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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375159 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/22/2020 |
| NAME OF PROVIDER OF SUPPLIER THE SPRINGS SKILLED NURSING AND THERAPY | | STREET ADDRESS, CITY, STATE, ZIP 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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, it was determined the facility failed to provide appropriate treatment and services for a resident who required the use of a urinary catheter for one (#1) of three residents reviewed for urinary catheters. The facility failed to ensure a physician order [REDACTED]. The facility identified seven residents who required a urinary catheter. Findings: Resident #1 was admitted to the facility on [DATE] and had [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. A nurses note, dated 09/20/2020, documented the resident's catheter was leaking and was unable to flush the catheter. The note documented the catheter was removed and pads were placed under the resident. The note documented the director of nursing (DON) was notified of the Foley drainage bags not being available. A quarterly assessment, dated 09/20/2020, documented the resident was cognitively intact, required extensive assistance with most activities of daily living, and had an indwelling urinary catheter. A nurse note, dated 09/22/2020, documented a new catheter, 22 french with 30 milliliter bulb, was placed via sterile technique. The October 2020 treatment administration record documented the resident's catheter was changed on 10/15/20. On 10/22/2020 at 9:35 a.m., the resident stated she had a catheter with a leg bag. She stated there had been times when her bed would be wet but not was not wet now. On 10/22/2020 at 2:52 p.m., the assistant director of nursing stated he could not find an order to replace the resident's catheter with a 22 french. He stated the previous DON took a verbal order and did not document the order. On 10/22/2020 at 3:25 p.m., licensed practical nurse (LPN) #1 stated the resident was moved onto her current hall not long ago. She reported the resident's catheter did leak at times. She stated the facility had an order to change the catheter as needed. She stated she had not ran out of catheter supplies. On 10/22/2020 at 3:30 p.m., the regional nurse consultant stated the resident currently had a 22 french with 30 milliliters of fluid in the bulb.</p> | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.