STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375146	A. Building B. Wing	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Broadway Care & Rehab Center	1622 East Broadway Muskogee, OK 74403

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on record review and interview, the facility failed to conduct a thorough investigation after an allegation of resident to resident abuse for 1 (#2) of 3 sampled residents reviewed for abuse. The administrator identified 79 residents resided in the facility. Findings: An Abuse Prevention policy, revised 10/21/22, read in part, The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents .Report the results of all investigations to the administrator or designated representative and other officials in accordance with state law including State Survey Agency within 5 working days of the incident. Resident #2 had diagnoses which included cognitive communication and unspecified intellectual disabilities. Resident #2's quarterly assessment, dated 10/30/24, showed a brief score for mental illness scored of three, indicating the resident's cognition was severely impaired. An unlabeled document, dated 11/19/24, read in part, Upon thorough investigation collecting statements from staff and residents, it appears [name withheld] mumbled a statement to the effect of 'get away from me'. [Name withheld] proceeded to self-propel up to [name withheld] and grab [them] by the neck and was verbally aggressive until a staff member had to physically release [name withheld] had off of [name withheld] neck. The staff member deescalated the situation and separated the two residents immediately. A Final State Reportable Incident form, received 11/21/24, read in part, A staff member and other witnesses claim to have witnessed resident [name withheld] grab [name withheld] by the neck as [name withheld] was wheeling past [them] in the dining room. There was no documentation of staff or resident interviews. On 03/06/25 at 10:04 a.m., the administrator stated they did not have any other staff or resident statements or interviews other than the one provided with the final report.

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: 375146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Broadway Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East Broadway Muskogee, OK 74403	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to access, monitor, and intervene for a resident at risk for pressure ulcers for 1 (#1) of 3 sampled residents reviewed for pressure ulcers. The director of nursing identified 11 residents residing in the facility had pressure ulcers. Findings: Resident #1 admitted on [DATE] with diagnoses which included dementia and cognitive communication deficit. Resident #1's Skilled Nursing Note, dated 01/16/25, showed the resident's skin was intact and no breakdown noted. Resident #1's admission assessment, dated 01/27/25, showed no pressure ulcers. The assessment showed Resident #1 was dependent of one to two persons with transfers and toilet hygiene. Resident #1's Physician's Order, dated 02/05/25, showed zinc oxide ointment 20%, apply to buttocks/sacrum topically every shift for prophylaxis skin integrity. Resident #1's Skin Observation Tool, dated 02/11/25, showed the resident had no skin breakdown or wounds. The tool showed to continue with pillow program (a turn and reposition program that moves the red pillow every two hours with repositioning). On 02/14/25, Resident #1 was transferred to the emergency room for evaluation due to a change in condition. A hospital wound assessment, dated 02/14/25, showed a DTI pressure injury to the sacrum area measuring 7.0 cm by 10.0 cm and a DTI pressure injury to the left heal measuring 4.0 cm by 4.0 cm. There was no documentation the facility had accessed and intervened to prevent Resident #1's wound. On 03/05/25 at 11:09 a.m., the wound care nurse stated on 02/05/25 Resident #1's buttock started a little red. They stated they got orders to apply zinc. On 03/05/25 at 11:11 a.m., the wound care nurse stated when Resident #1 left for the hospital the buttock/sacral area was a DTI. They stated they could not provide a note as they had not documented the wound.

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NAME OF PROVIDER OR SUPPLIER Broadway Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East Broadway Muskogee, OK 74403	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure infection control was maintained and EBP were followed during the provision of wound care for 1 (#6) of 3 sampled residents reviewed for pressure ulcers. The administrator identified 30 residents required enhanced barrier precautions. Findings: On 03/04/25 at 2:24 p.m., the wound care nurse was observed to enter Resident #6's room, wash their hands, don gloves, and provide wound care to Resident #6 who required EBP precautions. The wound care nurse did not wear a gown or mask to provide the care. An Enhanced Barrier Precautions, policy, dated 02/28/23, read in part, The Use of Gown & Gloves during High Contrast Resident Care Activities as indicated, when Contact Precautions do not otherwise apply, for Facility Residents with Wounds. Resident #6 admitted on [DATE] with diagnoses which included pressure ulcer of sacral region and resistance to multiple antimicrobial drugs. Resident #6's care plan, created on 02/10/25, showed enhanced barrier precautions approach to reduce multi-drug resistant organisms in a healthcare setting. On 03/04/25 at 2:53 p.m., the wound care nurse stated the sign outside Resident #6's room was to alert staff to take more precautions in the room. They stated like a gown and a mask. On 03/04/25 at 2:54 p.m., the wound care nurse stated they did not don a gown or put on a mask prior to entering the resident's room.