

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  Medicalodges Dewey		STREET ADDRESS, CITY, STATE, ZIP CODE  430 Bartles Road Dewey, OK 74029	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure a resident's wound was cultured prior to prescribing and administering an antibiotic medication to one (#11) of six sampled residents who were reviewed for unnecessary medications.</p> <p>The MDS Coordinator identified four residents who were prescribed antibiotic medications.</p> <p>Findings:</p> <p>A facility policy titled Infection Control Surveillance, dated 03/207, read in part, The antibiotic initiated is to be based on the specific organism identified on lab results and per the physician orders.</p> <p>A review of Resident #11's medical records did not find any lab orders or results for a wound culture prior to the use of the antibiotic clindamycin.</p> <p>Resident #11 had diagnoses which included cellulitis and chronic venous hypertension with ulcer of bilateral lower extremity.</p> <p>A physician's order, dated 10/23/24/, documented Resident #11 was to be administered Clindamycin HCL 300 mg by mouth every six hours for 14 days for a wound infection.</p> <p>A medication administration record, dated 10/01/24 through 10/31/24, documented Resident #11 had been administered 34 doses of Clindamycin HCL 300mg by mouth on and between 10/23/24 and 10/31/24.</p> <p>A medication administration record, dated 11/01/24 through 11/30/24, documented Resident #11 had been administered 18 doses of Clindamycin HCL 300mg by mouth on and between 11/01/24 and 11/05/24.</p> <p>On 11/03/24 at 9:02 a.m., Resident #11 stated they were prescribed antibiotics for the wounds on their legs.</p> <p>On 11/05/24 at 11:13 a.m., MDS Coordinator, stated Resident #11 had an order of clindamycin for their infected leg wound that was made by the hospice physician. They stated there was no order to culture the wound prior to the use of the clindamycin and there was not one done since the medication had been started.</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
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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/05/24 at 11:30 a.m., MDS Coordinator stated the physician had been contacted and a order to culture the wound has been received. They stated it is best practice to culture wounds and other infections to provide the correct antibiotic to the resident. They stated that is their policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42171</p> <p>Based on observation and interview, the facility failed to ensure appropriate hand hygiene was performed during eye-drop administration and catheter care for three (#33, 1 and 9) of six residents reviewed for infection control.</p> <p>The MDS Coordinator identified seven residents receiving eye-drops and five residents with catheters.</p> <p>Findings:</p> <p>A facility policy titled Eye Drops dated 01/23, read in part, .Procedures .Perform hand hygiene .With a gloved finger, gently pull down lower eyelid .</p> <p>A facility policy titled Hand Hygiene dated 05/17, read in part, .Hand hygiene to be completed by staff .Before and after direct resident contact .Between glove changes during care or procedures .</p> <p>1. Resident #33 had diagnoses which included glaucoma and hypertension.</p> <p>A Physician order dated 12/14/23, documented Resident #33 was to receive brimonidine tartate-timolol ophthalmic solution 0.2-0.5 % one drop in each eye twice a day.</p> <p>On 11/04/24 at 7:45 a.m., CMA #2 was observed administering eye-drops to Resident #33. CMA #2 did not perform hand hygiene prior to administration.</p> <p>2. Resident #1 had diagnoses which included macular degeneration and diabetes mellitus.</p> <p>A physician order, dated 10/02/24, documented Resident #1 was to receive Refresh eye-drops, one drop in both eyes three times a day.</p> <p>On 11/04/24 at 7:55 a.m., CMA #2 was observed administering eye-drops to Resident #1. CMA #2 did not perform hand hygiene or don gloves prior to administration.</p> <p>3. Resident #9 had diagnoses which included neuromuscular disfunction of the bladder and diabetes mellitus.</p> <p>On 11/05/24 at 8:10 a.m., RA #1 and CNA #1 were observed providing catheter care for Resident #9. RA #1 was observed changing gloves without performing hand hygiene.</p> <p>On 11/05/24 at 8:25 a.m., RA #1 stated they should have performed hand hygiene when changing gloves.</p> <p>On 11/05/24 at 9:41 a.m., CMA #1 stated hand hygiene should be performed, and gloves should be donned prior to administering eye-drops. CMA #1 also stated hand hygiene should be performed when gloves are changed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/05/24 at 9:45 a.m., LPN #1 stated gloves should be applied for eye-drop administration and hand hygiene should be performed prior to direct contact with a resident and when changing gloves.</p> <p>On 11/05/24 at 10:26 a.m., the MDS Coordinator stated hand hygiene should be performed and gloves donned before eye-drop administration and hand hygiene should be performed when changing gloves.</p>