

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Checotah Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Southeast 2nd Street Checotah, OK 74426	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49701</p> <p>Based on record review and interview, the facility failed to ensure a baseline care plan was completed within 48 hours for one (#7) of seven sampled resident reviewed for baseline care plan.</p> <p>The MDS Coordinator identified 35 residents resided in the facility.</p> <p>Findings:</p> <p>A Care Plans-Baseline policy, undated, read in part, .A baseline plan of care to meet the resident's immediate needs shall be developed by the IDT for each resident within 48 hours of admission .</p> <p>Resident #7 admitted on [DATE], with diagnoses which included UTI, cerebral infarct, A-fib, dysarthria, heart failure, hemiplegia right dominant side, and aphasia.</p> <p>There was no care plan located in the resident's clinical record.</p> <p>On 02/21/24 at 9:41 a.m., the MDS Coordinator stated the care plan has not been put together yet.</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to administer medications as ordered for two (#1 and #4) of seven sampled residents reviewed for medication administration.</p> <p>The MDS Coordinator identified 35 residents resided in the facility.</p> <p>Findings:</p> <p>A Medication Administration and General Guidelines policy, dated 2021, read in part, .medications are prepared, administered and recorded only by licensed nursing, medical, pharmacy, or other personnel authorized by state laws and regulations to administer medications . in accordance with written orders of the attending physician .</p> <p>1. Resident #4 had diagnoses which included anxiety, major depression, hyperlipidemia, disc degeneration lumbar region, dementia and DMII.</p> <p>A physician's order, dated 09/21/23, documented baclofen 10 mg give one tablet by mouth three times daily for low back pain.</p> <p>A physician's order, dated 10/25/23, documented mirtazapine 15 mg give one tablet by mouth every night for major depressive disorder.</p> <p>A physician's order, dated 10/25/23, documented tramadol hydrochloride 50 mg give 0.5 tablet by mouth three times daily for low back pain.</p> <p>A physician's order, dated 10/25/23, documented atorvastatin calcium 20 mg give one tablet by mouth every night for hyperlipidemia.</p> <p>A physician's order, dated 10/26/23, documented levemir 100 units per ml inject five units subcutaneously twice daily.</p> <p>A physician's order, dated 01/03/24, documented trazodone hydrochloride 50 mg take one tablet by mouth nightly.</p> <p>A physician's order, dated 01/03/24, documented acetaminophen 325 mg administer two tablets by mouth every six hours for pain.</p> <p>A physician's order, dated 02/07/24, documented divalproex sodium extended release 500 mg give one tablet by mouth at hours of sleep for dementia.</p> <p>A Medication Administration record for February 2024, had no documentation for the following medications on 02/11/24 at 3:00 p.m.:</p> <p>a. baclofen 10 mg,</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician's order, dated 01/26/24, documented budesonide 0.5 mg per 2 ml give one unit dose via nebulizer twice daily for chronic obstructive pulmonary disease.</p> <p>A physician's order, dated 01/26/24, documented ipratropium bromide 0.02% give one unit dose via nebulizer every 8 hours chronic obstructive pulmonary disease.</p> <p>A physician's order, dated 01/26/24, documented refresh celluvisc 1% give one drop to each eye every six hours for dry eye syndrome of bilateral lacrimal glands.</p> <p>A physician's order, dated 01/26/24, documented senna-plus 8.6-50 mg give one tablet by mouth twice daily for constipation.</p> <p>A physician's order, dated 01/26/24, documented eliquis 2.5 mg give one tablet by mouth twice daily for history of pulmonary embolism.</p> <p>A physician's order, dated 01/26/24, documented folic acid 1 mg give one tablet by mouth daily for supplement.</p> <p>A physician's order, dated 01/26/24, documented diltiazem hydrochloride extended release 360 mg give one cap by mouth daily for atrial fibrillation. Hold medication if pulse is under 60.</p> <p>A physician's order, dated 01/26/24, documented hydralazine hydrochloride 25 mg give one tablet by mouth daily for hypertension. Hold blood pressure medication if blood pressure below 100/60.</p> <p>A physician's order, dated 01/26/24, documented famotidine 20 mg give one tablet by mouth daily for gastroesophageal reflux.</p> <p>A physician's order, dated 01/26/24, documented levothyroxine sodium 125 mcg give one tablet by mouth daily for hypothyroidism.</p> <p>A physician's order, dated 01/26/24, documented levalbuterol hydrochloride 1.25 mg per 3 ml give one unit dose via nebulizer every eight hours.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's budesonide for the 12:00 p.m. administration on the 27th, 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's ipratropium bromide for the 12:00 p.m. administration on the 27th, 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's refresh celluvisc for the 12:00 p.m. administration on the 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's senna-plus for the 12:00 p.m. administration on the 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's eliquis for the 12:00 p.m. administration on the 28th, and 29th.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The January 2024 MAR had no documentation of time given for Resident #1's folic acid for the 12:00 p.m. administration on the 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's diltiazem hydrochloride for the 12:00 p.m. administration on the 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's hydralazine hydrochloride for the 12:00 p.m. administration on the 29th, and 31st.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's famotidine for the 12:00 p.m. administration on the 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's levothyroxine sodium for the 12:00 p.m. administration on the 28th, and 29th.</p> <p>The January 2024 MAR had no documentation of time given for Resident #1's levalbuterol hydrochloride for the 12:00 p.m. administration on the 29th and the 8:00 p.m. administration on the 30th.</p> <p>On 2/22/24 at 9:09 a.m., the ADON reviewed Resident #1's January 2024 MAR. They stated the medications listed above were not administered on specified dates and times. They stated there would be a time on the administration record for administered medications.</p> <p>49701</p>