

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Franciscan Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 17110 East 51st Street Broken Arrow, OK 74012	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation and interview, the facility failed to provide palatable meals for three (#37, #23, and #4) of three residents interviewed regarding food palatability. The dietary manager identified 88 residents who ate meals prepared in the kitchen.</p> <p>Findings:</p> <p>On 12/19/24 at 10:56 a.m., Resident #37 stated the food did not taste good. The resident stated when they ate in the dining room, the food was warm but not hot; and if they ate in their room, the food was cold.</p> <p>On 12/19/24 at 11:11 a.m., Resident #23 stated the food tasted bad.</p> <p>On 12/20/24 at 8:46 a.m., Resident #4 stated the food was served to their room cold, tasted bad, and at times was inedible. The resident stated they received items on their tray which were clearly marked on their dinner card not to be served to them and when they requested an alternative item, were told the kitchen was closed.</p> <p>On 12/23/24 at 11:45 a.m., a test tray was checked for food palatability. The barbecued pulled pork was barely warm, the coleslaw barely cool, and the baked beans were of a good temperature but left a vinegar like after taste. The bread was warm but chewy and tasted somewhat stale as of day old bread.</p> <p>On 12/23/24 at 1:00 p.m., the dietary manager was informed of the observations. The dietary manager stated the bread was left to proof too long.</p>

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

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