

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Landmark of Midwest City Rehabilitation and Nursin		STREET ADDRESS, CITY, STATE, ZIP CODE 8200 National Avenue Midwest City, OK 73110	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>35389</p> <p>Based on record review and interview, the facility failed to ensure restorative therapy was provided to a resident with limited ROM for one (#3) of three sampled residents reviewed for therapy services.</p> <p>The DON identified 11 residents who received restorative therapy resided in the facility.</p> <p>Findings:</p> <p>A Restorative Nursing policy, revised 05/16/19, read in part, .the facility will provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable .Restorative Services . actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning .A resident may be started on a restorative nursing program when he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy .</p> <p>Resident #3 had diagnoses which included cerebral infarction, hemiplegia, and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>An Admission Resident Assessment, dated 08/15/24, documented Resident #3's cognition was intact, and they had limited ROM in both sides of their upper extremities and one side of their lower extremities. It documented Resident #3 was dependent for the task of lying to sitting on the side of the bed and required partial/moderate assistance for the sit to stand task.</p> <p>A Physical Therapy Discharge Summary, discontinue date 08/15/24, documented recommendations which included RNP/FMP to facilitate resident maintaining current level of performance and in order to prevent decline.</p> <p>The September 2024 nursing rehab documentation for Resident #3, read in part, .CNA to assist with Transfers, using Gait Belt and staff assist, have resident sit on side of bed, push up from bed with arms. When standing, support self with wheelchair and pivot towards wheelchair. When in position, using arms of wheelchair to support, lower self down. Repeat steps for at least 15 minutes a day as tolerated, for at least 6 days a week . It documented the nursing rehab task began on 09/12/24 and the resident received 10 minutes of rehab three times and 30 minutes of rehab one time for the month.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Landmark of Midwest City Rehabilitation and Nursin		STREET ADDRESS, CITY, STATE, ZIP CODE 8200 National Avenue Midwest City, OK 73110	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Physician Order, dated 10/08/24, documented restorative nursing care for mobility.</p> <p>The October 2024 nursing rehab documentation for Resident #3, read in part, .CNA to assist with Transfers, using Gait Belt and staff assist, have resident sit on side of bed, push up from bed with arms. When standing, support self with wheelchair and pivot towards wheelchair. When in position, using arms of wheelchair to support, lower self down. Repeat steps for at least 15 minutes a day as tolerated, for at least 6 days a week . It documented the resident received 15 minutes of rehab eight times and five minutes of rehab twice.</p> <p>On 10/16/24 at 11:05 a.m., LPTA #1 stated Resident #3 was receiving skilled services on admission. They stated the resident's insurance changed and it would no longer cover therapy serviced. LPTA #1 stated Resident #1 needed therapy.</p> <p>On 10/17.24 at 9:45 a.m., Resident #3 stated they had received therapy at the facility for a few days. They stated they were no longer receiving therapy due to insurance. Resident #3 stated they could stand with assistance. The resident did not mention restorative therapy services.</p> <p>On 10/17/24 at 11:34 a.m., the DON stated the facility had a restorative aide, but the aides on the floor also assisted with restorative services. The DON provided documentation of Resident #3's nursing rehab started on 09/12/24.</p> <p>On 10/17/24 at 11:48 a.m., the restorative aide stated Resident #3 required two-person assistance for transfers with a gait belt. They stated they had a list of residents who received restorative services. They stated a CNA could provide restorative services to the resident. The restorative aide stated the NA charted for Resident #3's nursing rehab might have been because the resident did not want to do it. They stated, I don't know why they didn't mark refused.</p> <p>On 10/17/24 at 1:15 p.m., LPN #1 stated Resident #3 was a one to two person assist with transfers.</p> <p>On 10/17/24 at 1:18 p.m., LPN #1 stated Resident #3 had experienced a stroke and required assistance with everything. They stated once the resident was up in the wheelchair they could move around independently.</p> <p>On 10/17/24 at 1:22 p.m., LPN #1 stated Resident #3 was on restorative care for mobility.</p> <p>On 10/17/24 at 1:35 p.m., the DON stated Resident #3's ordered therapy was before they came into the DON role. The administrator stated they believed the resident refused restorative at times. The administrator stated they did not know the reason NA was documented for the restorative therapy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Landmark of Midwest City Rehabilitation and Nursin		STREET ADDRESS, CITY, STATE, ZIP CODE 8200 National Avenue Midwest City, OK 73110	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>35389</p> <p>Based on observation, record review and interview, the facility failed to ensure a gait belt was used during a two-person physical assist transfer for one (#7) of three sampled residents reviewed for accident hazards.</p> <p>The administrator identified 58 residents resided in the facility.</p> <p>Findings:</p> <p>A Bed Mobility and Transfers policy, undated, read in part, .Sit to Stand Transfer Procedure .With hands securely on the safety/gait belt, instruct the resident to stand .Bed to/From Wheelchair .Secure a gait belt around the resident's waist .Make sure your hands are securely on the safety/gait belt .</p> <p>Resident #7 had diagnoses which included Parkinson's disease and tremor.</p> <p>A Quarterly Resident Assessment, dated 07/09/24, documented Resident #7 had severe cognitive impairment and required partial/moderate assistance for the sit to stand task and the transfer to and from a bed to a wheelchair task.</p> <p>On 10/16/24 at 9:48 a.m., CNA #5 and CNA #6 were observed placing one arm under each of Resident #7's arms, held the backside of Resident #7's pants, and hoisted the resident up from their wheelchair onto Resident #7's bed. A gait belt was not utilized during the transfer.</p> <p>On 10/16/24 at 9:57 a.m., CNA #5 stated Resident #7 was a two-person transfer. They stated they would utilize a gait belt for residents who where able to do more and were stronger.</p> <p>On 10/16/24 at 10:00 a.m., CNA #6 stated gait belts should be used any time during a one to two person assist. They stated Resident #7 was able to help stand.</p> <p>On 10/16/24 at 1:10 p.m., LPN #2 stated the facility was a no lift facility. They stated staff were to use a gait belt for residents who could stand and pivot. They stated the facility also had lifts to assist with transfers.</p> <p>On 10/16/24 at 1:12 p.m., the DON stated staff should use gait belt with all transfers.</p>		