

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  12/05/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45462</p> <p>Based on observation, record review, and interview, the facility failed to ensure discontinued medications were discarded in a timely manner from the refrigerator for three (#25, 27, and #36) of three sampled residents reviewed for medication labeling and storage.</p> <p>The administrator identified 60 residents resided in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident #25's physician's orders documented Trulicity (blood sugar medication) 4.5/0.5ml was discontinued on 05/13/24 and Dupixent (interleukin inhibitor) 300mg/2ml was discontinued on 04/10/24.</li> <li>2. Resident #27's physician's orders documented formoterol nebulizer solution 20/2ml was discontinued on 07/12/24.</li> <li>3. Resident #36's physician's orders documented Trulicity 1.5/0.5ml was discontinued on 03/08/24.</li> </ol> <p>On 11/04/24 at 11:30 a.m., items in the refrigerator in the medication room were reviewed with LPN #1. The following was observed:</p> <ol style="list-style-type: none"> <li>a. five unopened injector pens of Trulicity 1.5/0.5ml labeled for Resident #36,</li> <li>b. one unopened injector pen of Trulicity 4.5/0.5ml labeled for Resident #25,</li> <li>c. four unopened injector pens of Dupixent 300mg/2ml labeled for Resident #25, and</li> <li>d. fifty two ampules of formoterol nebulizer solution 20/2ml labeled for Resident #27.</li> </ol> <p>On 11/04/24 at 11:40 a.m., LPN #1 was asked the policy for discarding discontinued medications. They stated discontinued medications should be immediately removed from the refrigerator and discarded according to facility policy. LPN #1 acknowledged facility policy had not been followed.</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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