STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375245	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Noble Health Care Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on record review and interview, the facility failed to follow physician's orders for monitoring for weight loss by documenting weekly weights for 1 (#7) of 3 sampled residents reviewed for nutrition.The administrator identified 84 residents resided in the facility. Findings: A care plan for Resident #7, dated 07/02/26, showed they were at risk for weight changes and the facility's goal was to improve or maintain the current weight. The care plan showed to weigh the resident per physician orders and as needed.A physician's order for Resident #7, dated 06/05/26 to 06/26/26, showed the resident was ordered weekly weight checks on Wednesdays for four weeks on the 7:00 a.m. to 7 p.m. shift, by the nurse.A review of Resident #7's history of vitals showed only three recorded weights on the following dates: 06/05/26 (215 pounds), 06/10/26 (215 pounds), and 06/24/26 (222 pounds). Resident #7 was missing a recorded weight for the date 06/17/26.On 07/01/26 at 4:18 p.m., the corporate nurse stated ordered weekly weights were done on Wednesdays. They stated some weights had been missed for some residents and they had just been made aware of this and were working on it. The corporate nurse stated there needed to be a process change.

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