

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>46387</p> <p>Based on observation, record review, and interview, the facility failed to update a fall care plan with interventions for one (#28) of one sampled resident reviewed for accidents.</p> <p>The DON identified 73 residents resided in the facility.</p> <p>Findings:</p> <p>Res #28 had diagnoses which included rheumatoid arthritis.</p> <p>A fall care plan, dated 08/06/23, documented interventions as the following:</p> <ul style="list-style-type: none"> a. uses wc for mobility, b. refer to restorative program if changes in function are noted, and c. monitor for changes in condition that may warrant increased supervision/assistance and notify the physician. <p>An incident report, dated 11/02/24, documented the facility was going to initiate a low bed with a fall mat at bedside for Res #28.</p> <p>A care plan, initiated 11/06/24, did not document low bed with mat as a fall intervention.</p> <p>On 12/09/24 at 10:31 a.m., Res #28 was observed in their bed in their room. The bed was observed in the lowest position. There was a fall mat at bedside. The resident denied having any recent falls.</p> <p>On 12/12/24 at 10:45 a.m., the MDS coordinator stated there was not a set process to communicate to their department when new interventions were placed for residents. They stated they had to look in the chart for changes. They stated they were unaware of the placement of the low bed with mat.</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: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	

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 - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to ensure a resident's chart was updated with a new antibiotic order for one (#15) of one resident sampled for antibiotics.</p> <p>The DON reported 73 residents resided in the facility.</p> <p>Findings:</p> <p>Res #15 admitted to the facility with diagnoses which included overactive bladder, hypertension, and anxiety.</p> <p>A review of the resident's progress notes documented the resident began Cipro (antibiotic) 500 mg twice a day on 12/06/24. The physicians orders did not document an order for the antibiotic.</p> <p>The medication administration record did not document the order for the antibiotic. A count sheet for the Cipro documented the first dose was administered on 12/06/24 at 8:00 p.m.</p> <p>On 12/11/24 at 12:21 p.m., CMA #1 was asked if they had been documenting the antibiotic when it was administered. The CMA reported they had not documented it on the MAR .</p> <p>On 12/12/24 at 11:04 a.m., the ADON reported if the medication was not on the MAR it should not have been given.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	

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 - Some</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>43023</p> <p>Based on observation, record review, and interview, the facility failed to ensure the temperature log was maintained for the medication refrigerator in the medication room.</p> <p>The DON reported 73 residents resided in the facility.</p> <p>Findings:</p> <p>On 12/12/24 at 12:06 p.m., a tour of the medication room was performed with CMA #1.</p> <p>Temperature logs for the medication refrigerator was observed. There was no log for December 2024, the log for November 2024 was observed to have 21 days of missing temperatures, and October 2024 was observed to have eight days of missing temperatures. CMA #1 reported the nurses were responsible for the logs.</p> <p>On 12/12/24 at 12:24 p.m., LPN #1 reported the night shift nurses were responsible for the temperature logs.</p> <p>On 12/12/24 at 12:26 p.m., the DON was shown the logs for the medication refrigerator and reported the temperature logs were supposed to be filled out daily.</p>