

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  Four Seasons Rehabilitation & Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1212 Four Seasons Drive Durant, OK 74701	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>46582</p> <p>Based on record review and interview, the facility failed to ensure the physician responded to monthly medication regimen reviews (MMR) for 3 (#4, 5 and #21) of 5 sampled residents reviewed for unnecessary medications.</p> <p>The administrator identified 42 residents who resided in the facility.</p> <p>Findings:</p> <p>A Medication Monitoring policy, dated 10/01/18, read in parts, For non-Urgent recommendations, the Facility and Attending Physician must address the recommendation(s) in a timely manner that meets the needs of the resident- but no later than their next routine visit to assess the resident- and the Attending Physician should document in the medical record .If the Attending Physician fails to address a recommendation or document a rationale for rejecting a recommendation: The DON, Medical Director or designee should review the incomplete documentation with the Attending Physician.</p> <p>1. An undated face sheet showed Res #4 had diagnoses which included major depressive disorder and insomnia.</p> <p>A physician order, dated 01/16/23, showed to administer temazepam (hypnotic) 15 mg at bedtime for insomnia.</p> <p>A physician order, dated 12/27/23, showed to administer citalopram (antidepressant) 40 mg daily for major depressive disorder.</p> <p>A MRR report, dated 05/14/24, showed the consulting pharmacist had requested a gradual dose reduction of the citalopram 40 mg. There was no documented response from the physician on the MRR report or in the medical record.</p> <p>An annual assessment, dated 05/19/24, showed the resident had a BIMS score of 15 and was cognitively intact. The assessment showed the resident had no depression symptoms or behaviors and received hypnotic and antidepressant medications.</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A MRR report, dated 06/13/24, showed the consulting pharmacist had requested a gradual dose reduction of the temazepam 15 mg. There was no documented response from the physician on the MRR report or in the medical record.</p> <p>2. An undated face sheet showed Res #21 had diagnoses which included major depressive disorder and insomnia.</p> <p>A physician order, dated 02/22/23, showed to administer trazadone (antidepressant) 150 mg at bedtime for insomnia.</p> <p>A MRR report, dated 05/14/24, showed the consulting pharmacist had requested a gradual dose reduction of the trazadone 150 mg. There was no documented response from the physician on the MRR report or in the medical record.</p> <p>A MRR report, dated 08/14/24, showed the consulting pharmacist had requested a gradual dose reduction of the trazadone 150 mg. There was no documented response from the physician on the MRR report or in the medical record.</p> <p>An annual assessment, dated 11/16/24, showed the resident had a BIMS score of 13 and was cognitively intact. The assessment showed the resident had mild depression symptoms, no behaviors, and received hypnotic and antidepressant medications.</p> <p>On 05/15/25 at 9:55 a.m., the DON stated the physician should have addressed the monthly medication reviews. They stated no physician response to the reviews could be located.</p> <p>43023</p> <p>3. Res #5's undated diagnoses list showed diagnoses which included insomnia and post traumatic stress disorder.</p> <p>A physician's order, dated 02/15/24, showed temazepam 15mg two capsules at bedtime.</p> <p>A MRR, dated 05/14/24, showed Res #5 currently received temazepam (hypnotic) 30mg (2x15mg) once daily at bedtime for Insomnia. There was no documented response from the physician on the MRR report or in the medical record.</p> <p>A MRR, dated 8/14/24, showed the resident currently receives temazepam (hypnotic) 30mg (2x15mg) once daily at bedtime for Insomnia. There was no documented response from the physician on the MRR report or in the medical record.</p> <p>A MRR, dated 11/13/24, showed the resident currently receives temazepam (hypnotic) 30mg (2x15mg) once daily at bedtime for Insomnia. There was no documented response from the physician on the MRR report or in the medical record.</p> <p>On 05/15/25 at 9:57 a.m., the DON reported the request should have shown a response from the physician.</p>		