STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 33148 Based on observation, record review, and interview, the facility failed to ensure a resident had a physician order to self-administer medications for one (#37) of one sampled resident reviewed for self-administration of medications. Corporate Nurse Consultant #1 identified there were no residents with physician orders to self-administer medications. Findings: Res #37 had diagnoses which included depression. A physician order, dated 01/24/24, documented trazadone HCL (antidepressant medication) 100 mg tablet by mouth at bedtime. There was no documentation the resident had physician orders to self-administer medications. An admission assessment, dated 01/31/24, documented the resident's cognition was moderately impaired. On 03/24/24 at 10:19 a.m., there was a round white tablet in a clear medicine cup observed on the resident's over the bed table. The resident stated the tablet in the cup was on their table after they returned to their room after breakfast. They stated they did not know what the tablet was or how it got there. On 03/24/24 at 10:26 a.m., LPN #1 was asked if the resident had physician orders to self-administer medications. They stated they did not. They were made aware the resident had a round white tablet in a medicine cup on their over the bed table. On 03/24/24 at 10:32 a.m., LPN #1 was observed removing the medicine cup from the resident's room. They stated the tablet looked like the resident's trazdone they received at bedtime. They stated the resident did not have a physician order to self-administer trazodone.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 33148 Based on observation and interview, the facility failed to ensure call lights accommodated residents needs for two (#10 and #37) of two sampled residents reviewed for accommodation of needs. The DON identified 53 residents resided in the facility. Findings: 1. Res #10 had diagnoses which included RA and type 2 diabetes mellitus. An admission assessment, dated 03/15/24, documented the resident's cognition was moderately impaired. It was documented the resident had impairment on both sides of their upper extremities. On 03/24/24 at 11:24 a.m., the resident stated they had to hold down the button on their call light to keep the call light activated. They stated they had their roommate activate their call light when needed. They stated their roommates call light was one where you pushed and pulled out the button. On 03/25/24 at 12:06 p.m., CNA #1 was asked what type of call lights the facility used. They stated they had the ones where you pushed the button down and the call light stayed on until the button was pushed up. They stated they did have a few call lights where you had to hold the button down to keep the call light activated. They were asked if Res #10 was able to use their call light. They stated the resident was not able to hold the call light button down. They stated the resident had their roommate push their call light. 2. Res #37 had diagnoses which included peripheral vascular disease, and unspecified symptoms and signs involving functions and awareness. An admission assessment, dated 01/31/24, documented the resident's cognition of moderately impaired. On 03/24/24 at 10:19 a.m., the resident stated they had to hold down the button on their call light to keep the call light activated. They stated their call light had been replaced, because the other one had a short in it. They stated they had their roommate activate their call light when needed. They stated they had one where you pushed the call button down and pulled it back up. On 03/25/24 at 12:12 p.m., CNA #2 was asked what type of call lights the facility used. They stated they had the ones where you pushed the button down and the call light stayed on until the button was pushed up. They stated they did have a few older call lights where you had to hold the button down to keep the call light activated. They were asked if Res #37 was able to use their call light. They stated the resident could hold the button down on their call light, but sometimes had their roommate activate their call light for them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/25/24 at 12:30 p.m., corporate nurse consultant #1 was asked about the type of call lights the facility had. They stated as far as they knew there was only one type of call light. They stated they had the ones where you pushed the button down and the call light stayed on until the button was pushed up. They were made aware of the above observations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33148 Based on record review and interview, the facility failed to ensure a resident's code status was accurate for one (#21) of one sampled resident reviewed for advance directives. The DON identified 53 residents resided in the facility. Findings: Res #21 had diagnoses which included COPD, HTN, major depressive disorder, hyperlipidemia, osteoarthritis, PTSD, and chronic pain. A DNR Order Acceptance or Declination Report, dated [DATE], documented there was a copy of the resident's DNR order in their chart in the facility. A DNR consent form, dated [DATE], documented the residents gave consent for DNR. A physician order, dated [DATE], documented CPR. An admission assessment, dated [DATE], documented the resident's cognition was intact. On [DATE] at 10:07 a.m., the resident was asked about their code status. They stated they had signed a DNR and it should be on file with the facility. They stated they did not want CPR. On [DATE] at 10:23 a.m., LPN #2 was asked how staff determined what was a residents' code status if there was an emergency. They stated code status was the residents' preference. They stated they looked in the residents' chart. They were asked what was Res #21's code status. They stated they were a full code. They stated the resident had told them they were a DNR, but they did not have a DNR on file. LPN #2 was shown the resident had a signed DNR on file in their EHR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 33148 Based on observation, record review, and interview, the facility failed to ensure the physical environment was kept clean and maintained in good repair. The DON identified 53 residents resided in the facility. Findings: A facility policy and procedure titled Homelike Environment, revised 02/2021, read in part, .Residents are provided with a safe, clean, comfortable and homelike environment .The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect .homelike setting. These characteristics include .clean, sanitary . On 03/25/24 at 10:49 a.m., the womens visitor/staff restroom was observed. There was black residue on the inside area of the toilet bowl. On 03/25/24 at 10:57 a.m., the shower room on hall 200 was observed. There was black residue on the floor and the wall in the working shower stall. There was black residue on the inside area of the toilet bowl. On 03/25/24 at 10:59 a.m., the resident restroom on hall 100 was observed. There was a strong urine odor. There were floor tiles missing around the toilet. There was brown and yellow residue on the inside area of the toilet bowl. On 03/25/24 at 11:01 a.m., the shower room on hall 100 was observed. There was black and yellow residue on the floor and the walls in the shower stall. There was black residue on the inside area of the toilet bowl. There were floor tiles missing around the toilet and black residue was on the floor. There was material peeling off the ceiling and off of the wall around the hand sink. On 03/25/24 at 11:03 a.m., the shower room on hall 300 was observed. The floor drain cover in the shower stall was missing. There was black residue on the floor around the toilet. There was black residue on the inside area of the toilet bowl and there were multiple gnats flying around the toilet. On 03/25/24 at 11:07 a.m., the mens visitor/staff restroom was observed. There was black residue on the inside area of the toilet bowl. The base board was missing off the wall next to the entry/exit door. On 03/25/24 at 11:09 a.m., the laundry room was observed. There was an accumulation of lint on the washing machines and the dryers. There were pieces of sheetrock and an accumulation of white residue and lint on the floor behind the washing machines. The sheetrock was not sealed/finished near the window air unit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/25/24 at 11:11 a.m., laundry aide #1 was asked how staff maintained the laundry room. They stated they cleaned daily. They stated maintenance concerns were reported to the maintenance department. 03/25/24 at 11:16 a.m., the housekeeping/laundry supervisor was asked how staff ensured the physical environment was kept clean and maintained in good repair. They stated staff cleaned daily. They stated there was a sheet at the nurses' station where they reported maintenance concerns. They were shown and made aware of the above observations. On 03/25/24 at 12:57 p.m., the COO, administrator, and corporate nurse consultant #1 were made aware of the above observations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. 46582 Based on observation, record review, and interview, the facility failed to conduct a thorough investigation into allegations of abuse for one (#38) of three sampled residents reviewed for abuse. The DON identified 53 residents who resided in the facility. Findings: An Abuse Policy, undated, read in parts, .Any allegation of abuse will be investigated by the Administrator and the Director of Nursing. The Administrator and the Director of Nursing will as a minimum: review the resident's medical record looking for events leading up to the incident, interview the person(s) reporting the incident, interview any witnesses to the incident, interview the resident (if cognitive ability permits), interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident if necessary, interview the resident's roommate, family members, and visitors as able and necessary, interview other residents to whom the accused employee provides care or services and review all events leading up to the incident .Witness reports will be reduced to writing with the witness signing and dating the report on the Witness Report form .The witness will write his/her own report . Res #38 had diagnoses which included nontraumatic intracerebral hemorrhage and dysphagia following cerebral infarction. An annual assessment, dated 10/10/23, documented the resident was severely cognitively impaired and required setup or clean-up assistance with mobility and most ADLs. An OSDH initial incident report form, dated 12/27/23, documented a CMA went into the resident's room and observed the resident kissing a facility employee. The report documented the incident was reported to law enforcement and APS. The report documented the employee was suspended pending an investigation. An OSDH notification of nontechnical service worker abuse, neglect, mistreatment or misappropriation of property report, dated 12/27/23 documented the employee had been suspended on 12/27/23. An OSDH final incident report form, dated 01/03/24, documented an investigation was completed and the employee confessed to the allegation. The report documented the employee was terminated. There was no documentation of an investigation related to the incident. On 03/24/24 at 11:50 a.m., Res #38 was observed sitting in their room. The resident stated they had never been sexually abused while residing in the facility. On 03/26/24 at 10:00 a.m., the administrator was asked for all documentation related to the investigation conducted for Res #38. The administrator stated the employee admitted to the allegation and was fired. They stated an attempt to locate additional documentation other than the OSDH incident forms would be made. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/26/24 at 10:23 a.m., the administrator stated camera footage was reviewed the day of the incident and the employee who witnessed the incident completed a witness statement. They stated the appropriate agencies were notified but an interview with Res #38, additional residents, and other staff members was not documented. The administrator stated the CMA witness statement could not be located. They stated the facility's abuse investigation policy was not followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 46582 Based on record review and interview, the facility failed to update the care plan related to hospice services for one (#17) of two sampled resident reviewed for hospice services. The DON identified 12 residents who received hospice services. Findings: Res #17 had diagnoses which included Alzheimer's disease, dementia, and congestive heart failure. A physician order, dated 10/31/23, documented to admit to hospice services related to a diagnosis of congestive heart failure. A significant change assessment, dated 11/10/23, documented the resident was severely cognitively impaired, required partial to moderate assistance with most ADLs, and received hospice services. A care plan, initiated 03/24/24, documented coordinated services between facility and hospice for end-of-life care. All interventions related to hospice care documented an initiation date of 03/24/24. On 03/26/24 at 1:17 p.m., MDS coordinator #1 stated the resident's care plan was not updated to include hospice services when the resident was admitted to hospice in October of 2023 but should have been. They stated the care plan was updated after the error had been found during an audit on 03/24/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. 46387 Based on record review and interview the facility failed to complete a discharge summary that included a recapitulation of the resident's stay for one (#55) of three sampled residents reviewed for discharge. The DON identified 53 residents resided in the facility. Findings: Res #55 discharged from the facility on 03/01/24. A discharge summary, dated 03/01/24, did not document a diagnosis on discharge or a summary of the course of treatment in the facility. On 03/26/24 at 1:32 p.m., corp. nurse consult #1 stated the nurse should have filled out the recapitulation of stay portion of the discharge summary.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387 Based on observation, record review, and interview, the facility failed to ensure a dialysis resident received monitoring before and after dialysis treatment and failed to ensure communication between the facility and the dialysis center for one (#13) of one sampled residents reviewed for dialysis. The DON identified one resident resided in the facility received dialysis services. Findings: Res #13 admitted on [DATE] with diagnoses which included end stage renal disease. Physician orders, dated 12/14/23, documented to obtain a weight before and after dialysis on Tuesday, Thursday, and Saturday. On 03/24/24 at 1:13 p.m., Res #13 was observed resting in their bed in their room. A white bordered adhesive dressing could be observed above the collar of their shirt on the right side of the chest below the collar bone. The resident stated the facility did not send any sort of communication form with them to dialysis. They stated there is not a form sent back with them when they return from dialysis. The resident stated staff did not assess their dialysis port before or after dialysis. They stated the only people who have anything to do with their dialysis port is the dialysis center. They stated they were not assessed prior to or after dialysis treatments. On 03/25/24 at 1:43 p.m., the DON stated dialysis communication forms were sent with the resident but rarely returned. They stated the forms when returned are filed into the resident's chart. On 03/26/24 at 8:43 a.m., the DON was informed there were no communication forms in the resident's chart. They stated they were unable to recall if they had ever received a communication form from the facility. The DON stated the assessment completed on the resident related to dialysis was a weight before and after the treatment. The DON stated if there are issues that needed to be communicated with the dialysis center there would be a phone call. They stated because the resident had lived in the facility before the staff was familiar with the resident and did not require an order to know when the resident was to go to dialysis. They stated there was no documentation in the chart for an order to monitor or send the resident but the resident probably needed a treatment order related to their dialysis and assessment. When asked where the order for dialysis was in the resident's chart the DON stated they had never had an order for dialysis before.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 46387 Based on record review and interview the facility failed to ensure medications were administered as ordered for one (#13) of five sampled residents reviewed for unnecessary medications. The DON identified 53 residents resided in the facility. Findings: Res #13 had diagnoses which included heart failure, hypertension, and diabetes. A physician order, dated 02/09/24, documented to administer insulin aspart according to sliding scale before meals and at bedtime. A physician order, dated 02/09/24, documented to administer metoprolol tartrate 25 mg two times per day for hypertension. The order documented to hold the medication for a heart rate less than 65. A MAR for February 2024 documented the metoprolol was administered when the resident's heart rate was less than 65 five times. A MAR for February 2024 documented the 11:00 a.m. Insulin Aspart was administered greater than one hour after the scheduled time nine times. A physician order, dated 02/09/24, documented to administer Insulin Detemir 5 units twice per day. A MAR for February 2024 documented the 7:00 a.m. insulin detemir was administered greater than one hour after the scheduled time 12 times and the 9:00 p.m. insulin detemir was administered greater then one hour after the scheduled time three times. A MAR for March 2024 documented the insulin detemir was administered greater than one hour after the 7:00 a.m. scheduled time 5 times and the 7:00 p.m. scheduled time 4 times. A physician order, dated 03/13/24 documented to administer Lantus Subcutaneous Solution 5 units subcutaneously two times A MAR for March 2024 documented the Lantus was administered greater than one hour after the 7:00 a.m. scheduled time one time. A physician order, dated 03/13/24, documented to administer Humalog according to sliding scale before meals and at bedtime. A MAR for March 2024 documented the Humalog insulin was administered greater than one hour after the 11:00 a.m. scheduled time one time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/26/24 at 8:47 a.m., the DON stated medications should be administered no later than one hour before or one hour after the scheduled time. On 03/26/24 at 8:56 a.m., CMA #1 stated the blood pressure medications should have been held if the heart rate parameter was not met. They stated the nurse should have been notified and the actions taken documented in the resident's chart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 46387 Based on record review and interview, the facility failed to ensure an antianxiety medication was monitored for effectiveness and side effects for one (#13) of five sampled residents reviewed for unnecessary medications. The DON identified 53 residents resided in the facility. Res #13 had diagnoses which included anxiety. A physician order, dated 12/07/23, documented to administer buspirone 10 mg three times per day for anxiety. A physician order, dated 03/24/24, documented to monitor side effects of antianxiety medications. On 03/26/24 at 9:04 a.m., corporate nurse consultant #1 was asked to provide documentation of side effect monitoring from 12/07/23 to 03/24/24. On 03/26/24 at 9:21 a.m., corporate nurse consultant #1 stated there was no documentation of side effect monitoring from December to March.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 33148 Based on observation and interview, the facility failed to ensure the kitchen was kept clean and maintained in good repair. The DM identified 51 residents received services from the kitchen. Two residents received nutrition and hydration solely through a feeding tube. Findings: On 03/24/24 at 9:05 a.m., a tour of the kitchen was conducted. The following observations were made. a. there was lint on the ceiling vents and the ceiling around the vents, b. there was an accumulation of lint on the white floor fan, c. there were wall tiles missing behind the stove, d. there were holes and material was peeling off the wall below the three compartment sink, e. a baseboard tile was pulling away from wall near the back door, f. there were gaps and daylight was visible on the side and under the back door, g. baseboards were missing on the walls in the dish machine area, h. there was an accumulation of white residue on and in the dish machine, i. there was black residue inside of the ice machine, j. there was black residue on the floor under equipment, k. there was a box of foam cups stored on the floor in the dry storage area, l. there were multiple boxes of supplements and juice stored on the floor in the dry storage, and m. the baseboard was missing off the wall in the employee storage area. On 03/26/24 at 9:13 a.m., the DM was asked how staff ensured the kitchen was kept clean and maintained in good repair. They stated they cleaned daily and there was a maintenance log where they recorded maintenance concerns. They were asked what was the protocol for the storage of food and single service items. They stated they should be stored off of the floor. They were shown and made aware of the above observations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 46582 Based on observation, record review, and interview, the facility failed to ensure infection control measures were followed during fingerstick glucose monitoring for nine (#7, 13, 20, 24, 29, 33, 42, 52, and #207) of nine residents who were observed during fingerstick glucose monitoring. Corporate nurse consultant #1 identified 12 residents who received fingerstick glucose monitoring. Findings: An Obtaining a Fingerstick Glucose Level policy, dated October 2010, read in parts, .Wear clean gloves . Wash the selected fingertip, especially the side of the finger, with warm water and soap .clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice .Remove gloves . Wash hands . On 03/25/24 at 11:15 a.m., LPN #2 was observed performing fingerstick glucose monitoring. The following observations were made: At 11:21 a.m., LPN #2 washed hands with soap and water, donned gloves, and cleansed the top of the medication cart with a disinfectant wipe. They removed two glucometers from the medication cart and cleansed each glucometer with disinfectant wipes. LPN #2 placed both glucometers on top of a disinfectant wipe that had been placed on the top of the medication cart. LPN #2 doffed gloves but did not perform hand hygiene. At 11:27 a.m., LPN #2 donned gloves and performed a FSBS on Res #20. They doffed gloves post procedure but did not perform hand hygiene or disinfect glucometer #1. Glucometer #1 was placed on the same disinfectant wipe on the top of the medication cart. At 11:31 a.m., LPN #2 donned gloves and performed a FSBS on Res #42. They doffed gloves post procedure but did not perform hand hygiene or disinfect glucometer #2. Glucometer #2 was placed on the same disinfectant wipe on the top of the medication cart. At 11:36 a.m., LPN #2 donned gloves and performed a FSBS on Res #52. They doffed gloves post procedure but did not perform hand hygiene or disinfect glucometer #1. Glucometer #1 was placed on the same disinfectant wipe on the top of the medication cart. At 11:43 a.m., LPN #2 donned gloves and performed a FSBS on Res #24. LPN #2 did not cleanse Res #24's fingertip prior to piercing the skin with a lancet. They doffed gloves post procedure but did not perform hand hygiene or disinfect glucometer #1. Glucometer #1 was placed on the same disinfectant wipe on the top of the medication cart. LPN #2 walked into an employee office and drank out of a personal drink cup before returning to the medication cart without performing hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At 11:45 a.m., LPN #2 donned gloves and performed a FSBS on Res #33. LPN #2 did not cleanse Res #33's fingertip prior to piercing the skin with a lancet. They doffed gloves post procedure but did not perform hand hygiene or disinfect glucometer #1. Glucometer #1 was placed on the same disinfectant wipe on the top of the medication cart. At 11:48 a.m., LPN #2 donned gloves and performed a FSBS on Res #7. LPN #2 did not cleanse Res #7's fingertip prior to piercing the skin with a lancet. They doffed gloves post procedure but did not perform hand hygiene or disinfect glucometer #2. Glucometer #2 was placed on the same disinfectant wipe on the top of the medication cart. At 11:52 a.m., LPN #2 donned gloves and performed a FSBS on Res #13. LPN #2 did not cleanse Res #13's fingertip prior to piercing the skin with a lancet. They doffed gloves post procedure but did not perform hand hygiene or disinfect glucometer #2. Glucometer #2 was placed on the same disinfectant wipe on the top of the medication cart. At 12:00 p.m., LPN #2 donned gloves and performed a FSBS on Res #207. LPN #2 did not cleanse Res #207's fingertip prior to piercing the skin with a lancet. LPN #2 cleansed glucometer #1 post procedure with a disinfectant wipe for approximately 5 seconds and then placed glucometer #1 back into the top drawer of the medication cart. They doffed gloves but did not perform hand hygiene. At 12:05 p.m., LPN #2 donned gloves and performed a FSBS on Res #29. LPN #2 did not cleanse Res #29's fingertip prior to piercing the skin with a lancet. LPN #2 cleansed glucometer #2 post procedure with a disinfectant wipe for approximately 5 seconds and then placed glucometer #2 back into the top drawer of the medication cart. They doffed gloves post procedure but did not perform hand hygiene. At 12:08 p.m. corporate nurse consultant #1 approached the medication cart and stated, I am going to stop this observation, I would like to speak to this nurse in private. At 12:15 p.m., corporate nurse consultant #1 stated they had ended the observation due to having observed LPN #2's lack of infection control measures. They stated LPN #2 should have performed hand hygiene before and after wearing gloves. Corporate nurse consultant #1 stated the glucometers should have been cleansed after each use. At 12:20 p.m., LPN #2 stated hand hygiene should be performed before and after every fingerstick blood sugar. They stated having changed gloves but not performed any hand hygiene during the observation. LPN #2 stated they were taught not to cleanse the fingertip with an alcohol pad prior to obtaining a blood sample because the alcohol residue could alter the results, but they probably should have cleansed the fingertips with something to ensure they were disinfected. LPN #2 stated they should have cleansed the glucometers thoroughly between residents and alternated the glucometers while each dried to ensure proper disinfection procedures. At 12:45 p.m., the DON was made aware of the observations. The DON stated LPN #2 should have performed hand hygiene prior to and after each procedure. They stated the glucometers should have been cleansed and allowed to dry in between residents. The DON stated the use of two glucometers was intended to allow time for proper disinfection and drying time between residents. They stated the residents' fingertips should have been cleansed prior to piercing the skin. The DON stated LPN #2 did not ensure proper infection control measures during fingerstick glucose monitoring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375263	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Nursing Center	201 West 5th Street Ada, OK 74820

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. 46582 Based on record review and interview, the facility failed to educate, offer, and screen residents for eligibility to receive the pneumococcal vaccination for one (#34) and failed to educate, offer, and screen residents for eligibility to receive the influenza vaccination for one (#37) of five sampled residents reviewed for immunizations. The DON identified 53 residents who resided in the facility. Findings: A Pneumococcal Vaccine policy, revised April 2012, read in parts, .Assessments of pneumococcal vaccination status will be conducted within five working days of the resident's admission in not conducted prior to admission . Before receiving the Pneumovax, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the pneumococcal vaccine . Provision of such education shall be documented in the resident's medical record .Pneumococcal vaccinations will be administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician approved pneumococcal vaccination protocol .If refused, appropriate entries will be documented in each resident's medical record indicating the date of refusal of the pneumococcal vaccination . An Influenza Vaccine policy, revised April 2012, read in parts, .Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees, unless the vaccination is medically contraindicated or the resident has already been immunized .Prior to the vaccination, the resident (or resident's legal representative) will be provided information and education regarding the benefits and potential side effects of the influenza vaccine .Provision of such education shall be documented in the resident's medical record .A resident's refusal of the vaccine shall be documented in the resident's medical record . There was no documentation in the medical record indicating Res #34 was screened for eligibility to receive the pneumococcal vaccination, education regarding risks, benefits, side effects, and the consent and/or declination of the vaccination. There was no documentation in the medical record indicating Res #37 was screened for eligibility to receive the influenza vaccination, education regarding risks, benefits, side effects, and the consent and/or declination of the vaccination. On 03/27/24 at 12:11 p.m., the DON stated no documentation could be located indicating Res #34 and Res #37 had been offered, screened, provided education, consented, or declined the vaccinations.