

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER YORK MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 500 SOUTH YORK MUSKOGEE, OK 74403	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG F 0727	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to ensure there was a full-time director of nursing. The administrator identified 42 residents resided in the facility. Findings: Facility staffing schedules dated, May and June 2020, did not include a designated/full time director of nursing (DON). On 06/15/20 at 11:09 a.m., the administrator was asked about the DON. She stated they did not have one. She stated the DON had left and a couple of other nurses they had put in the position had not worked out. She stated they had not had a DON for about two months and were trying to hire one. She stated they did have other registered nurses, but none were acting as the DON. She stated it had been a hard position to keep filled. The administrator was asked when was the last time a full-time DON was at the facility. After she reviewed her records, she returned with a paper which documented the DON's last day of work was 04/14/20.</p>		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.