

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Midwest		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 Parklawn Drive Midwest City, OK 73110	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45462</p> <p>Based on record review and interview, the facility failed to ensure an order for pain medication was submitted to the pharmacy in a timely manner for 1 (#1) of 3 sampled residents reviewed for having pain medications ordered in a timely manner.</p> <p>The administrator identified 65 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses which included status post thrombectomy of right superficial femoral, profunda femoral, and popliteal arteries.</p> <p>A physician's order, dated 01/23/25, showed Resident #1 was to receive hydrocodone/APAP (pain medication) tab 5-325 mg one tab every four hours as needed for complaints of pain.</p> <p>On 01/30/25 at 9:07 a.m., Resident #1 reported the facility took two days after they were admitted to get anything stronger than Tylenol (pain reliever) for complaints of pain.</p> <p>On 01/30/25 at 9:20 a.m., certified medication aide #1 stated Resident #1 received an order for a narcotic pain medication on 01/23/25, but they were not sure why it took two days to receive the medication.</p> <p>On 01/30/25 at 10:54 a.m., the pharmacist reported the electronic prescription for hydrocodone/APAP tab 5-325 mg for Resident #1 was not sent to the pharmacy until 01/24/25 at 5:08 p.m.</p> <p>A pharmacy drug delivery manifest showed hydrocodone/APAP tab 5-325 mg 21 tabs was not delivered to the facility for Resident #1 until after 5:44 p.m. on 01/24/25.</p> <p>The January 2025 medication administration record for Resident #1 showed their first dosage of hydrocodone/APAP tab 5-325 mg for pain was not administered until 01/24/25 at 8:59 p.m.</p> <p>On 01/30/25 at 11:00 a.m., the director of nursing acknowledged the order for pain medication was not submitted to the pharmacy in a timely manner.</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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