

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Broken Bow Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 700 West Jones Broken Bow, OK 74728	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>33097</p> <p>Based on record review and interview, the facility failed to ensure residents were free from significant medication errors for one (#5) of five sampled residents reviewed for medication administration.</p> <p>The administrator identified 56 residents who resided in the facility.</p> <p>Findings:</p> <p>Resident #5 had diagnoses which included epileptic seizures, cerebral infarction, and cognitive communication deficit.</p> <p>The care plan, dated 12/04/19, documented the resident had a history of a seizure disorder. The care plan documented the staff were to administer seizure medication as ordered by the physician.</p> <p>The quarterly assessment, dated 08/20/24, documented the resident was severely impaired for daily decision making and was dependent with activities of daily living.</p> <p>A physician order, dated 09/28/24, documented the resident was to receive phenytoin (an anticonvulsant medication) 125 mg/5 ml and give 5 ml via peg tube daily for seizures.</p> <p>The MAR for November 2024 documented the resident did not receive the phenytoin medication seven out of 25 opportunities.</p> <p>On 11/25/24 at 3:05 p.m., the DON reviewed the resident's MAR and stated they were unsure why the resident's phenytoin medication had not been given. The DON stated if the medication was not given the resident could have seizures.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>33097</p> <p>Based on observation, record review, and interview, the facility failed to provide snacks between meal times for two (#2 and #4) of two sampled residents reviewed for snacks provided between meals.</p> <p>The administrator identified 56 residents resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled Snacks (Between Meal and Bedtime), Serving read in part, purpose of this procedure is to provide the resident with adequate nutrition .Arrange the snack so that it can be easily reached by the resident .Notify the supervisor if the resident refuses the snack and why.</p> <p>1. Resident #2 had diagnoses which included cerebrovascular disease, dysphagia, and aphasia.</p> <p>The admission assessment, dated 09/02/24, documented the resident was cognitively intact and required setup assistance with eating. The assessment documented it was very important to the resident to have snacks available between meals.</p> <p>On 11/26/24 at 8:32 a.m., Resident #2 stated if they were hungry between meals they would like to have a snack.</p> <p>2. Resident #4 had diagnoses which included cerebral infarction, muscle weakness, and diabetes.</p> <p>The admission assessment, dated 09/17/24, documented the resident was cognitively intact and required supervision with eating. The assessment documented it was somewhat important to have snacks between meals.</p> <p>On 11/25/24 at 3:28 p.m., the resident stated snacks were only available at night. The resident stated one time they continued to ask the staff for a snack and was provided with a package of crackers. The resident stated they decided to just quit asking for a snack during the day.</p> <p>On 11/21/24 at 10:45 a.m., a tour of the facility was conducted. During tour and throughout the survey no snacks were observed being offered or provided to the residents between meals.</p> <p>On 11/25/24 at 12:37 p.m., the DM stated snacks were only provided for the residents only at night. The DM stated they have had residents request snacks during the day. The DM stated they were unable to provide resident snacks between meals during the day unless it was a medical need, such as the resident was a diabetic.</p>		