Printed: 05/20/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094 NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa For information on the nursing home's plan to correct this deficiency, please con-		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 2425 South Memorial Tulsa, OK 74129	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 375094

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) PAROVIDER OF SUPPLIER Emerald Care Center Tulsa STREET ADDRESS, CITY, STATE, ZIP CODE 2425 South Memorial Tulsa, OK 74129 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LISC identifying information) F 0580 Level of Harm - Immediate joopardy to resident health or safety Residents Affected - Few Immediately felt the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. "NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 42171 On 01/25/21 at 5:05 p.m., an immediate Jeopardy (IJ) situation was determined to exist be facility's failure to report results of the broadors of the resident o				No. 0936-0391
Emerald Care Center Tutsa 2425 South Memorial Tutsa, OK 74129 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Immediately tell the resident, the resident's doctor, and a family member of situations (rijuny/decline/room, etc.) that affect the resident. "NOTE-TERINS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 42171 safety On 10125/21 at 5:05 p.m., an immediate Jeopardy (IJ) situation was determined to exist due to the facility's failure to report results of laboratory data to the ordering practitioner for resident #10, which indicated the need to after treatment for the resident. On 03/16/20, the physician ordered a urinalysis and a culture and sensitivity of the unine. On 30/16/20, the physician ordered a urinalysis and a culture and sensitivity of the unine. On 30/16/20, the physician ordered a urinalysis and a culture and sensitivity of the unine. On 30/16/20, the physician ordered a urinalysis and a culture and sensitivity of the unine culture and sensitivity. Resident #10 was hospitalized on [DATE] with sapsis, and subsequently passed away on 03/26/20. The immediate cause for death was septic shock due to Proteus Mirabilis. On 01/25/21 at 5:05 p.m., the administrator and the assistant director of nurses were notified of the IJ situation was secreted. The plan of Removal for the Immediate Jeopardy documented: Plan of Removal 1. Facility licensed Nurses will be educated on the facility antibiotic and lab protocol. a. Current and outstanding labs will be addressed immediately by the Licensed Nurse. b. Abnormal labs will be called into the physician by the Licensed Nurse by the end of the shift for abnormal results. With critical abnormal results; the Licensed Nurse will not the Primary Care Physician immediately upon receiving the results. c. When raceiving the results to ensure the resid		IDENTIFICATION NUMBER:	A. Building	COMPLETED
SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information] F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42171 safety On 01/25/21 at 5:05 p.m., an Immediate Jeopardy (JJ) situation was determined to exist due to the facility's failure to report results of laboratory data to the ordering practitioner for resident #10, which indicated the need to alter treatment for the resident. On 03/16/20, the physician ordered a urinalysis and a culture and sensitivity revealed that the organism causing the infection, Proteus Mirabilis, was not sensitive to the antibiotic the resident was stated on an antibiotic antipart pract infection. The results of the culture and sensitivity revealed that the organism causing the infection, Proteus Mirabilis, was not sensitive to the antibiotic the resident was stated on an antibiotic antipart pract infection. The results of the culture and sensitivity revealed that the organism causing the infection, Proteus Mirabilis, was not sensitive to the antibiotic the resident was stated on an antibiotic and an antibiotic and provided the urine culture and sensitivity revealed that the organism causing the infection, Proteus Mirabilis. On 01/25/21 the JJ situation was verified with the Oklahoma State Department of Health. On 01/25/21 at 5:05 p.m., the administrator and the assistant director of nurses were notified of the IJ situation related to failures in communicating pertinent lab results to the ordering physician. On 01/26/21 at 11:30 a.m., the plan of removal for the Immediate Jeopardy pertaining to notification of the physician was accepted. The plan of Removal 1. Facility licensed Nurses will be addressed immediately by the Licensed Nurse. b. Ahnormal labs will be called into the physician by the Licensed Nurse by the end of the shift for abnormal results; the Licensed Nurse will notify the Primary Ca			2425 South Memorial	
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few The safety On 01/25/21 at 5:05 p.m., an immediate Jeopardy (Ju) situation was determined to exist due to the facility of the resident sensitivity. Residents Affected - Few Residents Affected - Few The safety On 01/25/21 at 5:05 p.m., an immediate Jeopardy (Ju) situation was determined to exist due to the facility's failure to report results of laboratory data to the ordering practitioner for resident #10, which indicated the need to alter treatment for the resident, and the ordering practitioner for resident #10, which indicated the need to alter treatment for the resident was started on an antibiotic or aurinary tract infection. The results of the culture and sensitivity revealed that the organism causing the infection, Proteus Mirabilis, was not sensitive to the antibiotic the resident was receiving. The physician was not notified of the results of the urine culture and sensitivity. Resident #10 was hospitalized on [DATE] with sepsis, and subsequently passed away on 03/26/20. The immediate cause for death was septic shock due to Proteus Mirabilis. On 01/25/21 at 5:05 p.m., the administrator and the assistant director of nurses were notified of the IJ situation related to failures in communicating pertinent lab results to the ordering physician. On 01/25/21 at 5:05 p.m., the plan of removal for the Immediate Jeopardy pertaining to notification of the physician was accepted. The plan of Removal 1. Facility licensed Nurses will be educated on the facility antibiotic and lab protocol. a. Current and outstanding labs will be addressed immediately by the Licensed Nurse. b. Abnormal labs will be called into the physician by the Licensed Nurse is to call the Primary Care Physician and provide results to ensure the resident is on the proper antibiotic therapy. d. Documentation will be completed listing the contact time and orders given by the Licensed Nurse. e. If antibiotic is ordered, the Licensed Nurse w	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
etc.) that affect the resident. ***NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42171 On 01/25/21 at 5:05 p.m., an Immediate Jeopardy (IJ) situation was determined to exist due to the facility's failure to report results of laboratory data to the ordering practitioner for resident #10, which indicated the need to alter treatment for the resident. On 03/16/20, the physician ordered a urinalysis and a culture and sensitivity of the urine. On 03/17/20, the resident was started on an antibiotic for a urinary tract infection. The results of the culture and sensitivity revealed that the organism causing infection. Proteus Mirabilis, was not sensitive to the antibiotic the resident was receiving. The physician was not notified of the results of the urine culture and sensitivity. Resident #10 was hospitalized on [DATE] with sepsis, and subsequently passed away on 03/26/20. The immediate cause for death was septic shock due to Proteus Mirabilis. On 01/25/21 the IJ situation was verified with the Oklahoma State Department of Health. On 01/26/21 at 11:30 a.m., the administrator and the assistant director of nurses were notified of the IJ situation related to failures in communicating pertinent lab results to the ordering physician. On 01/26/21 at 11:30 a.m., the plan of removal for the Immediate Jeopardy pertaining to notification of the physician was accepted. The plan of Removal for the Immediate Jeopardy documented: Plan of Removal 1. Facility licensed Nurses will be educated on the facility antibiotic and lab protocol. a. Current and outstanding labs will be addressed immediately by the Licensed Nurse. b. Abnormal labs will be called into the physician by the Licensed Nurse by the end of the shift for abnormal results. With critical abnormal results; the Licensed Nurse will notify the Primary Care Physician immediately upon receiving the results. c. When receiving the results on ensure the resident is on the proper antibiotic therapy. d. Documentation will be completed listing the	(X4) ID PREFIX TAG			
(continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	Immediately tell the resident, the recto.) that affect the resident. **NOTE- TERMS IN BRACKETS IN 00 01/25/21 at 5:05 p.m., an Immedialiure to report results of laborator need to alter treatment for the resident sensitivity of the urine. On 03/17/20 results of the culture and sensitivity not sensitive to the antibiotic the recurrine culture and sensitivity. Resident #10 was hospitalized on pimmediate cause for death was sepon 01/25/21 the IJ situation was vere on 01/25/21 at 5:05 p.m., the admisituation related to failures in common 01/26/21 at 11:30 a.m., the plant physician was accepted. The plan of Removal for the Immediate of Removal 1. Facility licensed Nurses will be ear. Current and outstanding labs will be called into results. With critical abnormal results with critical abnormal results. With critical abnormal results or receiving the results of a 0 Physician and provide results to end. Documentation will be completed e. If antibiotic is ordered, the Licens out immediately within 4 hours, in tordering physician will be notified as	esident's doctor, and a family member of the AVE BEEN EDITED TO PROTECT Considerated Jeopardy (IJ) situation was determined by data to the ordering practitioner for resident. On 03/16/20, the physician ordered, the resident was started on an antibility revealed that the organism causing the sident was receiving. The physician was possible to proteus Mirabilis. The physician was received with the Oklahoma State Department of the physician was received by the consideration of the Immediate Jeopard with the Oklahoma State Department of the Immediate Jeopard diate Jeopardy documented: The physician by the Licensed Nurse belts; the Licensed Nurse will notify the Process of the physician by the Licensed Nurse will notify the Process of the proper antible disting the contact time and orders give sed Nurse will fax and call new order in the event that the medication is not received.	of situations (injury/decline/room, ONFIDENTIALITY** 42171 mined to exist due to the facility's esident #10, which indicated the ed a urinalysis and a culture and otic for a urinary tract infection. The ie infection, Proteus Mirabilis, was as not notified of the results of the passed away on 03/26/20. The ment of Health. Burses were notified of the IJ redering physician. By pertaining to notification of the dispersion of the enseed Nurse. By the end of the shift for abnormal rimary Care Physician immediately curse is to call the Primary Care pointic therapy. By the Licensed Nurse. By the Licensed Nurse. By the pharmacy and request it be sent entered in that time frame, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE
Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129	
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0580	f. Upon receipt of the antibiotic the	receiving nurse will document arrival a	nd initial dose will be given.
Level of Harm - Immediate jeopardy to resident health or	g. Licensed Nurse should documer	nt on the antibiotic each shift for the dur	ration of the order.
safety	h. Any adverse reaction will be repo	orted to the ordering practitioner by Lice	ensed Nurse.
Residents Affected - Few	i. Policies and procedures will be u reflect the above noted protocols.	pdated, and all CMA's and Licensed No	ursing staff will be educated to
	2. Current facility residents' labs for the previous 30 days will be reviewed to ensure the Primary Care Physician has been notified of the results. Lab results that have a Culture and Sensitivity will be review with the Primary Care Physician to ensure resident is on the proper antibiotic. This will be completed Nurse Management Team.		
		ting the Nurse Managers will review cu receiving the appropriate antibiotic.	rrent orders for Labs and
	The Nurse Managers will call the Culture and Sensitivity shows sens	e Primary Care Physician if the resident itivity to.	is not on the antibiotic that the
	5. This plan of removal will be in co	ompliance January 26, 2021 by 5pm	
	On 01/27/21 interviews were conducted with the nursing staff regarding education in-services pertaining to antibiotic and lab protocol for immediate jeopardy removal. The staff stated an in-service was provided on 01/26/21. The staff was able to verbalize understanding of the information provided in the in-service pertaining to the plan of removal.		
		vas removed when all components of the	
	Based on observation, interview, and record review, it was determined the facility failed to report results lab data to the ordering practitioner for three (#4, #10 and #11) of five sampled residents. The facility fai notify the physician of significant laboratory results. The physician was not notified of urinary culture and sensitivity lab results for resident #10, which indicated the infection the resident had was resistant to the antibiotic prescribed. The resident developed urinary sepsis, was hospitalized, and subsequently passed away. The facility identified 10 residents who currently received antibiotic therapy.		
	Findings:		
	The facility policy for Laboratory Services documented, the facility will notify the physician promptly of laboratory results. The policy documented laboratory results would be reviewed by the physician on a tim basis. The policy documented the facility would have a system to reconcile physician orders, labs ordered the time labs were drawn, when the results were received, and when the physician was notified. The policy documented reports would be filed in the medical record.		
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 South Memorial Tulsa, OK 74129	
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	antibiotics and a stage 4 pressure of the care plan, dated 10/30/19, docurinary tract infections (UTIs) over symptoms of UTI such as complair discharge, elevated temperature, in The care plan documented staff we could be notified. The admission assessment, dated decision-making, required extensive catheter. A progress note, dated 03/16/20 at drainage with pale yellow urine and a sensation of urinary urgency. The centimeters (cc) of sterile saline and physician was contacted regarding. A progress note, dated 03/16/20 at and obtain a urinalysis with culture. A progress note, dated 03/16/20 at urinalysis. A progress note, dated 03/16/20 at physician's office. A urinalysis lab report, dated 03/16/20 at physicians order, dated 03/17/20 milligram (MG) two times a day for A progress note, dated 03/18/20 at his temperature was 98.1 degrees burning. A urine culture and sensitivity repo Proteus Mirabilis. The urine culture The progress notes for March 2020 results.	cumented a resident goal was to remain the next 90 days. Care plan intervention of burning with urination, flank pain, processed confusion and agitation, or deere to alert the charge nurse of any sign 12/24/19, documented the resident was the assistance with activities of daily living a large amount of sediment. The note that a large amount of sediment. The note that continued to drain pale urine with securine for analysis and they were waiting 19:42 a.m., documented a physician or and sensitivity. 10:57 a.m., documented laboratory (late 19:45), documented the resident was to receive to documented the resident was to receive the continued to the resident was to receive the continued to the resident was to receive the continued the re	In free from complications related to one included observing for signs and presence of blood in urine, ecreased level of consciousness. In and symptoms so the physician are moderately impaired for dailying (ADLs), and had a urinary and theter was patent to bedside a documented the resident reported are was irrigated with 100 cubic diment. The note documented the region of a return call. The note documented the region of the urinary catheter and called to pick up the stat are sits results were faxed to the are sits results were faxed to the continued on Bactrim DS for a UTI the resident denied any pain or return and sensitivity and

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few			continued on Bactrim DS for a UTI, in adverse reaction. The note in the previous shift but had no complained of the catheter leaking the nurse was unable to flush the int tolerated it well. Is called into the resident's room by uncontrollable tremors, his oxygen is of 99.5 degrees F. The note mors. The note documented the ented an ambulance arrived and foctor orders. The note documented urses (ADON) were notified. If the patient was treated for sepsis, being treated with a broad MDRO). The report documented on hypotensive. The report report documented the patient locumented the patient was placed to p.m. on 03/26/20. If the process for lab orders was to atory website. The requisition would atted the charge nurse would check rmal results. Letts. He stated that he expected to vill call the facility and the physician

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 375094	A. Building	O4/15/2021	
	0.0001	B. Wing		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129		
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 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)		
F 0580 Level of Harm - Immediate	On 01/27/21 at 10:25 a.m., licensed practical nurse (LPN) #3 stated that it was the responsibility of the charge nurse to monitor the lab website for results and to report abnormal results to the physician.			
jeopardy to resident health or safety		stated the physician should be notified ible for monitoring and reporting lab res		
Residents Affected - Few	2. Resident #4 was admitted to the	facility on [DATE] with diagnoses which	ch included urinary tract infection.	
		27/20, documented the resident was consive assistance with activities of daily		
	The assessment documented the r	esident had a catheter and received ar	ntibiotics.	
	A progress note, dated 01/13/21 at 3:02 p.m., documented the resident's urine was thick and the tube required milking and flushing for urine to flow adequately. The note documented the resident denied painf urination, other symptoms, and was afebrile. The note documented water was available and accepted after prompting.			
	mucus like in consistency. The note slow at times with a cloudy appeara	7:36 a.m., documented the resident's e documented the urine did not want to ance. The note documented a urinalysi resident was afebrile and fluids were was	flow through tubing and it was s was collected at that time to rule	
		4/21 at 9:33 p.m., documented the urinunt and elevated red blood cell count.	ne had elevated protein, elevated	
	The progress notes for January 20. from 01/14/21 until 01/20/21.	20 did not document the physician was	notified of the urinalysis report	
	A final culture and sensitivity report contamination with skin flora and n	t, dated 01/16/21 at 8:34 a.m., docume o susceptibility test was performed.	nted probable collection	
	The progress notes for January 20 sensitivity report from 01/16/21 unt	20 did not document the physician was il 01/20/21.	notified of the culture and	
	A progress note, dated 01/20/21 at 11:02 a.m., documented the suprapubic catheter was found on the beside the bed with a large amount of leaking urine to the abdominal region. The note documented the suprapubic catheter was replaced per physicians order, was draining to gravity and the the resident to the procedure well.			
	A progress note, dated 01/20/21 at 4:38 p.m., documented the urinalysis results were received, and were positive for a UTI. The note documented the physician was notified and orders were received for Roceph intramuscular (IM) once a day for five days for UTI. The note documented the medication administration record (MAR) was updated and the power of attorney was made aware.			
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129	. 3352
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 SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety	A progress note, dated 01/21/21 at 12:32 p.m., documented the resident continued on an intramuscular (IM) antibiotic for a UTI. The note documented the resident has had no signs or symptoms of an adverse reaction. The note documented the resident was afebrile and the suprapubic catheter was patent and draining to gravity, and received catheter care every two hours and as needed.		
Residents Affected - Few	A progress note, dated 01/24/21 at 2:37 a.m., documented the resident had only received one dose of Rocephin on or about 01/21/21. The note documented the medication appeared on the medication administration record (MAR) and not the treatment administration record (TAR). The note documented the medication was being checked off as administered by the medication aids who were not actually giving the medication or notifying the nurse. The note documented the nurse administered the second dose on 01/23/21 and the order was updated on the TAR.		
	On 01/26/21 at 12:45 p.m., the assistant director of nurses (ADON) stated she was aware of the missed doses of Rocephin. The ADON stated she interviewed the nurse who discovered the medication had not been given and that nurse told her the physician was not contacted. She stated the nurse should have been notified the medication was on the MAR and not the TAR. She stated the physician should have been notified.		
	On 01/27/21 at 10:10 a.m., physicinal had ordered was not administered.	an #1 stated he expected to be notified	by the facility when medication he
	On 01/27/21 at 10:10 a.m., certified medication aid (CMA) #2 stated that IM meds should be on the TAR. She stated if she noticed an IM med on the MAR and not the TAR she would notify the charge nurse so the medication could be administered.		
	3. Resident #11 had diagnosis which	ch included urinary tract infection.	
		12/11/20, documented the resident wa nsive assistance with activities of daily theter.	
		2:47 p.m., documented cloudy urine with mary care physician, and a new order to be further than the control of	
	A physician's order, dated 12/23/20 urinary tract infection.), documented to obtain a urinalysis wit	th culture and sensitivity to rule out
	A final urinalysis report, dated 12/24/20 at 8:20 p.m., documented the result was abnormal with protein, leukocyte estrace (A screening test used to detect a substance that suggests there are white blood cells in the urine; this may mean you have a urinary tract infection.) bacteria and yeast, and the specimen was sent for culture.		
	A final culture and sensitivity report, dated 12/26/20 at 11:11 a.m., documented the presence of the bacteria Proteus Mirabilis. The urine culture documented the bacteria was resistant to Bactrim.		
		was administered Bactrim DS one time tic was documented as administered.	e a day for five days on 12/23/20
	(continued on next page)		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

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			10. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, Z 2425 South Memorial Tulsa, OK 74129	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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)		ion)
F 0580 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	on 01/26/21 at 12:51 p.m., the AD bacteria and was not the correct ar notify the physician of the culture a	ent the physician was notified of the cue to treat the bacteria was ordered or a CON stated the antibiotic the resident was nitibiotic. She reviewed the progress no nd sensitivity results. The ADON state y results and a different antibiotic should be a constant of the c	dministered to the resident. as administered was resistant to the tes and stated the facility did not d the physician should have been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OF CURRY			D CODE
NAME OF PROVIDER OR SUPPLII Emerald Care Center Tulsa			P CODE
Emeraid Care Center Tuisa		2425 South Memorial Tulsa, OK 74129	
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 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0635	Provide doctor's orders for the resid	dent's immediate care at the time the re	esident was admitted.
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 42171
Residents Affected - Some	orders to meet the immediate care	ew, it was determined the facility failed needs for one (#9) of four sampled res hat were admitted to the facility in Augu	idents reviewed for quality of care.
	Findings:		
	Resident #9 was admitted to the fa and type II diabetes with a foot ulce	cility on [DATE] with diagnoses which i er.	ncluded critical illness myopathy,
	A discharge summary report from t active diabetic foot ulcer and was c	he acute care facility, dated 08/17/2020 on diabetic renal diet.	0, documented the resident had an
	The admission orders, dated 08/17 (FSBS), or wound care.	/2020, did not document orders for insu	ulin, finger stick blood sugars
		20, documented the resident had a dia and redness to her coccyx area. It did	
		020 at 2:51 p.m., documented the resident x undetermined. The assessment als x 0 cm.	
	The nurse notes, dated 08/18/2020 diabetic and received scheduled in	at 10:02 p.m., documented the resident sulin at home.	nt informed staff that she was a
	I .	#3 was asked what should be done if the firm of the resident. She stated that the phys	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	D CODE	
Emerald Care Center Tulsa		2425 South Memorial	r CODE	
		Tulsa, OK 74129		
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 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)		
F 0684	Provide appropriate treatment and	Provide appropriate treatment and care according to orders, resident's preferences and goals.		
Level of Harm - Immediate	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 42171	
jeopardy to resident health or safety				
Residents Affected - Few	On 01/25/21 at 5:05 p.m., an Immediate Jeopardy (IJ) situation was determined to exist due to the facility's failure to ensure resident's physicians were notified of laboratory data which indicated the need to change treatments, and ensure residents received antibiotic therapy that was effective to treat their infection for resident #10. On 03/16/20, the physician ordered a urinalysis and a culture and sensitivity of the urine. On 03/17/20, the resident was started on an antibiotic for a urinary tract infection. The results of the culture and sensitivity revealed that the organism causing the infection, Proteus Mirabilis, was not sensitive to the antibiotic the resident was receiving. The physician was not notified of the results of the urine culture and sensitivity.			
	Resident #10 was hospitalized on immediate cause for death was se	DATE] with sepsis, and subsequently potic shock due to Proteus Mirabilis.	passed away on 03/26/20. The	
	On 01/25/21 the IJ situation was ve	erified with the Oklahoma State Departr	ment of Health.	
		inistrator and the assistant director of n nunicating pertinent lab results to the o		
	On 01/26/21 at 11:30 a.m., the plan physician was accepted.	n of removal for the Immediate Jeopard	ly pertaining to notification of the	
	The plan of Removal for the Immed	diate Jeopardy documented:		
	Plan of Removal			
	1 Facility licensed Nurses will be e	educated on the facility antibiotic and la	b protocol.	
		I be addressed immediately by the Lice	•	
		, ,		
		the physician by the Licensed Nurse b Its; the Licensed Nurse will notify the P		
		Culture and Sensitivity; the Licensed Nusure the resident is on the proper antib		
	d. Documentation will be completed	d listing the contact time and orders giv	ren by the Licensed Nurse.	
	e. If antibiotic is ordered, the Licensed Nurse will fax and call new order into pharmacy and request it be out immediately within 4 hours, in the event that the medication is not received in that time frame, the ordering physician will be notified and a hold order will be obtained until the medication is available and facility to administer.			
	(continued on next page)			

(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
STREET ADDRESS, CITY, STATE, ZIP CODE 2425 South Memorial Tulsa, OK 74129	
act the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)	
eceiving nurse will document arrival are on the antibiotic each shift for the durited to the ordering practitioner by Lice dated, and all CMA's and Licensed Nuttee previous 30 days will be reviewed esults. Lab results that have a Culture ensure resident is on the proper antibious may the Nurse Managers will review curreceiving the appropriate antibiotic. Primary Care Physician if the resident ivity to. Inpliance January 26, 2021 by 5pm exted with the nursing staff regarding explicate jeopardy removal. The staff stated alize understanding of the information as removed when all components of the lat a level of actual harm at an isolate drecord review, it was determined the dering practitioner which indicated the therapy that was effective to treat their required antibiotic treatment; and diabetic care for one (#9) of four sample mary culture and sensitivity lab results esistant to the antibiotic prescribed. The equently passed away. The facility identity has had wounds and 14 residents who	ation of the order. Pensed Nurse. Pursing staff will be educated to Ito ensure the Primary Care and Sensitivity will be reviewed botic. This will be completed by the Perrent orders for Labs and It is not on the antibiotic that the Iducation in-services pertaining to d an in-service was provided on provided in the in-service The plan of removal had been d level. Perfection for three (#4, #10 and) It is not on the antibiotic that the Iducation in-service was provided on provided in the in-service
equ	lently passed away. The facility ide

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF DROVIDED OD SUDDIU	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129	. 6052	
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0684 Level of Harm - Immediate jeopardy to resident health or safety	The facility policy for Laboratory Services documented, the facility will notify the physician promptly of laboratory results. The policy documented laboratory results would be reviewed by the physician on a timely basis. The policy documented the facility would have a system to reconcile physician orders, labs ordered, the time labs were drawn, when the results were received, and when the physician was notified. The policy documented reports would be filed in the medical record.			
Residents Affected - Few	Resident #10 was admitted to the antibiotics and a stage 4 pressure in the stage 4 pressure in th	e facility on [DATE] with diagnoses whi ulcer of the sacral region.	ich included resistance to multiple	
	The care plan, dated 10/30/19, documented a resident goal was to remain free from complications related to urinary tract infections (UTIs) over the next 90 days. Care plan interventions included observing for signs and symptoms of UTI such as complaint of burning with urination, flank pain, presence of blood in urine, discharge, elevated temperature, increased confusion and agitation, or decreased level of consciousness. The care plan documented staff were to alert the charge nurse of any signs and symptoms so the physician could be notified.			
	The admission assessment, dated 12/24/19, documented the resident was moderately impaired for daily decision-making, required extensive assistance with activities of daily living (ADLs), and had a urinary catheter.			
	drainage with pale yellow urine and a sensation of urinary urgency. The centimeters (cc) of sterile saline an	tied 03/16/20 at 8:19 a.m., documented the urinary catheter was patent to bedside ellow urine and a large amount of sediment. The note documented the resident reported by urgency. The note documented the urinary catheter was irrigated with 100 cubic terile saline and continued to drain pale urine with sediment. The note documented the cted regarding urine for analysis and they were waiting for a return call.		
	A progress note, dated 03/16/20 at and obtain a urinalysis with culture	9:42 a.m., documented a physician or and sensitivity.	der to change the urinary catheter	
	A progress note, dated 03/16/20 at urinalysis.	10:57 a.m., documented laboratory (la	b) called to pick up the stat	
	A progress note, dated 03/16/20 at physician's office.	5:05 p.m. documented the stat urinally	sis results were faxed to the	
	A urinalysis lab report, dated 03/16	20, documented the resident had a U	ГІ.	
	1	A physicians order, dated 03/17/20, documented the resident was to receive Bactrim DS tablet 800-160 milligram (MG) two times a day for 7 days.		
	A progress note, dated 03/18/20 at 10:15 a.m., documented the resident continued on Bactrim DS for a U his temperature was 98.1 degrees Fahrenheit (F). The note documented the resident denied any pain or burning.			
		are and sensitivity report, dated 03/19/20 at 9:23 a.m., documented the presence of the bacteria abilis. The urine culture documented the bacteria was resistant to Bactrim.		
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 04/15/2021	
	010004	B. Wing		
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Emerald Care Center Tulsa				
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0684 Level of Harm - Immediate	The progress notes for March 2020 did not document the physician was notified of the culture and sensitivity results.			
jeopardy to resident health or safety	The physician orders for March 202 antibiotic to which the bacteria was	20 did not document the discontinuation sensitive.	n of Bactrim, or an order for an	
Residents Affected - Few	The medication administration recorreceive Bactrim for a UTI.	ord (MAR) dated March 2020 document	ted the resident continued to	
	A progress note, dated 03/19/20 at 10:16 a.m., documented the resident continued on Bactrim DS for a UT his temperature was 97.9 degrees (F) and had no signs or symptoms of an adverse reaction. The note documented the resident complained of pressure to the abdominal area on the previous shift but had no complaints on this shift.			
	A progress note, dated 03/24/20 at 1:15 p.m., documented the resident complained of the catheter leaking and the feeling of pain and pressure when moving. The note documented the nurse was unable to flush the catheter. The note documented the catheter was replaced and the resident tolerated it well.			
	A progress note, dated 03/24/20 at 10:46 p.m., documented the nurse was called into the resident's room by a certified medication aid (CMA). The note documented the resident had uncontrollable tremors, his oxygen saturation was 68 percent on room air, and the resident had a temperature of 99.5 degrees F. The note documented staff were not able to obtain a blood pressure due to the tremors. The note documented the resident's face was flushed and his nail beds were blue. The note documented an ambulance arrived and transported the resident to the hospital for evaluation and treatment per doctor orders. The note documented the daughter, the director or nurses (DON), and the assistant director of nurses (ADON) were notified.			
	An emergency medicine note, dated 03/24/20, documented clinical impressions of septic shock and acute respiratory failure with hypoxia.			
	The report documented the patient spectrum antibiotic, and had a histe the previous night the patient had be documented a chest X-ray showed required multiple medications to make the patient of the patient had be a chest X-ray showed required multiple medications to make the patient of the patient specific and the patie	Is of hospital stay report, dated 03/26/20 at 3:18 p.m., documented the patient was treated for so cort documented the patient had proteus bacteria in his blood, was being treated with a broad an antibiotic, and had a history of multi drug resistant organisms (MDRO). The report document vious night the patient had labored breathing and became acutely hypotensive. The report ented a chest X-ray showed a probable aspiration pneumonia. The report documented the patient multiple medications to maintain his blood pressure. The report documented the patient was purfort measures after consulting with family and passed away at 1:35 p.m. on 03/26/20.		
A death certificate, dated 03/30/20, documented the immediate cause for death was septic shorteness Mirabilis.				
	On 01/22/21 at 10:10 a.m., the assistant director of nurses (ADON) stated the process for lab order put the order into the medical record, then order the lab through the laboratory website. The requisit then be put in the lab book and the lab would be called for pick-up. She stated the charge nurse wo the lab website for the results and should notify the physician of any abnormal results.			
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			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	TEMENT OF DEFICIENCIES must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Immediate jeopardy to resident health or safety	On 01/25/21 at 2:02 p.m., physician #1 was interviewed regarding lab results. He stated that he expected to be made aware of abnormal lab results. He stated that the lab company will call the facility and the physician with critical results, but culture and sensitivity results were not critical labs. Physician #1 stated the facility did not notify him of the culture and sensitivity results for resident #10.			
Residents Affected - Few		d practical nurse (LPN) #3 stated that i bsite for results and to report abnorma		
	On 01/27/21 at 10:30 a.m. LPN #4 stated the physician should be notified of culture and sensitivity reports and the charge nurse was responsible for monitoring and reporting lab results.			
	2. Resident #4 was admitted to the	facility on [DATE] with diagnoses which	h included urinary tract infection.	
	The annual assessment, dated 10/27/20, documented the resident was cognitively intact for daily decision-making and required extensive assistance with activities of daily living (ADLs).			
	The assessment documented the resident had a catheter and received antibiotics.			
	A progress note, dated 01/13/21 at 3:02 p.m., documented the resident's urine was thick and the tube required milking and flushing for urine to flow adequately. The note documented the resident denied painfurination, other symptoms, and was afrebrile. The note documented water was available and accepted aft prompting.			
	mucus like in consistency. The not slow at times with cloudy appearan	7:36 a.m., documented the residents use documented the urine did not want to use. The note documented a urinalysis resident was afebrile and fluids were was	flow through tubing and it was was collected at that time to rule	
		4/21 at 9:33 p.m., documented the urinunt and elevated red blood cell count.	e had elevated protein, elevated	
	The progress notes for January 20 from 01/14/21 until 01/20/21.	20 did not document the physician was	notified of the urinalysis report	
		t, dated 01/16/21 at 8:34 a.m., docume o susceptibility test was performed.	nted probable collection	
	The progress notes for January 20 sensitivity report from 01/16/21 unt	20 did not document the physician was il 01/20/21.	notified of the culture and	
	beside the bed with a large amoun	11:02 a.m., documented the suprapub t of leaking urine to the abdominal region per physicians order, was draining to g	on. The note documented the	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDER OR SUPPLI	FD.	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129	. 6052	
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0684 Level of Harm - Immediate jeopardy to resident health or safety	A progress note, dated 01/20/21 at 4:38 p.m., documented the urinalysis results were received, and were positive for a UTI. The note documented the physician was notified and orders were received for Rocephin intramuscular (IM) once a day for five days for UTI. The note documented the medication administration record (MAR) was updated and the power of attorney was made aware.			
Residents Affected - Few	A progress note, dated 01/21/21 at 12:32 p.m., documented the resident continued on an intramuscular (IM) antibiotic for a UTI. The note documented the resident has had no signs or symptoms of an adverse reaction. The note documented the resident was afebrile and the suprapubic catheter was patent and draining to gravity, and the resident received catheter care every two hours and as needed.			
	A progress note, dated 01/24/21 at 2:37 a.m., documented the resident had only received one dose of Rocephin on or about 01/21/21. The note documented the medication appeared on the medication administration record (MAR) and not the treatment administration record (TAR). The note documented medication was being checked off as administered by the medication aids who were not actually giving medication or notifying the nurse. The note documented the nurse administered the second dose on 01/23/21 and the order was updated on the TAR.			
	On 01/26/21 at 12:45 p.m., the assistant director of nurses (ADON) stated she was aware of the missed doses of Rocephin. The ADON stated she interviewed the nurse who discovered the medication had not been given and that nurse told her the physician was not contacted. She stated the nurse should have been notified the medication was on the MAR and not the TAR. She stated the physician should have been notified.			
	On 10/27/21 at 10:10 a.m., physician #1 stated he expected to be notified by the facility when medication he had ordered was not administered.			
	On 01/27/21 at 10:10 a.m., certified medication aid (CMA) #2 stated that IM meds should be on the TAR. She stated if she noticed an IM med on the MAR and not the TAR she would notify the charge nurse so the medication could be administered.			
	3. Resident #11 had diagnosis which	ch included urinary tract infection.		
	The admission assessment, dated 12/11/20, documented the resident was cognitively intact for da decision-making and required extensive assistance with activities of daily living (ADLs). The asses documented the resident had a catheter.			
	A progress note, dated 12/23/20 at 2:47 p.m., documented cloudy urine was noted in the catheter bag; a urine analysis was obtained per primary care physician, and a new order was received for Bactrim DS one time a day for five days until results of urinalysis were received.			
A physician's order, dated 12/23/20, documented to obtain a urinalysis with culture and so urinary tract infection.			th culture and sensitivity to rule out	
	leukocyte estrace (A screening test	4/20 at 8:20 p.m., documented the rest tused to detect a substance that sugge a urinary tract infection.) bacteria and y	ests there are white blood cells in	
	(continued on next page)			

AND PLAN OF CORRECTION III 3 NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa For information on the nursing home's plan (X4) ID PREFIX TAG S (E) F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few T D A A T D A	X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
For information on the nursing home's plan (X4) ID PREFIX TAG F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few T C b A	375094	A. Building B. Wing	COMPLETED 04/15/2021	
(X4) ID PREFIX TAG S (E F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few T C b n T b		STREET ADDRESS, CITY, STATE, ZII 2425 South Memorial Tulsa, OK 74129	CODE	
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few T C b n T b	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few To Co bo n To Co bo n To A	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
A constant of the constant of	Proteus Mirabilis. The urine culture of the TAR documented the resident shrough 12/27/20. No other antibiotic fine progress notes did not docume not document an antibiotic susception 01/26/21 at 12:51 p.m., the ADC protectian and was not the correct an notify the physician of the culture and sensitivity of the admission orders, dated 08/17/20lood sugars (FSBS). A nurse's note, dated 08/18/20 at 10 and received scheduled insulin at head physician's order, dated 08/20/20 on a sliding scale. The order documented the physician was provided to the culture and sensitivity of the admission assessment, dated 08/20/20 on a sliding scale. The order documented the physician was provided to the culture and required limited to the culture and the culture	20 did not document the resident was 0:02 p.m., documented the resident informe. at 9:27 a.m., documented the resident informe. at 9:29 a.m., documented the resident intented the resident was to be given 2 uran blood sugar between 201-250, 6 united tween 301-350, and 10 units for a blood is to be notified if the residents blood is to be notified if the resident was drassistance with activities of daily living was asked what should be done if you and that the physician should be notified 20, documented resident #9 had a dialy and redness to her coccyx area. It did at 2:51 p.m., documented the resident in x undetermined. The assessment also	to Bactrim. a day for five days on 12/23/20 ture and sensitivity results and did inistered to the resident. Is administered was resistant to the es and stated the facility did not a the physician should have been do have been ordered. Thick included critical illness Treceiving insulin or finger stick To make to be given 18 units of Lantus The was to be given Humalog insuling insuling insuling for a blood sugar between 351-400. The ugar was above 400. The ugar was above 400.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIE	 	CTREET ADDRESS CITY STATE 71	D CODE
Emerald Care Center Tulsa	EK	STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	PCODE
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	SUMMARY STATEMENT OF DEFIC	EIENCIES full regulatory or LSC identifying informati	on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A physician's order, dated 08/18/20 with wound cleanser, patted dry, m gauze 4 x 4 and secured with tape A review of the treatment administr provided on 08/18/20. A nurse's note, dated 08/23/20 at 7 left breast. The note documented u It documented the physician was not a physician's order, dated 08/23/20 cleansed with normal saline, patted documented the wound physician v A review of the treatment administr provided on 08/23/2020. A nurse's note, dated 08/24/20 at 9 physician because she was leaving wound to the foot looked the same The note documented the nurse repossibly leaving AMA. The admission assessment, dated	at 2:56 p.m., documented the wound edi honey was to be applied to the wou	to the right foot was to be cleansed and bed, it was to be covered with yound care to the right foot was a complaining of discomfort to the ea on the left breast with drainage. It is received. To the left breast was to be be applied. The order also is in the facility on 08/24/20. Fround care to the left breast was a used to see the wound care to the left breast was now open. If the order was a pen urse know the resident was a cognitively intact for daily

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE
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	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 - Some	Have a registered nurse on duty 8 a full time basis. 36191 Based on interview and record reviregistered nurse were used for at left this had the potential to affect all 6 findings: On 01/26/21 at 11:46 a.m., license was a nurse practitioner (NP) who was asked about providing RN covernot acknowledge she was the facility the schedule for 01/10/21 through days the facility did not have an RN	hours a day; and select a registered new, it was determined the facility failed east eight consecutive hours a day, see 9 residents residing at the facility. d practical nurse (LPN) #2 stated the reworked for [name-deleted] and had an erage, she stated she was a mid-level	to ensure the services of a ven days a week. egistered nurse (RN) in the building office in the building. When the NP provider and not an RN. She did the LPN verified on 10 of the 16 ied as the RN coverage. The LPN

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0773 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide or obtain laboratory tests/s results. **NOTE- TERMS IN BRACKETS IN On 01/25/21 at 5:05 p.m., an Immerial failure to notify the physician of rescausing the infection was resistant. On 03/16/20, the physician ordered resident was started on an antibiotic revealed that the organism causing resident was receiving. The physician ordered that the organism causing resident was receiving. The physician was received at the IJ situation was very on 01/25/21 the IJ situation was very on 01/25/21 at 5:05 p.m., the admissituation related to failures in common on 01/26/21 at 11:30 a.m., the plant physician was accepted. The plan of Removal for the Immediate Plan of Removal 1. Facility licensed Nurses will be earlied into results. With critical abnormal results with critical abnormal results. With critical abnormal results of a One of the Physician and provide results to entire the provide results of a One of the Immediate cause of	diate Jeopardy (IJ) situation was deterults of a urine culture and sensitivity teto the antibiotic being used for resident a urinalysis and a culture and sensitivity for a urinary tract infection. The result the infection, Proteus Mirabilis, was mian was not notified of the results of the DATE] with sepsis, and subsequently potic shock due to Proteus Mirabilis.	I the ordering practitioner of the ONFIDENTIALITY** 42171 mined to exist due to the facility's st that revealed the organism t #10. The provided of the urine. On 03/17/20, the st soft the culture and sensitivity of the culture and sensitivity of the antibiotic the equine culture and sensitivity. The provided of the IJ referring physician. The protocol. The protocol. The protocol. The protocol. The protocol is an end of the shift for abnormal rimary Care Physician immediately curse is to call the Primary Care protocol the protocol is to call the Primary Care protocol is the primar

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129	. 3352	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0773 Level of Harm - Immediate jeopardy to resident health or safety	e. If antibiotic is ordered, the Licensed Nurse will fax and call new order into pharmacy and request it be sent out immediately within 4 hours, in the event that the medication is not received in that time frame, the ordering physician will be notified and a hold order will be obtained until the medication is available and in the facility to administer.			
Residents Affected - Few		receiving nurse will document arrival a	Ç	
		nt on the antibiotic each shift for the du		
	h. Any adverse reaction will be rep	orted to the ordering practitioner by Lic	ensed Nurse.	
	i. Policies and procedures will be u reflect the above noted protocols.	pdated, and all CMA's and Licensed N	ursing staff will be educated to	
	2. Current facility residents' labs for the previous 30 days will be reviewed to ensure the Primary Care Physician has been notified of the results. Lab results that have a Culture and Sensitivity will be reviewed with the Primary Care Physician to ensure resident is on the proper antibiotic. This will be completed by the Nurse Management Team.			
	3. During the morning Clinical Meeting the Nurse Managers will review current orders for Labs and Antibiotics to ensure the resident is receiving the appropriate antibiotic.			
	4. The Nurse Managers will call the Primary Care Physician if the resident is not on the antibiotic that the Culture and Sensitivity shows sensitivity to.			
	5. This plan of removal will be in compliance January 26, 2021 by 5pm			
	antibiotic and lab protocol for imme	On 01/27/21 interviews were conducted with the nursing staff regarding education in-services pertaining to antibiotic and lab protocol for immediate jeopardy removal. The staff stated an in-service was provided on 01/26/21. The staff was able to verbalize understanding of the information provided in the in-service pertaining to the plan of removal.		
		vas removed when all components of the		
	Based on observation, interview, and record review, it was determined the facility failed to notify the physician of significant laboratory results for five (#2, 4, 6, 10 and #11) of five sampled residents reviaboratory services. The physician was not notified of urinary culture and sensitivity lab results for resident #10, which in the infection the resident had was resistant to the antibiotic prescribed. The resident developed urin sepsis, was hospitalized, and subsequently passed away.			
	The facility identified 63 residents v	who received laboratory services.		
	Findings:			
	(continued on next page)			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa	STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE	
For information on the nursing home's plan to correct this deficiency, please cont	act the nursing home or the state survey a	agency.	
` '	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0773 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few 1. Resident #10 was admitted to the antibiotics and a stage 4 pressure u symptoms of UTI such as complaint discharge, elevated temperature, in The care plan documented staff were could be notified. The admission assessment, dated 10/30/16/20 at drainage with pale yellow urine and a sensation of urinary urgency. The centimeters (cc) of sterile saline and physician was contacted regarding to A progress note, dated 03/16/20 at and obtain a urinalysis with culture at and obtain a urinalysis with culture at and obtain a urinalysis lab report, dated 03/16/20 at and obtain a urinalysis lab report	rvices documented, the facility will notinented laboratory results would be reviacility would have a system to reconcile results were received, and when the print the medical record. The facility on [DATE] with diagnoses while the sacral region. The next 90 days. Care plan intervention to fourning with urination, flank pain, proceased confusion and agitation, or dere to alert the charge nurse of any signification. The next 90 days. Care plan intervention to fourning with urination, flank pain, proceased confusion and agitation, or dere to alert the charge nurse of any signification. The next 90 days. Care plan intervention to fourning with urination, flank pain, proceased confusion and agitation, or dere to alert the charge nurse of any signification. The next 90 days. Care plan intervention to burning with urination, flank pain, proceased confusion and agitation, or dere to alert the charge nurse of any significant was a large amount of sediment. The note of a large amount of sediment. The note of continued to drain pale urine with sedurine for analysis and they were waiting 9:42 a.m., documented the urinary catheter dependent of a physician or and sensitivity. The note of the facility would be received and sensitivity. The note of the facility would be received and sensitivity. The note of the sacral region.	fy the physician promptly of sewed by the physician on a timely e physician orders, labs ordered, obysician was notified. The policy of included resistance to multiple of free from complications related to the included observing for signs and presence of blood in urine, creased level of consciousness. In an	
Proteus Mirabilis. The urine culture			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 375094 NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa STREET ADDRESS, CITY, STATE, ZIP CODE 2425 South Memorial Tulsa, OK 74129 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] The progress notes for March 2020 did not document the physician was notified of the culture and sensitivity results. The physician orders for March 2020 did not document the discontinuation of Bactrim, or an order for an antibiotic in which the bacteria was sensitive. The physician orders for March 2020 did not document the discontinuation of Bactrim, or an order for an antibiotic in which the bacteria was sensitive. The medication administration record (MAR) dated March 2020 documented the resident continued to receive Bactrim for a UTI. A progress note dated 03/19/20 at 10/16 am, documented the resident continued on Bactrim BS for a UTI is important was 87/9 degrees (F) and had no signs or symptoms of an adverse reaction. The note of documented the resident complained of pressure to the abdominal area on the previous shift but had no complaints on this shift. A progress note, dated 03/24/20 at 1:15 p.m., documented the resident complained of the catheter testing and the feeling of pain and pressure when moving. The note documented the nurse was unable to flush the catheter. The note documented the catheter was replaced and the resident controllable tremore. A progress had a progress and the feeling of pain and pressure when moving. The note documented the nurse was unable to flush the catheter. The note documented and the resident but called in the treatment of the catheter was replaced and the resident but the unaburance arrived and transported the resident of the catheter was replaced and the resident but the unaburance arrive				No. 0936-0391
Emerald Care Center Tulsa 2425 South Memorial Tulsa, OK 74129 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 SUMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) The progress notes for March 2020 did not document the physician was notified of the culture and sensitivity results. The progress notes for March 2020 did not document the discontinuation of Bactrim, or an order for an antibiotic in which the bacteria was sensitive. The medicalion administration record (MAR) dated March 2020 documented the resident continued to receive Bactrim for a UTI. A progress note, dated 03/19/20 at 10:16 a.m., documented the resident continued on Bactrim DS for a UTI his temperature was 97.9 degrees (F) and had no signs or symptoms of an adverse reaction. The note documented the resident complained of pressure to the abdominal area on the previous shift but had no complaints on this shift. A progress note, dated 03/12/20 at 1:15 p.m., documented the resident complained of the catheter. The note documented the catheter was replaced and the resident protribule terrores, his conjugar and he feeling of pain and pressure when moving. The note documented the nurse was unable to flush the catheter. The note documented the catheter was replaced and the resident protribule terrores, his covygen saturation was 68 percent on com air, and the resident but not residents complained of commented the resident to administration of the resident selection to the resident selection removed the resident to the head to the trember. The note documented the resident to the terrores. The note documented the resident to the head to the terrores. The note documented the resident to the head to the terrore south the selection of the s		IDENTIFICATION NUMBER:	A. Building	COMPLETED
(XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) The progress notes for March 2020 did not document the physician was notified of the culture and sensitivity results. The physician orders for March 2020 did not document the discontinuation of Bactrim, or an order for an antibiotic in which the bacteria was sensitive. The medication administration record (MAR) dated March 2020 documented the resident continued to receive Bactrim for a UTI. A progress note, dated 03/19/20 at 10:16 a.m., documented the resident continued on Bactrim DS for a UTI his lemperature was 97 9-6 degrees (F) and had no signs or symptoms of an adverse reaction. The note documented the resident complained of pressure to the abdominal area on the previous shift but had no complaints on this shift. A progress note, dated 03/24/20 at 1:15 p.m., documented the resident complained of the catheter leaking and the feeling of pain and pressure when moving. The note documented the nurse was unable to flush the catheter. The note documented the catheter was replaced and the resident toderated it well. A progress note, dated 03/24/20 at 10:46 p.m., documented the nurse was called into the residents face was flushed and his nail beds were blue. The note documented the more to documented the resident face was flushed and his nail beds were blue. The note documented an ambulance arrived and transported the resident to the hospital for evaluation and treatment per doctor orders. The note documente the daughter, the director or nurses (DON), and the assistant director of nurses (ADON) were notified. An emergency medicine note, dated 03/24/20, documented clinical impressions of septic shock and acute respiratory failure with hypoxia. A details of hospital stay report, dated 03/26/20 at 3:18 p.m., documented the patient was freated for sepsis. The report documented the patient had proteus bacteria in his blood, pressure. The report documented on the previous nigh			2425 South Memorial	P CODE
F 0773 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few The physician orders for March 2020 did not document the physician was notified of the culture and sensitivity results. The physician orders for March 2020 did not document the discontinuation of Bactrim, or an order for an antibiotic in which the bacteria was sensitive. The medication administration record (MAR) dated March 2020 documented the resident continued to receive Bactrim for a UTI. A progress note, dated 03/19/20 at 10:16 a.m., documented the resident continued on Bactrim DS for a UTI his temperature was 97.9 degrees (F) and had no signs or symptoms of an adverse reaction. The note documented the resident complained of pressure to the abdominal area on the previous shift but had no complaints on this shift. A progress note, dated 03/24/20 at 10:16 a.m., documented the resident complained of the catheter leaking and the feeling of pain and pressure when moving. The note documented the nurse was called into the resident's room by a certified medication aid (CMA). The note documented the resident had uncontrollable tremors, his oxygen saturation was 68 percent on room air, and the resident had uncontrollable tremors, his oxygen saturation was 68 percent on room air, and the resident had a temperature of 99.5 degrees F. The note documented staff were not able to obtain a blood pressure due to the trens. The note documented the resident to the hospital for evaluation and treatment per doctor orders. The note documented the resident to the hospital for evaluation and treatment per doctor orders. The note documented the daughter, the director or nurses (DON), and the assistant director of nurses (ADON) were notified. An emergency medicine note, dated 03/24/20, documented clinical impressions of septic shock and acute respiratory failure with hypoxia. A details of hospital stay report, dated 03/24/20, documented director of nurses (ADON) were notified. A death certificate, dated 03/30/20, documented the	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
results. The physician orders for March 2020 did not document the discontinuation of Bactrim, or an order for an antibiotic in which the bacteria was sensitive. The medication administration record (MAR) dated March 2020 documented the resident continued to receive Bactrim for a UTI. A progress note, dated 03/19/20 at 10:16 a.m., documented the resident continued on Bactrim DS for a UTI his temperature was 97.9 degrees (F) and had no signs or symptoms of an adverse reaction. The note documented the resident complained of pressure to the abdominal area on the previous shift but had no complaints on this shift. A progress note, dated 03/24/20 at 1:15 p.m., documented the resident complained of the catheter leaking and the feeling of pain and pressure when moving. The note documented the nurse was unable to flush the catheter. The note documented the catheter was replaced and the resident tolerated it well. A progress note, dated 03/24/20 at 10:46 p.m., documented the nurse was called into the resident's room by a certified medication aid (CMA). The note documented the nurse was called into the resident's room by a certified medication aid (CMA). The note documented the nurse was called into the resident's face was flushed and his nail beds were blue. The note documented an ambulance arrived and transported the resident face was flushed and his nail beds were blue. The note documented an ambulance arrived and transported the resident to the hospital for evaluation and treatment per doctor orders. The note documente the daughter, the director or nurses (DON), and the assistant director of nurses (ADON) were notified. An emergency medicine note, dated 03/24/20, documented clinical impressions of septic shock and acute respiratory failure with hypoxia. A details of hospital stay report, dated 03/26/20 at 3:18 p.m., documented the patient was treated for sepsis The report documented the patient had probles bacteria in his blood, was being treated with a broad spectrum antibiotic, and had a history of multi drug	(X4) ID PREFIX TAG			
(continued of flext page)	Level of Harm - Immediate jeopardy to resident health or safety	results. The physician orders for March 202 antibiotic in which the bacteria was The medication administration recovereceive Bactrim for a UTI. A progress note, dated 03/19/20 at his temperature was 97.9 degrees documented the resident complaint complaints on this shift. A progress note, dated 03/24/20 at and the feeling of pain and pressur catheter. The note documented the A progress note, dated 03/24/20 at a certified medication aid (CMA). T saturation was 68 percent on room documented staff were not able to resident's face was flushed and his transported the resident to the hosy the daughter, the director or nurses. An emergency medicine note, date respiratory failure with hypoxia. A details of hospital stay report, da The report documented the patient spectrum antibiotic, and had a hister the previous night the patient had I documented a chest X-ray showed required multiple medications to make the previous night the patient had I documented a chest X-ray showed required multiple medications to make the previous multiple medications to make the previous Mirabilis. On 01/22/21 at 10:10 a.m., the asseput the order into the medical recont the be put in the lab book and the	20 did not document the discontinuation is sensitive. 21 ord (MAR) dated March 2020 document in 10:16 a.m., documented the resident (F) and had no signs or symptoms of a sed of pressure to the abdominal area of it. 1:15 p.m., documented the resident care when moving. The note documented is catheter was replaced and the resident had a rair, and the resident had a temperatur obtain a blood pressure due to the trension in 10:46 p.m., documented the resident had a rair, and the resident had a temperatur obtain a blood pressure due to the trension in 10:46 p.m., documented the resident had a signal beds were blue. The note documented is (DON), and the assistant director of more decembered in 10:46/20 at 3:18 p.m., documented in 10:46/20 at 3:18	ted the resident continued to continued on Bactrim DS for a UTI, in adverse reaction. The note in the previous shift but had no complained of the catheter leaking the nurse was unable to flush the nit tolerated it well. It is called into the resident's room by uncontrollable tremors, his oxygen to of 99.5 degrees F. The note ented an ambulance arrived and octor orders. The note documented the ented an ambulance arrived and octor orders. The note documented iurses (ADON) were notified. If the patient was treated for sepsis, being treated with a broad MDRO). The report documented on hypotensive. The report documented the patient documented the patient was placed 5 p.m. on 03/26/20. If the process for lab orders was to atory website. The requisition would tated the charge nurse would check

			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	NT OF DEFICIENCIES e preceded by full regulatory or LSC identifying information)		
F 0773 Level of Harm - Immediate jeopardy to resident health or safety	On 01/25/21 at 2:02 p.m., physician #1 was interviewed regarding lab results. He stated that he expected to be made aware of abnormal lab results. He stated that the lab company will call the facility and the physician with critical results, but culture and sensitivity results were not critical labs. Physician #1 stated the facility did not notify him of the culture and sensitivity results for resident #10.			
Residents Affected - Few		d practical nurse (LPN) #3 stated that i		
	On 01/27/21 at 10:30 a.m. LPN #4 stated the physician should be notified of culture and sensitivity reports and the charge nurse was responsible for monitoring and reporting lab results.			
	2. Resident #4 was admitted to the	facility on [DATE] with diagnoses which	ch included urinary tract infection.	
	The annual assessment, dated 10/27/20, documented the resident was cognitively intact for daily decision-making and required extensive assistance with activities of daily living (ADLs).			
	The assessment documented the resident had a catheter and received antibiotics.			
	A progress note, dated 01/13/21 at 3:02 p.m., documented the resident's urine was thick and the tube required milking and flushing for urine to flow adequately. The note documented the resident denied painfu urination, other symptoms, and was afrebrile. The note documented water was available and accepted aft prompting.			
	mucus like in consistency. The not slow at times with cloudy appearan	: 7:36 a.m., documented the residents of documented the urine did not want to loce. The note documented a urinalysis resident was afebrile and fluids were were	flow through tubing and it was was collected at that time to rule	
		4/21 at 9:33 p.m., documented the urinunt and elevated red blood cell count.	ne had elevated protein, elevated	
	The progress notes for January 20 from 01/14/21 until 01/20/21.	20 did not document the physician was	notified of the urinalysis report	
		t, dated 01/16/21 at 8:34 a.m., docume o susceptibility test was performed.	nted probable collection	
	The progress notes for January 20 sensitivity report from 01/16/21 unt	20 did not document the physician was il 01/20/21.	notified of the culture and	
	beside the bed with a large amoun	: 11:02 a.m., documented the suprapuble tof leaking urine to the abdominal region per physicians order, was draining to g	on. The note documented the	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	375094	B. Wing	04/15/2021	
NAME OF PROVIDER OR SUPPLI	NAME OF DROVIDED OF SUIDDIED		P CODE	
Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129		
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	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	ENT OF DEFICIENCIES De preceded by full regulatory or LSC identifying information)		
F 0773 Level of Harm - Immediate jeopardy to resident health or safety	A progress note, dated 01/20/21 at 4:38 p.m., documented the urinalysis results were received, and were positive for a UTI. The note documented the physician was notified and orders were received for Rocephin intramuscular (IM) once a day for five days for UTI. The note documented the medication administration record (MAR) was updated and the power of attorney was made aware.			
Residents Affected - Few	A progress note, dated 01/21/21 at 12:32 p.m., documented the resident continued on an intramuscular (IM) antibiotic for a UTI. The note documented the resident has had no signs or symptoms of an adverse reaction. The note documented the resident was afebrile and the suprapubic catheter was patent and draining to gravity, and the resident received catheter care every two hours and as needed.			
	A progress note, dated 01/24/21 at 2:37 a.m., documented the resident had only received one dose of Rocephin on or about 01/21/21. The note documented the medication appeared on the medication administration record (MAR) and not the treatment administration record (TAR). The note documented medication was being checked off as administered by the medication aids who were not actually giving medication or notifying the nurse. The note documented the nurse administered the second dose on 01/23/21 and the order was updated on the TAR.			
	On 01/26/21 at 12:45 p.m., the assistant director of nurses (ADON) stated she was aware of the missed doses of Rocephin. The ADON stated she interviewed the nurse who discovered the medication had not been given and that nurse told her the physician was not contacted. She stated the nurse should have bee notified the medication was on the MAR and not the TAR. She stated the physician should have been notified.			
	On 10/27/21 at 10:10 a.m., physicial had ordered was not administered.	an #1 stated he expected to be notified	by the facility when medication he	
		, certified medication aid (CMA) #2 stated that IM meds should be on the TAR. In IM med on the MAR and not the TAR she would notify the charge nurse so the histered.		
	3. Resident #11 had diagnosis which	ch included urinary tract infection.		
		it, dated 12/11/20, documented the resident was cognitively intact for daily red extensive assistance with activities of daily living (ADLs). The assessment and a catheter.		
	A progress note, dated 12/23/20 at 2:47 p.m., documented cloudy urine was noted in the cathete urine analysis was obtained per primary care physician, and a new order was received for Bactrir time a day for five days until results of urinalysis were received. A physician's order, dated 12/23/20, documented to obtain a urinalysis with culture and sensitivity urinary tract infection.			
	leukocyte estrace (A screening tes	4/20 at 8:20 p.m., documented the resit used to detect a substance that sugger a urinary tract infection.) bacteria and	ests there are white blood cells in	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE
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 SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying info			on)
F 0773 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A final culture and sensitivity report Proteus Mirabilis. The urine culture The TAR documented the resident through 12/27/20. No other antibiot The progress notes did not docume not document an antibiotic suscept On 01/26/21 at 12:51 p.m., the AD bacteria and was not the correct ar notify the physician of the culture an otified of the culture and sensitivit 39772 4. Resident #2 was admitted to the dependence on renal dialysis, aner hemiplegia and hemiparesis following A review of laboratory reports rever 07/07/20: ~ Basic Metabolic Panel; ~ TSH (thyroid stimulating hormone with the culture and sensitivit of the culture and sensitivit and the complete Blood Count /Auto Diffied Panel; ~ Complete Blood Count /Auto Diffied Panel; ~ Complete Blood Count /Auto Diffied Panel; ~ Complete Blood Count; and Complete B	t, dated 12/26/20 at 11:11 a.m., docume documented the bacteria was resistant was administered Bactrim DS one time ric was documented as administered. The physician was notified of the cultible to the bacteria was ordered or administered or administered or administered. The physician was notified of the cultible to the bacteria was ordered or administered or admin	ented the presence of the bacteria it to Bactrim. e a day for five days on 12/23/20 Iture and sensitivity results and did ninistered to the resident. as administered was resistant to the resident and stated the facility did not did the physician should have been led have been ordered. included chronic kidney disease, proidism, hyperlipidemia, hyperparathyroidism of renal origin. e completed:
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 South Memorial	
For information on the nursing home's	nlan to correct this deficiency please con-	Tulsa, OK 74129	agency
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		<u> </u>	
F 0773 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A quarterly assessment, dated 01/0 and received a diuretic seven out of the nurse's notes dated the laboratory reports for 01/08/21. 5. Resident #6 was admitted to the hemiparesis following cerebral infartant A review of the nurse's notes, dated nitrogen) and a creatinine laboratory. A review of laboratory reports reveau A review of the progress notes for facility had notified the physician of A quarterly assessment, dated 11/2 daily decision making, required extra always incontinent of bowel and blace on 01/22/21 at 10:10 a.m., the ADC switched the company that provide consisted of the following: Receive physician orders for laboratory with the laboratory of the physician ordered stat laborder) Nurse would enter the laborator in health care system; Nurse would print the lab requisit on laboratory.	D8/21, documented the resident was confiseven days of the look back period. nurses (ADON) provided the surveyor ney had been reviewed by the physician of 101/25/21, revealed the ADON contact facility on [DATE] with diagnoses which rection. d 10/12/20, revealed a physician's verify test. aled a stat BUN and creatinine had been a stat aboratory results. 10/12/20-10/21/20 revealed there was a state at laboratory results. 10/20, documented the resident was mensive assistance with hygiene, totally adder. DN was interviewed regarding laboratory diaboratory services in November 202 dests; lab tests, the nurse would call [name we not [name withheld]'s electronic lab systion and place it in the lab book; Id retrieve the lab requisition from the lab for accessing [name withheld]'s electronic lab system accessing [name withheld]'s electronic lab contacts and place it in the lab book;	egnitively intact, received dialysis, copies of the 01/08/21 laboratory n's nurse on 01/08/21. ed the physician's office regarding the included hemiplegia and the laborate of a stat BUN (blood ureas on completed on 10/13/20. Into documentation to support the codified independent in cognition for dependent on staff for bathing, and the stated the lab process withheld] to inform them of the states of the
		y phone, or any critical lab results; for notifying the physician, by phone a	nd fax, of abnormal lab results.
	(

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, Z 2425 South Memorial Tulsa, OK 74129	P CODE
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	access to [name withheld]'s electrophysician of abnormal test results. On 01/22/21 at 10:20 a.m., LPN (lick She stated when the physician order then access the lab's electronic system to check for lick electronic lab system to check for lick every one to one and a half hours. The end of her shift, she would report of the electronic lab system to check for lick every one to one and a half hours. The end of her shift, she would report on 01/26/21 at 12:45 p.m., the AD notified of a resident's laboratory resident.	was informed of laboratory test results inic lab system but the charge nurse we censed practical nurse) #6 was interviewed lab tests she would enter the ordestem to complete a requisition. She stated at least once during her shift she ab results. She stated she would check the stated if stat lab results had not bort the pending stat lab to the next shift ON was asked where it would be docuesults. She stated in the progress notes also for notifying the physician of laborate the progress in	ewed regarding laboratory services. For in the electronic medical record ted if the order was for stat lab, she would access [name withheld]'s to the system for stat lab results een accessed in the lab system by so charge nurse. In the electronic medical record ted if the order was for stat lab, she would access [name withheld]'s to the system for stat lab results een accessed in the lab system by so charge nurse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable info accordance with accepted profession **NOTE- TERMS IN BRACKETS Here Based on interview and record revimedical records by failing to docum sampled residents reviewed for dia residents in the facility were receiving Findings: 1. Resident #5 was admitted to the and dependence on renal dialysis. The annual assessment, dated 12/3 decision-making, required extensive the physician's orders for January upon return from dialysis. Review of the treatment administrate post-dialysis vital signs or weights. On 01/26/21 at 10:50 a.m., the assign documenting post-dialysis vital sign asked where documentation of postor progress notes. 39772 2. Resident #2 had diagnoses which A quarterly assessment, dated 01/0 dialysis. The TAR, dated January 2021, documenting dialysis two times a day every Tue, Review of the January 2021 TAR, 0 Thursday, Saturday pre and post dialysis and when they return from were documented. She stated in the	rmation and/or maintain medical record onal standards. AVE BEEN EDITED TO PROTECT Co ew, it was determined the facility failed then the pre and post dialysis assessments lysis care. The facility census and cond	ds on each resident that are in ONFIDENTIALITY** 42171 to maintain complete and accurate for two (#2 and #5) of three dition report documented five th included end stage renal disease dependent for daily gg, and received dialysis. st dialysis vital signs and weight for January 2021 did not document sked for additional records tation was provided. She was located and she stated in the TAR dependence on renal dialysis. dependence on return of late 10/20/2020 0700 . ded 20 opportunities for Tuesday, in 13 documented. ion of pre and post dialysis in the resident before they leave for and post dialysis assessments sure dialysis resident's pre and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021	
NAME OF PROVIDED OR CURRU	NAME OF PROVIDER OR SURPLIER			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial	PCODE	
Emerald Care Center Tulsa	Emerald Care Center Tulsa			
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0880	Provide and implement an infection	prevention and control program.		
Level of Harm - Minimal harm or potential for actual harm	36191			
Residents Affected - Some	Based on observation, interview, and record review, it was determined the facility failed to implement infection prevention and control practices to prevent the development and transmission of COVID-19. The facility failed to ensure:			
	~ staff were screened before each shift for one (CMA #1) of three sampled staff who were reviewed for screening;			
	~ the floors and non-dedicated non-disposable resident care equipment was disinfected with an Environmental Protection Agency (EPA) registered disinfectant for use against SARS-CoV-2;			
	~ ice and water were obtained and delivered to residents in a manner in which infection control was maintained; and			
	~ the staff wore the correct persona	al protective equipment when entering	the residents' rooms.	
	Findings:			
	The CDC guidance titled, Preparing for COVID-19 in Nursing Homes, documented, .Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19 .Actively take their temperature and document absence of symptoms consistent with COVID-19 .Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning .and shared resident care equipment .			
	1. On 01/26/21 at 3:06 p.m., licensed practical nurse (LPN) #3 stated all employees entered through the main entrance and were screened prior to going to their assigned area. She looked through the screening logs for the prior week (01/18/21 to 01/22/21) and stated she could not find screening forms for certified medication aide (CMA) #1. The LPN stated the CMA worked Monday through Friday.			
	2. On 01/25/21 at 9:45 a.m., housekeeper #1 stated he cleaned the floor with QC 34 floor net bottle did not have an EPA registration number. The housekeeping supervisor stated she cou EPA registration number for the product. The product was not found on the EPA-N list of app disinfectants to use against SARS-Co V-2.			
	The state of the s	(CNA) #3 stated she used a pink liquid cuff. She stated she also used it to disi		
		to the housekeeping supervisor by the what was in the bottle labeled as hand		
	At 2:05 p.m., CNA #2 assisted resident the lift after it was used.	dent #15 out of bed. She used a mecha	anical lift. The CNA did not disinfect	
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Tulsa		STREET ADDRESS, CITY, STATE, ZI 2425 South Memorial Tulsa, OK 74129	P CODE
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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	negative and quarantined residents At 10:16 a.m., a CNA in training (A gloves; she did not use hand saniti the room. The aide took the pitcher from the medication cart into the resident. She did not water to the resident. She did not water to the resident. She did not water to the resident hygiene after touching the resident Aide #6 stated she thought she had aide. The aide stated she did not water to the aide stated she went to the don the hall. The CNA did not wear pitcher. At 10:22 a.m., CNA# 7 left the quareturn she stated she went to the don the hall. The CNA did not wear pitcher. At 10:44 a.m., housekeeper #2 staresidents who were on quarantine. cleaned in the rooms of the resider Not remove the residents' water pit obtained from the medication cart. protection when entering the reside She stated the staff should wear full and eye protection) when entering each resident who was on quarantine each resident who was each each each each each each each each	a.m., CNA #1, #2 and #3 entered resists without wearing eye protection. During ide) #6 was in resident #2's room, she zer or wash her hands, she picked up to medication cart, removed the lid wisident's water pitcher and then returned and outwear eye protection when entering the dusted hand sanitizer. She stated she was rear eye protection unless she provided reantine hall through the double doors withing room to fill the water pitcher with eye protection when she entered the rested she did not wear an isolation gown. She stated she thought she was just shots who tested positive for COVID-19. Was trained as an infection preventionist chers from the quarantine area. She stands he was not aware the ents' rooms who were negative for COVIII personal protective equipment (PPE) a resident's room who was on quarantine unless delivering medications or men cleaning the resident rooms who we	g a facility COVID-19 outbreak. removed her isolation gown and the resident's water pitcher and left th bare hands, poured the water d to the resident's room and placed a gown and gloves and delivered the room and did not perform hand e water on the medication cart. Was training to be a certified nurse didirect care to the resident. With a resident's water pitcher. Upon ice because she did not have ice esident's room to deliver the water When she cleaned the rooms of the upposed to wear a gown when she With The LPN stated the staff should atted the water should not be a staff needed to wear eye VID-19 and were not on quarantine. (gowns, gloves, mask, booties, me and change PPE in between eal trays. She stated the

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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f		CIENCIES full regulatory or LSC identifying informati	on)	
F 0881	Implement a program that monitors antibiotic use.			
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 42171	
safety Residents Affected - Few		diate Jeopardy (IJ) situation was detern n antibiotic use protocol which included lent #10.	,	
	Resident #10 was hospitalized and	subsequently passed away.		
	On 01/25/21 the IJ situation was ve	erified with the Oklahoma State Departr	ment of Health.	
		nistrator and the assistant director of n nunicating pertinent lab results to the o		
	On 01/26/21 at 11:30 a.m., the plan of removal for the Immediate Jeopardy pertaining to notification of the physician was accepted.			
	The plan of Removal for the Immed	liate Jeopardy documented:		
	Plan of Removal			
	Facility licensed Nurses will be educated on the facility antibiotic and lab protocol.			
	a. Current and outstanding labs will	I be addressed immediately by the Lice	ensed Nurse.	
		the physician by the Licensed Nurse b ts; the Licensed Nurse will notify the P		
	c. When receiving the results of a Culture and Sensitivity; the Licensed Nurse is to call the Primary Care Physician and provide results to ensure the resident is on the proper antibiotic therapy.			
	d. Documentation will be completed listing the contact time and orders given by the Licensed Nurse.			
	e. If antibiotic is ordered, the Licensed Nurse will fax and call new order into pharmacy and request it be sent out immediately within 4 hours, in the event that the medication is not received in that time frame, the ordering physician will be notified and a hold order will be obtained until the medication is available and in the facility to administer.			
	f. Upon receipt of the antibiotic the	receiving nurse will document arrival a	nd initial dose will be given.	
	g. Licensed Nurse should documer	nt on the antibiotic each shift for the dur	ration of the order.	
	h. Any adverse reaction will be repo	orted to the ordering practitioner by Lice	ensed Nurse.	
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F 0881 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	i. Policies and procedures will be updated, and all CMA's and Licensed Nursing staff will be educated to reflect the above noted protocols. 2. Current facility residents' labs for the previous 30 days will be reviewed to ensure the Primary Care Physician has been notified of the results. Lab results that have a Culture and Sensitivity will be reviewed with the Primary Care Physician to ensure resident is on the proper antibiotic. This will be completed by the Nurse Management Team. 3. During the morning Clinical Meeting the Nurse Managers will review current orders for Labs and Antibiotics to ensure the resident is receiving the appropriate antibiotic. 4. The Nurse Managers will call the Primary Care Physician if the resident is not on the antibiotic that the Culture and Sensitivity shows sensitivity to. 5. This plan of removal will be in compliance January 26, 2021 by 5pm On 01/27/21 interviews were conducted with the nursing staff regarding education in-services pertaining to antibiotic and lab protocol for immediate jeopardy removal. The staff stated an in-service was provided on 01/26/21. The staff was able to verbalize understanding of the information provided in the in-service pertaining to the plan of removal. On 01/27/21 at 12:30 p.m., the IJ was removed when all components of the plan of removal had been completed. The deficiency remained at a level of actual harm at an isolated level. Based on observation, interview, and record review, it was determined the facility failed to develop and implement an antibiotic use protocol which included reporting results of lab data to the ordering practitioner for three (#4, #10 and #11) of five sampled residents reviewed for implementation of an antibiotic use protocol. The facility failed to notify the physician of significant laboratory results. The physician was not notified of urinary culture and sensitivity lab results for resident #10. The resident developed urinary sepsis, was hospitalized, and subsequently passed away. The facility identified 10 res		to ensure the Primary Care and Sensitivity will be reviewed otic. This will be completed by the rrent orders for Labs and t is not on the antibiotic that the ducation in-services pertaining to d an in-service was provided on a provided in the in-service of e plan of removal had been ded level. The physician was not esident developed urinary sepsis, 0 residents who currently received of the physician promptly of iewed by the physician on a timely
	Resident #10 was admitted to the facility on [DATE] with diagnoses which included resistance t antibiotics and a stage 4 pressure ulcer of the sacral region.		
	(continued on next page)		

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2021
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0881 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The care plan, dated 10/30/19, doc urinary tract infections (UTIs) over symptoms of UTI such as complain discharge, elevated temperature, in The care plan documented staff we could be notified. The admission assessment, dated decision-making, required extensive catheter. A progress note, dated 03/16/20 at drainage with pale yellow urine and a sensation of urinary urgency. The centimeters (cc) of sterile saline an physician was contacted regarding A progress note, dated 03/16/20 at and obtain a urinalysis with culture A progress note, dated 03/16/20 at urinalysis. A progress note, dated 03/16/20 at physician's office. A urinalysis lab report, dated 03/17/20 milligram (MG) two times a day for A progress note, dated 03/18/20 at his temperature was 98.1 degrees burning. A urine culture and sensitivity repor Proteus Mirabilis. The urine culture The progress notes for March 2020 results. The physician orders for March 2020 antibiotic in which the bacteria was	sumented a resident goal was to remain the next 90 days. Care plan intervention at of burning with urination, flank pain, procreased confusion and agitation, or degree to alert the charge nurse of any sign 12/24/19, documented the resident was a sasistance with activities of daily living 8:19 a.m., documented the urinary cat a large amount of sediment. The note a note documented the urinary catheter of continued to drain pale urine with sequirine for analysis and they were waiting 9:42 a.m., documented a physician or and sensitivity. 10:57 a.m., documented laboratory (latheter of the sensitivity) for a sensitivity. 10:50 p.m. documented the stat urinally for a sensitivity of a sensitivity of a sensitivity. 10:15 a.m., documented the resident had a UT of the sensitivity of a	in free from complications related to this included observing for signs and presence of blood in urine, perceased level of consciousness. This and symptoms so the physician is moderately impaired for dailying (ADLs), and had a urinary in the ter was patent to bedside a documented the resident reported a was irrigated with 100 cubic diment. The note documented the grid for a return call. In the derivative of the stat is is results were faxed to the size resident denied any pain or the resident denied any pain or the ented the presence of the bacteria at to Bactrim. In order for an ord
	1		n of Bactrim, or an order for an
	antibiotic in which the bacteria was The medication administration recoreceive Bactrim for a UTI.	sensitive.	
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			No. 0936-0391
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0881 Level of Harm - Immediate jeopardy to resident health or safety	A progress note, dated 03/19/20 at 10:16 a.m., documented the resident continued on Bactrim DS for a UTI, his temperature was 97.9 degrees (F) and had no signs or symptoms of an adverse reaction. The note documented the resident complained of pressure to the abdominal area on the previous shift but had no complaints on this shift.		
Residents Affected - Few	A progress note, dated 03/24/20 at 1:15 p.m., documented the resident complained of the catheter leaking and the feeling of pain and pressure when moving. The note documented the nurse was unable to flush the catheter. The note documented the catheter was replaced and the resident tolerated it well. A progress note, dated 03/24/20 at 10:46 p.m., documented the nurse was called into the resident's room by certified medication aid (CMA). The note documented the resident had uncontrollable tremors, his oxygen saturation was 68 percent on room air, and the resident had a temperature of 99.5 degrees F. The note documented staff were not able to obtain a blood pressure due to the tremors. The note documented the		
	resident's face was flushed and his nail beds were blue. The note documented the ambulance arrived and transported resident to the hospital for evaluation and treatment per doctor orders. The note documented the daughter, the director or nurses (DON), and the assistant director of nurses (ADON) were notified. An emergency medicine note, dated 03/24/20, documented clinical impressions of septic shock and acute respiratory failure with hypoxia. A details of hospital stay report, dated 03/26/20 at 3:18 p.m., documented the patient was treated for sepsis. The report documented the patient had proteus bacteria in his blood, was being treated with a broad spectrum antibiotic, and had a history of multi drug resistant organisms (MDRO). The report documented of the previous night the patient had labored breathing and became acutely hypotensive. The report documented a chest X-ray showed a probable aspiration pneumonia. The report documented the patient required multiple medications to maintain his blood pressure. The report documented the patient was place on comfort measures after consulting with family and passed away at 1:35 p.m. on 03/26/20. A death certificate, dated 03/30/20, documented the immediate cause for death was septic shock due to Proteus Mirabilis. On 01/22/21 at 10:10 a.m., the assistant director of nurses (ADON) stated the process for lab orders was to		
	put the order into the medical record then be put in the lab book and the	of then order the lab through the labor lab would be called for pick-up. She st should notify the physician of any abno	atory website. The requisition would tated the charge nurse would check
	On 01/25/21 at 2:02 p.m., physician #1 was interviewed regarding lab results. He stated that he expect be made aware of abnormal lab results. He stated that the lab company will call the facility and the physician results, but culture and sensitivity results were not critical labs. Physician #1 stated the fact not notify him of the culture and sensitivity results for resident #10.		
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AND PLAN OF CORRECTION IDI	IMMARY STATEMENT OF DEFIC	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZII 2425 South Memorial Tulsa, OK 74129 tact the nursing home or the state survey a	
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For information on the nursing home's plan to			agency.
,		PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)	
Level of Harm - Immediate jeopardy to resident health or Or	On 01/27/21 at 10:25 a.m., licensed practical nurse (LPN) #3 stated that it was the responsibility of the charge nurse to monitor the lab website for results and to report abnormal results to the physician. On 01/27/21 at 10:30 a.m. LPN #4 stated the physician should be notified of culture and sensitivity reports and the charge nurse was responsible for monitoring and reporting lab results.		
Th	2. Resident #4 was admitted to the facility on [DATE] with diagnoses which included urinary tract infection The annual assessment, dated 10/27/20, documented the resident was cognitively intact for daily decision-making and required extensive assistance with activities of daily living (ADLs).		
Th	ne assessment documented the re	esident had a catheter and received an	tibiotics.
red uri	A progress note, dated 01/13/21 at 3:02 p.m., documented the resident's urine was thick and the tube required milking and flushing for urine to flow adequately. The note documented the resident denied purination, other symptoms, and was afrebrile. The note documented water was available and accepte prompting. A progress note, dated 01/14/21 at 7:36 a.m., documented the residents urine continued to be thick a mucus like in consistency. The note documents the urine does not want to flow through tubing and it is slow at times with cloudy appearance. The note documented a urinalysis was collected at that time to out UTI. The note documented the resident was afebrile and fluids were within reach.		
mi slo			
		4/21 at 9:33 p.m., documented the urinunt and elevated red blood cell count.	e had elevated protein, elevated
l l	ne progress notes for January 202 om 01/14/21 until 01/20/21.	20 did not document the physician was	notified of the urinalysis report
		, dated 01/16/21 at 8:34 a.m., documer o susceptibility test was performed.	nted probable collection
	ne progress notes for January 202 nsitivity report from 01/16/21 unti	20 did not document the physician was I 01/20/21.	notified of the culture and
be su	side the bed with a large amount	11:02 a.m., documented the suprapub of leaking urine to the abdominal region per physicians order, was draining to graining	on. The note documented the
po int	A progress note, dated 01/20/21 at 4:38 p.m., documented the urinalysis results were received, positive for a UTI. The note documented the physician was notified and orders were received for intramuscular (IM) once a day for five days for UTI. The note documented the medication admir record (MAR) was updated and the power of attorney was made aware.		
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Emerald Care Center Tulsa		2425 South Memorial Tulsa, OK 74129	1 6052
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F 0881 Level of Harm - Immediate jeopardy to resident health or safety	A progress note, dated 01/21/21 at 12:32 p.m., documented the resident continued on an intramuscular (IM) antibiotic for a UTI. The note documented the resident has had no signs or symptoms of an adverse reaction. The note documented the resident is afebrile and the suprapubic catheter was patent and draining to gravity, and received catheter care every two hours and as needed.		
Residents Affected - Few	A progress note, dated 01/24/21 at 2:37 a.m., documented the resident had only received one dose of Rocephin on or about 01/21/21. The note documented the medication appeared on the medication administration record (MAR) and not the treatment administration record (TAR). The note documented the medication was being checked off as administered by the medication aids who were not actually giving the medication or notifying the nurse. The note documented the nurse administered the second dose on 01/23/21 and the order was updated on the TAR.		
	On 01/26/21 at 12:45 p.m., the assistant director of nurses (ADON) stated she was aware of the missed doses of Rocephin. The ADON stated she interviewed the nurse who discovered the medication had not been given and that nurse told her the physician was not contacted. She stated the nurse should have been notified the medication was on the MAR and not the TAR. She stated the physician should have been notified.		
	On 10/27/21 at 10:10 a.m., physicial had ordered was not administered.	an #1 stated he expected to be notified	by the facility when medication he
	On 01/27/21 at 10:10 a.m., certified medication aid (CMA) #2 stated that IM meds should be on the TAR. She stated if she noticed an IM med on the MAR and not the TAR she would notify the charge nurse so the medication could be administered.		
	36191		
	3. Resident #11 had diagnosis which	ch included urinary tract infection.	
	1	12/11/20, documented the resident wa nsive assistance with activities of daily theter.	
		2:47 p.m., documented cloudy urine with a care physician, and a new order was of urinalysis were received.	
	A physician's order, dated 12/23/20 urinary tract infection.), documented to obtain a urinalysis wit	h culture and sensitivity to rule out
	A final urinalysis report, dated 12/24/20 at 8:20 p.m., documented the result was abnormal with leukocyte estrace (A screening test used to detect a substance that suggests there are white the urine; this may mean you have a urinary tract infection.) bacteria and yeast, and the specin for culture. A final culture and sensitivity report, dated 12/26/20 at 11:11 a.m., documented the presence of Proteus Mirabilis. The urine culture documented the bacteria was resistant to Bactrim.		
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F 0881 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The TAR documented the resident was administered Bactrim DS one time a day for five days on 12/23/20 through 12/27/20. No other antibiotic was documented as administered. The progress notes did not document the physician was notified of the culture and sensitivity results and did not document an antibiotic susceptible to the bacteria was ordered or administered to the resident. On 01/26/21 at 12:51 p.m., the ADON stated the antibiotic the resident was administered was resistant to the			
bacteria and was not the correct antibiotic. She reviewed the progress notes and stated the fanotify the physician of the culture and sensitivity results. The ADON stated the physician show notified of the culture and sensitivity results and a different antibiotic should have been ordered.				

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F 0885	Report COVID19 data to residents and families.			
Level of Harm - Minimal harm or	36191			
potential for actual harm Residents Affected - Some	Based on interview and record review, it was determined the facility failed to ensure residents/resident representatives and/or family members were provided cumulative updates of positive COVID-19 cases in the facility at least weekly for three (#2, #3 and #14) of four residents who were reviewed for notification.			
	This had the potential to affect all 69 residents who resided in the facility.			
	Findings:			
	Review of the facility's line list revealed new positive COVID-19 cases in the building on the following dates:			
	01/07/21, 01/11/21, 01/14/21, 01/18/21, and 01/21/21.			
	The facility had 12 residents on their COVID-19 positive unit.			
	Review of resident #2 and #3's clinical record did not document the residents, resident representatives and/or families had been given cumulative weekly updates of the COVID-19 status in the building.			
	On 01/25/21 at 10:42 a.m., resident #14 stated she did not know if there were any COVID-19 cases in the facility. She stated she thought they had cases because there was a plastic barrier up in the hall.			
	On 01/26/21 at 2:54 p.m., the administrator stated he did not provide weekly cumulative updates of the COVID-19 status in the building because he thought the facility did not need to notify the resident, resident representative or families unless the facility had three or more cases of COVID-19.			