add the interventions during the clinical meeting to the care plan. The ADON was asked what interventions were added after Resident #12's fall on 12/29/24. They reviewed the care plan and stated there were no interventions added to the care plan after the fall. The ADON was asked if their policy was followed. They stated,No.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 01/13/25 at 10:27 a.m., MDS coordinator #1 was asked what interventions were added after Resident #12's fall on 12/29/24. They stated there were no interventions added to the care plan after the fall on 12/29/24. |