| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375123 | A. Building<br>B. Wing | 02/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Memorial Heights Nursing Center | 1305 Southeast Adams<br>Idabel, OK 74745 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>42171<br><br>Based on record review and interview, the facility failed to ensure the physician was notified of a change in the condition of a wound for 1 (#1) of 4 sampled residents reviewed for wounds.<br><br>The administrator reported the facility census was 86.<br><br>Findings:<br><br>An undated Notification of Changes policy, read in part, The facility must immediately inform the resident, consult with the resident's physician and notify, consistent with his/her authority, the resident representative(s) when there is .A significant change in the resident's physical, mental or psychosocial status (that is, a deterioration in health, mental or psychosocial status in either life-threatening conditions or clinical complications).<br><br>Resident #1 had diagnoses which included a displaced fracture of the left tibia and heart failure.<br><br>A physician's order, dated 01/18/25, showed Resident #1 was to receive wound care to the sacral area three times a week on Tuesday, Thursday, and Saturday.<br><br>A nurse's note, dated 01/18/25 at 9:33 p.m., showed Resident #1 had a small open sore to the right buttock.<br><br>A nurse's note, dated 01/19/25 at 8:58 p.m., showed the sacrum dressing was clean, dry, and intact.<br><br>A nurse's note, dated 01/20/25 at 9:18 p.m., showed Resident #1 had a small open sore to the right buttock that was blackish in color and had a foul odor. The note did not show the physician had been notified of the change in status of the wound.<br><br>On 02/12/25 at 10:45 a.m., LPN #1 stated any significant change in a wound should be reported to the physician immediately.<br><br>02/12/25 at 10:50 a.m., LPN #2 stated the physician should be notified of changes in a resident's condition.<br><br>(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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375123 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/12/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Memorial Heights Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1305 Southeast Adams Idabel, OK 74745 | |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 02/12/25 at 10:55 a.m., the administrator stated the physician should have been notified immediately of the change in the status of the wound. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375123 | A. Building<br>B. Wing | 02/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Memorial Heights Nursing Center | 1305 Southeast Adams<br>Idabel, OK 74745 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>42171<br><br>Based on observation, record review, and interview, the facility failed to ensure enhanced barrier precautions were implemented for 1 (#3) of 3 sampled residents reviewed for pressure ulcers.<br><br>The administrator identified four residents with pressure ulcers.<br><br>Findings:<br><br>An undated Enhanced Barrier Precautions policy, read in part, Enhanced Barrier Precautions expand the use of PPE [personal protective equipment] beyond situations in which exposure to blood and body fluids is anticipated. These precautions refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs [multidrug-resistan organism] to staff hands. High-contact resident care activities include .Wound care: any skin opening requiring a dressing.<br><br>Resident #3 had diagnoses which included pressure ulcer of sacral region stage four.<br><br>A physician's order, dated 01/31/25, showed Resident #3 was to receive a dressing change twice a day and as needed for the wound on their sacrum.<br><br>On 02/12/25 at 9:30 a.m., LPN #1 was observed providing wound care to Resident #3 with the assistance of CNA #1. LPN #1 was observed to begin cleansing Resident #3's wound, then abruptly stopped and put on a gown before continuing to provide wound care. CNA #1 did not don a gown at any time during the wound care.<br><br>On 02/12/25 at 9:45 a.m., LPN #1 stated they forgot to don a gown before performing wound care. They also stated anyone assisting with wound care should wear a gown also.<br><br>On 02/12/25 at 10:38 a.m., CNA #1 stated they were not familiar with enhanced barrier precautions.<br><br>On 2/12/25 at 10:49 a.m., LPN #2 stated gowns should be worn when providing direct care to residents on enhanced barrier precautions. |