

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/16/2025
NAME OF PROVIDER OR SUPPLIER  Purcell Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  801 North 6th Street Purcell, OK 73080	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record review and interview, the facility failed to ensure medications were administered according to physician orders for 1 (#1) of 6 residents sampled for timely administration of medications.</p> <p>The administrator identified 67 residents in the facility.</p> <p>Findings:</p> <p>An undated administration document showed medication pass for three times a day was from 7:00 a.m. to 11:00 a.m., 2:00 p.m. to 4:00 p.m., and 7:00 p.m. to 10:00 p.m.</p> <p>A policy titled Administering Medications, revised 04/2019, read in part, Medications are administered in a safe and timely manner, and as prescribed .Medications are administered in accordance with the prescribed orders, including any time frame.</p> <p>An order summary report, dated 06/16/25, for Resident #1 showed:</p> <ul style="list-style-type: none"> <li>a. Metoprolol Succinate Extended Release (an antihypertensive), dated 10/01/23, 25mg in the morning for hypertension;</li> <li>b. Miralax (an osmotic laxative), dated 10/01/23, 17gm in the morning for constipation;</li> <li>c. Lisinopril (an ace inhibitor), dated 10/01/23, 20mg two times daily for HTN;</li> <li>d. Tramadol (an opioid), dated 11/03/23, 50mg three times daily for pain;</li> <li>e. Pepcid (a H2 blocker), dated 10/01/23, 40mg in the morning for indigestion;</li> <li>f. Hydralazine (a vasodilator), dated 10/01/23, 25mg three times a day for HTN;</li> <li>g. Colace (a laxative), dated 10/01/23, 100mg in the morning for constipation;</li> <li>h. Claritin (an antihistamine), dated 10/01/23, 10mg in the morning for allergies;</li> <li>i. Estrace (estrogen), dated 10/01/23, 0.5mg in the morning for hormonal supplement;</li> </ul> <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>j. Norvasc (a calcium channel blocker), dated 08/21/24, 5mg in the morning for HTN;</p> <p>k. Allopurinol (xanthine oxidase inhibitors), dated 07/16/24, 100mg in the morning for gout;</p> <p>l. Mirtazapine (an antidepressant), dated 12/23/24, 7.5mg in the evening for weight loss;</p> <p>m. Aricept (an acetylcholinesterase inhibitor), dated 02/12/25, 5mg in the evening for dementia;</p> <p>n. Clonidine (a hypotensive agent), dated 02/12/25, 0.1mg in the evening for HTN;</p> <p>o. Trazodone (a serotonin antagonist), dated 10/01/23, 50mg in the evening for insomnia;</p> <p>p. Hydrochlorothiazide (a diuretic), dated 10/01/23, 25mg in the morning for HTN; and</p> <p>q. Singulair (leukotriene receptor antagonist), 10mg in the evening for chronic obstructive pulmonary disease.</p> <p>A Medication Admin [administration] Audit Report, dated 04/01/25 through 06/12/25, showed:</p> <p>a. Miralax, Norvasc, and Allopurinol were given on 04/08/25 at 11:38 a.m.;</p> <p>b. Pepcid, Hydralazine, Hydrochlorothiazide, Colace, and Estrace were given on 04/08/25 at 11:39 a.m.;</p> <p>c. Metoprolol, Lisinopril, Tramadol, and Claritin were given on 04/08/25 at 11:40 a.m.;</p> <p>d. Allopurinol, Clonidine, Colace, and Lisinopril were given on 04/09/25 at 10:11 p.m.;</p> <p>e. Mirtazapine, Aricept, Hydralazine, Tramadol, and Trazodone were given on 04/09/25 at 10:12 p.m.;</p> <p>f. Norvasc, Allopurinol, Colace, and Miralax were given on 04/19/25 at 11:08 a.m.;</p> <p>g. Pepcid, Hydralazine, Estrace, Hydrochlorothiazide, and Claritin were given on 04/19/25 at 11:09 a.m.;</p> <p>h. Clonidine, Aricept, Allupurinol, Colace, and Hydralazine was given on 05/02/25 at 10:10 p.m.;</p> <p>i. Mirtazapine, Aricept, Hydralazine, Tramadol, Lisinopril, Singulair, and Trazodone were given on 05/02/25 at 10:11 p.m.;</p> <p>j. Hydralazine and Tramadol were given on 05/13/25 at 5:10 p.m.;</p> <p>k. Norvasc, Miralax, Estrace Claritin, and Hydrochlorothiazide were given on 05/27/25 at 11:26 a.m.;</p> <p>l. Metoprolol was given on 05/27/25 at 11:28 a.m.; and</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>m. Hydralazine, Lisinopril, Pepcid, Colace, Tramadol, and Allopurinol were given on 05/27/25 at 11:29 a.m.</p> <p>On 06/16/25 at 1:00 p.m. the director of nursing reported the medications should have been given during the appropriate blocked times.</p>