

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Brookwood Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 940 Southwest 84th Street Oklahoma City, OK 73139	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure PICC line dressings were changed, and mid-arm circumference measurements were completed and documented every 7 days for 2 (#2 and #5) of 3 sampled residents reviewed for PICC line care and maintenance. The DON identified six residents with PICC lines. Findings: 1. On 09/29/25 at 9:40 a.m., Res #2 was observed lying in bed. A PICC line was observed to the upper right arm. No redness or drainage was observed underneath the transparent dressing. The dressing covering the PICC line was dated 09/19/25. A policy titled Care and Removal of Peripherally Inserted Central Catheters (PICC) and Midline Catheters, revised 06/01/11, read in part, Mid-arm circumference will be measured in centimeters and recorded weekly. Sterile dressing changes will be performed every 7 days and immediately if the integrity of the dressing is compromised. Responsibility: Registered Nurse and IV Trained LPN. An undated medical diagnosis list showed Res #2 had diagnoses which included orthopedic aftercare following surgical amputation and severe protein-calorie malnutrition. A PICC insertion record, dated 09/19/25, showed a PICC line was inserted into Res #2's upper right arm. The record showed mid-arm circumference was measured at 26 centimeters. An admission assessment, dated 09/23/25, showed Res #2 had a BIMS score of 5 and was severely cognitively impaired. The assessment showed Res #2 received IV medications. There were no physician orders for PICC line sterile dressing changes or mid-arm circumference measurements found in the medical record. There were no documentation of mid-arm circumference measurements or PICC line sterile dressing changes on Res #2's treatment administration record or nurse notes since the insertion of the PICC line on 09/19/25. On 09/29/25 at 9:50 a.m., Res #2 stated they weren't sure why they had a tube in their arm, but it was not causing them discomfort. On 09/29/25 at 10:10 a.m., LPN #1 was shown the date on Res #2's PICC line dressing. LPN #1 was asked how often a PICC line dressing should be changed. LPN #1 stated they thought it was every 48 hours, but they were not certain. They stated the date written on the dressing indicated the date a new dressing had been placed. LPN #1 stated they did not know why Res #2's PICC line dressing had not been changed since 09/19/25. 2. On 09/29/25 at 10:20 a.m., Res #5 was observed lying in bed. A PICC line was observed to the upper right arm. No redness or drainage was observed underneath the transparent dressing. The dressing covering the PICC line was dated 09/20/25. An undated medical diagnosis list showed Res #5 had diagnoses which included acquired absence of right leg below knee and chronic systolic heart failure. A physician order, dated 09/09/25, showed PICC line sterile dressing change every seven days and as needed if the integrity of the dressing was compromised. The physician order had been discontinued on 09/22/25. An admission assessment, dated 09/14/25, showed Res #5 had a BIMS score of 11 and was moderately cognitively impaired. The assessment showed Res #5 received IV medications. A PICC insertion record, dated 09/15/25, showed a PICC line was inserted into Res #5's upper right arm. The record showed mid-arm circumference was measured at 28 centimeters. There was no documentation of mid-arm circumference measurements on Res #5's treatment administration record or nurse notes since the insertion of the PICC line on 09/15/25. A treatment administration record, dated 09/17/25, showed Res #5 received a sterile PICC line dressing change. There was no documentation of a PICC line sterile dressing change on Res #5's treatment administration record or nurse notes since 09/17/25. On 09/29/25 at 10:25 a.m., Res #5 stated they were receiving IV antibiotics through their PICC line. They stated the staff had changed the PICC line dressing but couldn't remember how long ago. Res #5 stated they were not sure if the staff had measured their arm since the PICC line was inserted. On 09/30/25 at 10:49 a.m., the DON stated all residents with PICC lines should have standard orders in place for care and maintenance to include a sterile dressing change weekly and as needed by an RN or IV trained LPN. They stated nursing staff should monitor the PICC line site daily and document findings including measurements and dressing changes on the treatment administration record or nurse notes. The DON stated Res #2 should have had a physician order for a weekly dressing change. They stated Res #2's PICC line dressing should have been changed on 09/26/25. The DON stated Res #5's PICC line dressing change order was discontinued on 09/22/25 after they had been transferred to the hospital. They stated the physician order should have been resumed when Res #5 returned to the facility on [DATE]. The DON stated Res #5's PICC line dressing should have been changed on 09/27/25 per the policy.</p>		