

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

Printed: 06/03/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Bradford Village Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 906 North Blvd Edmond, OK 73034	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to ensure resident assessments were accurate for one (#94) of 20 sampled residents reviewed for resident assessments.</p> <p>The DON identified 96 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #94 had diagnoses which included COPD and hypertension.</p> <p>A Discharge Summary, dated 10/18/23, documented Resident #94 was discharged home with their spouse. It documented Resident #94 was able to walk using a walker and put themselves in a car.</p> <p>Resident #94's discharge resident assessment, dated 10/18/23, documented Resident #94 had a planned discharge to a short-term general hospital (acute hospital).</p> <p>On 11/29/23 at 2:34 p.m., the CM stated Resident #94's discharge resident assessment documented the resident was discharged to an acute hospital. They stated Resident #94's discharge summary documented the resident was discharged home. The CM stated it could have been an error.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Bradford Village Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 906 North Blvd Edmond, OK 73034	
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)		
<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>48344</p> <p>Based on observation, record review and interview, the facility failed to ensure food items were properly sealed, dated, and labeled during one of one kitchen observations.</p> <p>The DON identified 96 residents resided in the facility and received services from the kitchen.</p> <p>Findings:</p> <p>The facility's Dining Services Policies and Procedures - Food Storage policy, revised 04/30/09, read in part, . Food items will be stored, thawed, and prepared in accordance with approved sanitary practices .Fresh Fruits .Rotate so that oldest produce is used first .Fresh vegetables are to be checked and sorted for ripeness .</p> <p>On 11/27/23 at 1:24 p.m., the following items were observed in the walk in the freezer during the initial kitchen tour:</p> <ul style="list-style-type: none"> a. an opened clear bag of mixed frozen vegetables in a carton not labeled or dated, b. frozen broccoli in a clear bag not properly sealed, and c. cheese pizza in a clear bag not properly sealed. <p>On 11/27/23 at 1:36 p.m., a white bulk storage bin with a clear transparent lid containing a white powder had no label or date.</p> <p>On 11/27/23 at 1:42 p.m., the CDM stated the white powder in the storage was flour and the bin had no label or date.</p> <p>On 11/27/23 at 1:48 p.m., the following items were observed in the walk in refrigerator:</p> <ul style="list-style-type: none"> a. three bottles of opened cranberry juice with no label or date, b. a carton of mighty shake with mold along the seal, c. orange liquid in a transparent pitcher dated 11/17/23, d. sweet and sour sauce half used with no label or date, e. a carton with nine cantaloupes with a gray and fuzzy substance on all of them, f. a carton with four yellow melons with multiple areas of a black substance on all of them, g. four bags of red grapes in a box dated 10/30/23 with a grey substance present, and not properly sealed, <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Bradford Village Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 906 North Blvd Edmond, OK 73034	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>h. lettuce in a transparent bag with no label or date, and not properly sealed. The lettuce was wilted and had multiple dried leaves, and</p> <p>i. shredded cheese in a bag which was not properly sealed.</p> <p>On 11/27/23 at 2:03 p.m., the CDM stated the three bottles of cranberry juice were not labeled or dated.</p> <p>On 11/27/23 at 2:05 p.m., the CDM stated the carton of mighty shake had mold present. They stated the orange soda should be discarded. The CDM stated the sweet and sour sauce was not labeled or dated.</p> <p>On 11/27/23 at 2:10 p.m., the CDM stated there was mold on some of the cantaloupes, melons, and the red grapes. They stated the lettuce had started to go bad. They stated the lettuce and the shredded cheese were not properly secured.</p> <p>On 11/27/23 at 2:15 p.m., the CDM stated all opened food items must be labeled and dated. They stated the refrigerator was checked daily for perishable foods but they had been short staffed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Bradford Village Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 906 North Blvd Edmond, OK 73034	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35389</p> <p>Based on record review and interview, the facility failed to report a communicable disease to the OSDH for four (#19, 47, 48, and #146) of four residents reviewed for COVID-19.</p> <p>The DON identified 96 residents resided in the facility. Four residents were positive for COVID-19 in the facility.</p> <p>Findings:</p> <p>1. Resident #146 had diagnoses which included cerebral palsy and diabetes.</p> <p>A nursing note, dated 11/18/23, documented Resident #146 tested positive for COVID-19.</p> <p>2. Resident #47 had diagnoses which included depression and transient ischemic attack.</p> <p>A nursing note, dated 11/23/23, documented Resident #47 tested positive for COVID-19.</p> <p>3. Resident #19 had diagnoses which included acute kidney failure and COPD.</p> <p>A nursing note, dated 11/24/23, documented Resident #19 tested positive for COVID-19.</p> <p>4. Resident #48 had diagnoses which included asthma and diabetes.</p> <p>A nursing note, dated 11/24/23, documented Resident #48 tested positive for COVID-19.</p> <p>On 11/30/23 at 9:53 a.m., state reportable incidents were reviewed and there was no documentation Resident #19, 47, 48, and #146's positive COVID-19 result had been reported to OSDH.</p> <p>On 11/30/23 at 10:10 a.m., the DON stated the administrator was responsible for reporting COVID-19 outbreak to the OSDH.</p> <p>On 11/30/23 at 10:28 a.m., the DON stated the administrator's process was to complete a state reportable after the COVID-19 outbreak was over.</p>		