

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 01/23/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46582</p> <p>Based on record review and interview, the facility failed to perform weekly skin assessments for one (#4) of three sampled residents reviewed for skin assessment and monitoring.</p> <p>The BOM identified 78 residents who resided in the facility.</p> <p>Findings:</p> <p>A Skin Data Collection: Licensed Nurses policy, revised July 2018, read in parts, Weekly, the Licensed Nurse performs a head to toe check of the resident's skin, pay attention to: the surfaces of the skin that come in contact with the bed and chair, bony prominences, and the surfaces of the skin that come in contact with any orthotic device, tube, brace or positioning device, breast and gluteal folds .The licensed nurse should pay attention to: redness, rashes, discolorations, open areas, blisters, dry/flaking skin, and edema .Any significant abnormal findings are reported to the resident's physician and resident or responsible party . Documentation that the check was performed is denoted on the EMR/medical record.</p> <p>Res #4 had diagnoses which included type II diabetes mellitus, rash, and irritant contact dermatitis due to fecal, urinary or dual incontinence.</p> <p>A care plan, dated 09/28/24, documented the resident was at risk for skin breakdown with an intervention to inspect the skin on the body, head to toe every week and document results.</p> <p>A physician order, dated 10/16/24, documented Triad wound dressing paste topically twice daily to MASD on lower bilateral buttocks until resolved.</p> <p>A quarterly assessment, dated 10/20/24, documented the resident was cognitively intact, required substantial to maximum assistance with toileting and transfer, was always incontinent of bowel, and had moisture associated skin damage which required application of ointments/medications.</p> <p>A skin assessment, dated 10/28/24, documented Res #4 had MASD on the buttocks and peri-area.</p> <p>A skin assessment, dated 11/04/24, documented Res #4 had MASD on the buttocks, right leg, and left leg.</p> <p>There were no weekly skin assessments documented for 11/11/24 and 11/18/24.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nurse's note, dated 11/20/24, documented the resident was transported out of the facility to the hospital. The resident did not return to the facility.</p> <p>On 01/23/25 at 9:30 a.m., the wound care nurse stated Res #4 had MASD to buttocks that was being treated with ointment twice daily. They stated the weekly skin assessments on 11/11/24 and 11/18/24 were not completed.</p> <p>On 01/23/25 at 10:30 a.m., the DON stated skin assessments should be completed weekly on all residents. They stated Res #4's skin assessment for the week of 11/11/24 and 11/18/24 were not completed, but should have been.</p>