

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER MUSKOGEE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 602 NORTH M STREET MUSKOGEE, OK 74403	
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 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to ensure there was a full-time director of nursing and registered nurse (RN) coverage for eight hours each day. The administrator identified 29 residents resided in the facility. Findings: Facility staffing schedules dated, July 2020, did not include a designated/full time director of nursing (DON). DON/RN coverage was reviewed for June and July 2020. The DON's last worked day was 06/20/20. The July schedule documented an RN had not worked at the facility since 07/16/20. On 07/28/20 at 10:30 a.m., the assistant administrator was asked about the DON. She stated they did not have one. She stated the DON had left due to COVID-19 risk. She was asked how long they had been without a DON. She stated a short while. She was asked about the RN coverage for the facility. She stated they had another registered nurse, but she also was no longer working at the facility. She stated they had advertised for the DON position but had been unable to hire a replacement.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.