

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/12/2026
NAME OF PROVIDER OR SUPPLIER  Bartlesville Health and Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  3434 Kentucky Place Bartlesville, OK 74006	
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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> On [DATE], an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure CPR was administered in accordance with the AHA standards of practice, which states the primary goal is to ensure a firm, hard surface to maximize compression depth and the facility policy for resident #6. CPR was administered in Resident #6's bed without a back board and was ineffective. On [DATE] at 5:15 p.m., the OSDH was notified and verified the existence of the IJ related to the facility's failure to implement their CPR policy and provide effective CPR to Resident #6. On [DATE] at 6:00 p.m., the administrator, DON, and ADON were notified of the IJ situation and the IJ template was provided. On [DATE] at 2:38 p.m., an acceptable plan of removal was approved by the OSDH. The plan of removal, read in part, All nursing staff on duty received immediate education on code blue procedures, crash cart policy, and the location of emergency equipment, including the crash cart and back board, all remaining nursing staff completed their education prior to their next scheduled shift and acknowledged understanding of the procedures. Staff who had not completed education were not assigned to resident care duties. The IJ was lifted effective [DATE] at 3:35 p.m., when all components of the plan of removal had been reviewed and verified as completed. Seven staff interviews were conducted to assure they were in-serviced on AHA standards of practice for CPR, which states the primary goal is to ensure a firm, hard surface to maximize compression depth, and understood the information. Sign in sheets for in services were reviewed. Monitoring was done by the DON to ensure interventions were implemented and maintained by ensuring all staff attended inservices. This deficient practice remained at an isolated level within the potential for more than minimal harm. Based on record review and interview, the facility failed to ensure a resident who had become unresponsive received CPR by a staff member certified in CPR, according to the AHA and facility policy for 1 (#6) of 1 sampled resident who was reviewed for abuse. The ADON identified 75 residents resided in the facility. Findings: A review of an employee file for LPN #1 showed they had a CPR certification card that expired on 01/2024 and a CPR certification card that was issued on [DATE]. LPN #1 was not CPR certified from 01/2024 to [DATE]. An undated Code Blue and Crash Cart Policy and Procedure, read in part, It is the policy of Bartlesville Health and Rehab to provide an immediate and organized response to any resident experiencing cardiopulmonary arrest or life-threatening emergency. A fully stocked and easily accessible crash cart will be maintained and trained staff will respond to all code blue events according to facility protocol. An admission form, dated [DATE], showed Resident #6 had diagnoses which included atherosclerotic heart disease, peripheral vascular disease, and depression. The form showed a code status of full code. On [DATE] at 1:45 p.m., LPN #1 who performed CPR on Resident #6 was interviewed. LPN #1 stated on [DATE] at approximately 2:00 a.m., CNA #1 came to them and stated Resident #6 was acting different than usual. LPN #1 stated they went to the resident's room and found them to be clammy and nonresponsive. LPN #1 stated they</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  375110	Facility ID:  375110  If continuation sheet Page 1 of 2

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>attempted several sternal rubs and could not get a response. LPN #1 stated they went to the nurse's station, called 911, and when they returned to the resident's room the resident was not breathing and had no vital signs. LPN #1 stated they began CPR with the resident on the bed and did not use a back board or hard surface. LPN #1 stated emergency services arrived and took over CPR. LPN #1 stated the resident expired at the hospital. LPN #1 stated CPR was more effective when done on a hard surface. LPN #1 stated they did not use a back board or move the resident to the floor. LPN #1 stated Resident #6 expired at the hospital. On [DATE] at 11:20 a.m., the DON stated the CNAs were trained to call for the nurse and retrieve the crash cart during an emergency. The DON stated the nurses should know where the back board was and to use it for CPR. On [DATE] at 2:00 p.m., LPN #2 stated CNA #1 informed them something was not right with Resident #6. LPN #2 stated they went to the room of Resident #6. LPN #2 stated they saw LPN #1 begin CPR on Resident #6 on the bed. LPN #2 stated LPN #1 told them to retrieve the ambu bag from the crash cart. LPN #2 stated they did not know where the crash cart or the crash cart key was located, but the fire department entered the facility at that time and provided an ambu bag. LPN #2 stated CPR should be performed on a hard surface such as the floor or a back board. On [DATE] at 5:10p.m., the DON stated the nursing staff should be certified in CPR and know the AHA guidelines. The DON stated CPR certification was required bi-annually.</p>		