

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2024
NAME OF PROVIDER OR SUPPLIER  Noble Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 North 8th Street Noble, OK 73068	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873</b></p> <p>Based on observation and interview, the facility failed to ensure housekeeping services maintained a clean environment.</p> <p>The DON reported 74 residents resided in the facility.</p> <p>Findings:</p> <p>On 12/23/24 at 10:45 a.m., Resident #2 reported their restroom was dirty. The resident reported housekeeping did not clean the restrooms.</p> <p>On 12/23/24 at 10:46 a.m., Resident #2's restroom sink was observed to be brown with grime and there were brown rings on the countertop. Black debris was observed randomly on the restroom floor and around the toilet.</p> <p>On 12/23/24 at 12:22 p.m., housekeeper #1 was observed entering Resident #6's room. The housekeeper was not observed to sweep the floor. The housekeeper was observed dragging a mop through the room and chatting with Resident #6. The housekeeper was observed to exit the room and went down the hall to another resident's room.</p> <p>On 12/23/24 at 12:31 p.m., CNA #1 informed housekeeper #1 resident room [ROOM NUMBER] needed to be cleaned. The CNA reported it was badly stained and state surveyors were in the building.</p> <p>On 12/23/24 at 12:34 p.m., Resident #6 reported housekeeping swept and mopped their rooms and restrooms every other day. The resident reported the sink and toilet were only cleaned if housekeeping was asked to do so. The resident reported the housekeeper had just cleaned the room, but had not cleaned the restroom.</p> <p>On 12/23/24 at 12:40 p.m., the administrator reported housekeepers were in the building every day and all resident rooms, including resident restrooms, should be cleaned daily.</p> <p>On 12/23/24 at 12:41 p.m., the administrator was taken to Resident #5's restroom and shown the black ring in the toilet and the stained sink. The administrator reported the residents in that room did not use the restroom and the stains were from hard water. The administrator reported housekeeping would be notified.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/23/24 at 12:43 p.m., the administrator was taken to Resident #2's restroom and shown the brown grime in the sink and that it was not stained because it would wipe away. The administrator reported it would be cleaned.</p> <p>On 12/23/24 at 12:51 p.m., the toilet riser in Resident #6's room was observed soiled with a large area of dried stool. The sink was observed mostly covered with brown grime that wiped away with ease with the use of a paper towel. The floor in the resident's restroom was also observed to have black debris randomly on the floor and around the toilet and baseboards.</p> <p>On 12/23/24 at 1:05 p.m., housekeeper #1 reported resident rooms and bathrooms, including the sink and toilets, were to be cleaned every other day.</p> <p>On 12/23/24 at 2:40 p.m., the DON and RN #1 were taken to Resident #6's room to observe the restroom. The DON and RN #1 agreed the restroom had not been cleaned properly.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41873</p> <p>Based on observation and interview, the facility failed to ensure staff used infection control measures when getting ice for a resident (name unknown).</p> <p>The DON reported 74 residents resided in the facility.</p> <p>Findings:</p> <p>On 12/23/24 at 2:45 p.m., housekeeper #1 was observed carrying a resident's (name unknown) ice cup down the hallway to the ice machine without the lid on it to get the resident some ice. The housekeeper was observed to carry the cup and their thumb was inside the cup. The housekeeper was observed cleaning rooms before taking the cup to get ice for the resident.</p> <p>On 12/23/24 at 2:50 p.m., housekeeper #1 was observed pushing the housekeeping cart down the hall with the resident's (name unknown) ice cup set on top of wet floor signs on top of the cart.</p> <p>On 12/23/24 at 2:51 p.m., the DON was made aware of housekeeper #1's actions and the concerns related to infection control. The DON reported that was not proper infection control practices.</p>