STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375299	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Terrace Care Center	1320 Northeast 1st Place Pryor, OK 74362

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a physician responded to a pharmacy consult report regarding the prescription of an antipsychotic medication for the diagnosis of dementia for 1 (#7) of 6 sampled residents reviewed for unnecessary medications.The DON reported 30 residents at the facility had been prescribed psychotropic medications.Findings:A quarterly assessment, dated 02/02/26, showed Res #7 had a BIMS score of three (a BIMS score of three shows Res #7's cognition was severely impaired) and had been administered antipsychotic medication. A pharmacy consultation report titled Expanded DRR Report, dated 02/18/26, read in part, Seroquel [antipsychotic medication] is FDA [Federal Drug Administration]-approved for schizophrenia, bipolar disorder (mania, depression, maintenance), and as adjunct therapy in major depressive disorder (MDD). It is not approved for dementia-related psychosis. Please verify/update diagnosis and document rationale for antipsychotic usage. The consultation report showed the physician signed the document but had not given a rationale or new order for Res #7's Seroquel order.On 04/16/26 at 10:28 a.m., LPN #1 stated Res #7 was currently prescribed Seroquel for vascular dementia and had been so since admission to the facility on [DATE]. LPN #1 stated they knew Seroquel was not approved for the treatment of dementia but that was what the physician wanted as the diagnosis.On 04/16/26 at 10:33 a.m. the DON stated they did not find a policy on the topic of the physician responding to a pharmacy consult. The DON stated the physician should have responded to the pharmacy consultation and usually did.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375299	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Terrace Care Center	1320 Northeast 1st Place Pryor, OK 74362

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, record review, and interview, the facility failed to ensure medications that required refrigeration were stored at the appropriate temperature and controlled substances were stored in securely locked containers for 2 (medication room refrigerator and the DON's office) of 2 sampled medication storage areas reviewed for safe storage.The DON reported that seven residents were administered medications that required refrigeration at specific temperatures and 29 residents were administered controlled medications at the facility.Findings:On 04/16/26 at 8:33 a.m., the facility medication room was observed to have a small refrigerator that contained a cardboard box of medication and did not have a temperature log for the date of 04/16/26. The medication observed in the box was tuberculin purified derivative (sterile, diluted protein solution injected intradermally to test for Mycobacterium tuberculosis infection) and the thermometer inside the medication refrigerator read 50 degrees (F).On 04/16/26 at 9:35 a.m., the DON's office was observed while the DON was present. Upon entry to the unlocked office, the DON's desk was observed to have an unlocked drawer that contained the following medications:a. 42 tablets of Hydrocodone/Acetaminophen 5mg-325mg (pain medication),b. 14 tablets of Tramadol 50mg (pain medication),c. 8 syringes of Ativan 1mg (anti-anxiety medication),d. 19 syringes of Morphine 0.25 milliliters (pain medication), ande. 30 syringes of ABH (Ativan, Benadryl, Haldol). (a combination of anti-anxiety, antihistamine, antipsychotic medications).An undated policy titled Colonial Terrace Center Refrigerator Temp Policy, read in part, Nursing home medication room refrigerator temperature policies are designed to ensure the safety and efficacy of temperature-sensitive medication, such as insulin and vaccines. The standard requirement is that medication refrigerators maintain a consistent temperature between 36 degrees (F) and 46 degrees (F) 2 degrees to 8 degrees Celsius.An undated facility policy titled Narcotic Storage and Destruction, read in part, Storage Policies Secure Storage: Medications must be in a locked cabinet or cart with controlled substances in a separate, locked box within that area. Controlled Access: Only licensed nurses or authorized personal holding keys may access narcotics. Environment: Storage area must be well - organized and maintained at appropriate temperatures. Narcotics marked for destruction will be kept under lock and key x2 with the understanding that an office door is not considered to be the first or second lock.On 04/16/25 at 8:40 a.m., LPN #1 stated the medication refrigerator temperature was 50 degrees Fahrenheit. LPN #1 stated the refrigerator needed to be 46 degrees Fahrenheit or colder.On 04/16/26 at 9:01 a.m., Certified Medication Aide #2 stated there was no documented temperature reading on the medication refrigerator logbook for 04/16/26.On 04/16/26 at 9:41 a.m., the DON stated they destroyed discontinued medications every other month with the pharmacist.On 04/16/26 at 9:47 a.m., the DON stated anyone could have entered their office and removed the unsecured narcotic medications from their desk drawer.