

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Cordell Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North College Cordell, OK 73632	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35749</p> <p>Based on record review and interview, the facility failed to ensure a physician had been notified for a change in condition for one (#7) of three sampled residents reviewed for notification.</p> <p>The administrator identified 51 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #7 had diagnoses which included atherosclerosis of coronary artery bypass graft, chronic rhinitis, hypertension, and hyperlipidemia.</p> <p>A Physician's Order, dated 02/01/24, documented to administer Zofran 4 mg every six hours as needed Give 1 tablet by mouth every 6 hours as needed for nausea and vomiting.</p> <p>An Administration Note, dated 04/15/24, at 10:38 p.m., documented Zofran 4 MG had been administered for nausea.</p> <p>An Administration Note, dated 04/16/24 14:16 p.m., documented Zofran 4 MG had been administered for nausea</p> <p>An Administration Note, dated 04/16/24 at 8:20 p.m., read in part, .Resident threw up around 1830 [6:30 p.m. ] and said stomach is still upset doesn't want to take [their] HS medication.</p> <p>A Health Status Note, dated 04/17/24 6:04 a.m., read in part, .Resident vomited mod. Amount brown liquid emesis .CMA instructed to give prn Zofran . There was no documentation the physician had been notified.</p> <p>An Administration Note, dated 04/18/24 12:40 p.m., documented Resident #7 complained of nausea and was given Zofran 4 mg for complaints of nausea.</p> <p>A Health Status Note, dated 04/18/24 at 3:25 p.m., documented Resident #7 refused supper because they weren't feeling good. Resident #7 refused to go to the emergency room . The note documented blood pressure 102/54, pulse 83, respirations 8, lungs clear to auscultation, and oxygen saturation of 95%.</p> <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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Health Status Note, dated 04/18/24 at 10:13 p.m., documented Resident #7 was confused and had not eaten all day. It documented Resident #7 refused to go to the hospital for evaluation. There was no documentation the physician had been notified.</p> <p>A Health Status Note, dated 04/19/2024 at 6:25 a.m., read in part, .Resident pale, increase weakness, abdomen distended and discomfort noted when palpated .Resident c/o nausea during incontinent care . Resident not eating or drinking well.</p> <p>A Health Status Note, dated 04/19/24 at 7:05 a.m., documented Resident #7 was sent to the emergency room via ambulance.</p> <p>A review of health status notes contained no documentation staff had assessed Resident #7 for bowel sounds from 04/15/24 at 10:25 a.m. when Resident #7 complained of abdominal discomfort to 04/19/24 at 6:55 a.m.</p> <p>On 04/24/24 at 12:43 p.m., LPN #2 stated Resident #7 had been nauseated and vomiting throughout the week. They stated they assessed Resident #7's abdomen to be distended and Resident #7 complained of nausea. LPN #2 stated they sent Resident #7 to the emergency roiaognom on [DATE].</p> <p>LPN #2 was asked who they would notify when a resident had a change in condition. LPN #2 stated the doctor had been notified on 04/19/24</p> <p>On 04/24/24 at 1:19 p.m., the DON reviewed the nurses' notes and stated staff should have notified the physician due to the change in condition. The DON was asked if there was documentation the physician had been notified. The DON stated they did not see any.</p>

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure staff reported an allegation of misappropriation of property for one ( #36) of one sampled resident reviewed</p> <p>The Administrator identified 51 residents resided in the facility.</p> <p>Findings:</p> <p>An undated, 'Abuse Investigation policy, read in part, .Should an incident or suspected incident of resident abuse .misappropriation .the Administrator, or his/her designees, will appoint a member of management to investigate the alleged incident .</p> <p>Resident #36 had diagnoses which included heart failure, and high blood pressure.</p> <p>An OSDH, Incident Report form, dated 04/20/24, read in part .Resident stated to Administrator 04/22/24 at 5:30 p.m. a personal vape was missing from [their] bag kept in the smoking locked file box .</p> <p>On 04/23/24 at 9:16 a.m., Resident #36 was asked if they had any property missing that had not been found. They stated, I have had two vape's stolen since I have been here. One was this weekend, I told the girls on Saturday morning. They were unsure who they told, and stated I told everyone since then except [the Administrator].</p> <p>On 04/23/24 at 9:34 a.m., this surveyor notified the Administrator of the allegation of the missing vape product.</p> <p>On 04/23/24 at 11:32 a.m., the Administrator stated they spoke to housekeeper #1 who reported Resident #26 said their vape was gone on Saturday. The Administrator stated it had not been reported to them on Saturday.</p> <p>On 04/24/24 at 1:35 p.m., the Administrator was asked if housekeeper #1 had followed the policy to report the allegation of misappropriation of property. They stated it should have been reported to them or the DON in their absence.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35749</p> <p>Based on record review and interview, the facility failed to ensure bowel sounds had been assessed when a resident complained of abdominal discomfort for one (#7) of one sampled residents reviewed for hospitalization .</p> <p>The administrator identified 51 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #7 had diagnoses which included atherosclerosis of coronary artery bypass graft, chronic rhinitis, hypertension, and hyperlipidemia.</p> <p>A Physician's Order, dated 02/01/24, documented to administer Zofran 4 mg every six hours as needed Give 1 tablet by mouth every 6 hours as needed for nausea and vomiting.</p> <p>An Administration Note, dated 04/15/24, at 10:38 p.m., documented Zofran 4 MG had been administered for nausea.</p> <p>An April 2024 task record documented Resident #7 had a bowel movement on 04/16, 04/17, and on 04/18/24.</p> <p>An Administration Note, dated 04/16/24 14:16 p.m., documented Zofran 4 MG had been administered for nausea</p> <p>A Health Status Note, dated 04/16/24 at 6:18 p.m., read in part, .Resident c/o pain and cramping in LLQ, n/o to obtain UA with reflex to culture .</p> <p>An Administration Note, dated 04/16/24 at 8:20 p.m., read in part, .Resident threw up around 1830 [6:30 p.m. ] and said stomach is still upset doesn ' t ' want to take [their] HS medication.</p> <p>A Health Status Note, dated 04/17/24 6:04 a.m., read in part, .Resident vomited mod. Amount brown liquid emesis .CMA instructed to give prn Zofran .</p> <p>An Administration Note, dated 04/18/24 12:40 p.m., documented Resident #7 complained of nausea and was given Zofran 4 mg for complaints of nausea.</p> <p>A Health Status Note, dated 04/18/24 at 3:25 p.m., documented Resident #7 refused supper because they weren't feeling good. Resident #7 refused to go to the emergency room . The note documented blood pressure 102/54, pulse 83, respirations 8, lungs clear to auscultation, and oxygen saturation of 95%.</p> <p>A Health Status Note, dated 04/18/24 at 10:13 p.m., documented Resident #7 was confused and had not eaten all day. It documented Resident #7 refused to go to the hospital for evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Health Status Note, dated 04/19/2024 at 6:25 a.m., read in part, .Resident pale, increase weakness, abdomen distended and discomfort noted when palpated .Resident c/o nausea during incontinent care . Resident not eating or drinking well.</p> <p>A Health Status Note, dated 04/19/24 at 7:05 a.m., documented Resident #7 was sent to the emergency room via ambulance.</p> <p>A review of health status notes contained no documentation staff had assessed Resident #7 for bowel sounds from 04/15/24 at 10:25 a.m. when Resident #7 complained of abdominal discomfort to 04/19/24 at 6:55 a.m.</p> <p>A hospital CT scan result, dated 04/19/24, documented Resident #7 had distended loops of small bowel, concerning for bowel obstruction.</p> <p>On 04/24/24 at 12:43 p.m., LPN #2 stated Resident #7 had been nauseated and vomiting throughout the week. They stated they assessed Resident #7's abdomen to be distended and Resident #7 complained of nausea. LPN #2 stated they sent Resident #7 to the emergency roiaognom on [DATE].</p> <p>LPN #2 was asked if Resident #7 was having bowel movements. They stated Resident #7 would tell staff when they had a bowel movement. LPN #2 was asked if they had assessed bowel sounds on the 04/18/24 at 3:25 p.m. LPN #2 stated they had, but did not chart it. LPN #2 was asked if bowel sounds had been assessed on 04/18/24 at 10:13 p.m. LPN #2 reviewed the note and stated no. LPN #2 was asked who they would notify when a resident had a change in condition. LPN #2 stated the doctor had been notified on 04/19/24.</p> <p>On 04/24/24 at 1:19 p.m., the DON reviewed the nurses' notes and stated staff should have notified the physician due to the change in condition. The DON was asked if there was documentation the physician had been notified. The DON stated they did not see any.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>41872</p> <p>Based on observation, record review, and interview, the facility failed to ensure an antibiotic for a wound was justified and a wound culture had been obtained for one (#2) of two sampled residents reviewed for wounds.</p> <p>The Administrator identified 51 residents resided in the facility.</p> <p>The Resident Matrix, dated 04/22/24, documented two residents with wounds.</p> <p>Findings:</p> <p>An undated Antibiotic Stewardship-Review and surveillance of Antibiotic Use and Outcomes policy, read in part .The IP, or designees, will review all antibiotics starts within 48 hours to determine if continued therapy is justified, justified with needed intervention, or not justified .Therapy is not justified if .The organism is not susceptible to antibiotic chosen .Therapy was started awaiting culture, but no organism was isolated after 72 hours .</p> <p>Resident #2 had diagnoses which included, depressive disorder, high blood pressure and stage three pressure ulcer.</p> <p>A Health Status Note, dated 04/19/24, read in part .Received order from [name of hospice nurse and hospice] for Keflex 500 mg TID x 7 days for coccyx wound .</p> <p>Resident #2's RESIDENT INFECTION REPORT, dated 04/19/24, was blank where the culture results should have been documented. An attachment titled, Infection Criteria Checklist did not contain documentation it had been completed.</p> <p>A weekly wound observation tool, dated 04/21/23, documented Residents #2's wound measurements as 30 mm x 16 mm x 0 with 20% slough to center of the wound and a small amount of serosanguineous drainage noted to the old dressing.</p> <p>The clinical health record did not contain documentation a wound culture had been obtained.</p> <p>On 04/25/24 at 10:39 a.m., the IPC nurse was asked if a wound culture had been completed on Resident #2's coccyx wound. They stated, no hospice had got the order.</p> <p>On 04/25/24 at 11:57 a.m., the IPC nurse was shown the policy for antibiotic stewardship and asked if the antibiotic had been reviewed after 48 hours to determine if it was justified. They stated there was no culture and they were not sure if it had infection or not but the wound had been worsening. The IPC nurse was asked why the wound had not been followed up on in 48 hours and why the infection Criteria Checklist was blank. The IPC nurse stated, the nurse was supposed to fill out the resident infection report and infection criteria checklist, and turn it in to them. They would then follow up to ensure the antibiotic was sensitive. The IPC nurse was asked if the policy had been followed. They stated No.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41872</p> <p>Based on observation, record review, and interview, the facility failed to follow their policy and procedure to ensure a smoking assessment was completed quarterly for one (#47) of one sampled resident reviewed for smoking.</p> <p>The Administrator identified 51 residents resided in the facility and three residents smoked or used vape products.</p> <p>Findings:</p> <p>An undated Smoking Policy, read in part, .The nursing staff ensures that a safe smoking assessment evaluation is completed at the time of admission, quarterly and with significant change in condition .</p> <p>Resident #47 had diagnoses which included, high blood pressure and high cholesterol.</p> <p>Resident #47's clinical health record documented a Smoking Safety Evaluation, was completed on 08/29/23.</p> <p>On 04/24/24 at 10:40 a.m., Resident #47 was observed out under the patio smoking, wearing a smoking apron.</p> <p>On 04/25/24 at 9:31 a.m., the DON was shown the smoking policy and asked how often a smoking assessment should be completed. They stated, an assessment should be completed quarterly. They were asked asked when the last time an assessment had been completed. They stated in August. The DON was asked if they smoking policy had been followed. They stated, No.</p>

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46702</b></p> <p>Based on observation and interview the facility failed to ensure:</p> <ul style="list-style-type: none"> <li>a. a interdisciplinary assessment was completed for use of side rails,</li> <li>b. a physician order was obtained for use of side rails ,</li> <li>c. resident representatives were notified about the benefits and potential hazards associated with side rails, and</li> <li>d. side rails were care planned for one (#4) of one resident sampled for side rail use.</li> </ul> <p>The MDS coordinator identified 8 Resident used bed rails.</p> <p>Findings:</p> <p>A Bed Safety policy, undated, read in part, .If side rails are used, there shall be an interdisciplinary assessment of the resident, consultation with the attending physician, and input from the resident and/or legal representative . The staff shall obtain consent for use of the side rails from the resident or residents legal representative prior to their use . Side rails may be used if assessment and consultation with the attending physician has determined that they are needed to help manage medical symptom or condition, or to help the resident reposition or move in bed and transfer, and no other reasonable alternatives can be identified . Before using side rails for any reason, the staff shall inform the resident and family about the benefits and potential hazards associated with the side rails when using side rails for any reason, the staff shall take measures to reduce related risk .</p> <p>A Use of restraints policy, undated, read in part, .Restraints shall only be used for safety and well being of the resident .The definition of a restraint is based upon the functional status of the resident and not the device, If the resident can not remove a device in the same manner in which the staff applied it .Prior to placing a resident in restraints, there shall be a pre-restraining assessment .Restraints shall only be used ., other recurrent depressive disorders upon written/verbal order of a physician and after obtaining consents for the resident and/or resident representative .</p> <p>Resident #4 was admitted on [DATE] with diagnoses which included COPD, unspecified dementia and anxiety.</p> <p>A comprehensive assessment, dated 09/21/23, documented Resident #4's cognition was severely impaired.</p> <p>A Hospice Plan of Care document, dated 08/19/23 did not document the use of side rails.</p> <p>Resident #4's care plan, revised 03/04/24, did not document the use of side rails.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician order summary, dated 04/24/24 did not document an order for side rails.</p> <p>On 04/24/24 at 8:43 a.m., Resident #4 was observed in bed with upper bed rails up on the Resident's right side and the bed was against wall on the left side.</p> <p>On 04/24/24 at 12:52 p.m., CNA #1 was asked about the half upper bed rails raised. CNA #1 stated the side rail was supposed to help resident to grab and hold to roll over. CNA #1 was asked if the side rail was care planned. CNA #1 reviewed the care plan and stated that the side rail was not in the care plan for repositioning. CNA #1 stated that they knew a bed rail could be considered a restraint.</p> <p>On 04/24/24 at 1:05 p.m., LPN #2 was asked to look at Resident # 4's bed. LPN #2 stated Resident #4 had a half bed rail raised on the upper right side up with the bed pushed against the wall on left side. LPN #2 stated Resident #4 transfers for meals with a 2 person lift assist. LPN #2 stated the bed rail was used for repositioning and should be care planned. LPN #2 was asked to review resident #4's care plan. They stated the bed rail was not in the care plan for repositioning.</p> <p>On 04/24/24 at 01:22 p.m., the DON was asked what the policy was for using bed rails. The DON stated they were not really supposed to use them because there were considered a restraint. The DON stated half rails could be used for repositioning and should be care planned if they are left up. The DON reviewed Resident #4's care plan and Hospice care plan. The DON stated the bed rail was not in the care plan or hospice care plan for repositioning or mobility care. The DON was asked to review the bed safety policy. The DON was asked what was the problem with the bed rail. The DON stated that there was no interdisciplinary assessment completed, family was not notified, there were no signed consents, and the bed rail should of been care planned for mobility and repositioning.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>41872</p> <p>Based on record review and interview the facility failed to ensure annual competency reviews were completed for two (CNA #2 and CNA #3) of three sampled staff reviewed for annual competency skills checks.</p> <p>The Administrator identified 52 residents resided in the facility.</p> <p>Findings:</p> <p>CNA #2's date of hire was 10/21/21. The personnel file did not contain documentation an annual competency review had been completed.</p> <p>CNA #3 date of hire was 09/21/20. The personnel file did not contain documentation an annual competency review had been completed.</p> <p>On 04/25/24 at 2:21 p.m., the Administrator was asked if there were any annual competency reviews for CNA #2 and CNA #3. They reviewed the personnel files and stated there was not any documentation of competency reviews.</p> <p>On 04/25/24 at 4:09 p.m., the DON stated there was no facility policy for annual competency reviews for CNA's. They were asked if CNA #2 and CNA #3 had competency reviews they stated they should be in the personnel files.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41872</p> <p>Based on observation, record review and interview, the facility failed to ensure food was labeled, dated, and not kept beyond the Use by Date.</p> <p>The Administrator identified 52 residents resided in the facility. The DON identified 50 residents who received nutrition from the kitchen.</p> <p>Findings:</p> <p>A Dietary Services Food Storage policy, revised 01/20/14, read in part .Leftovers that are potentially hazardous foods shall be used, or disposed of, within 24 hours. Non-potentially hazardous leftovers that have been heated or cooked may be refrigerated for up to forty-eight (48) hours .All food is dated as to time received or cooked to ensure timely us (sic) and/or disposal .</p> <p>On 04/22/24 at 3:17 p.m., a brief initial kitchen observation was completed with [NAME] #1. The following observations were made in the walk in refrigerator:</p> <ul style="list-style-type: none"> <li>a. Two tubs of opened sour cream that were stamped best if used by 04/12/24,</li> <li>b. A clear container with green beans was, dated 04/18/24, and</li> <li>c. A package of hot dog buns in the original package did not have a date when they were received.</li> </ul> <p>Cook #1 was shown the two tubs of out of date sour cream. They removed the tubs and discarded in the trash.</p> <p>Two stainless steel containers with saran wrap and clear covers were observed without any date or time when prepared in the door of the black refrigerator. [NAME] #1 was asked what was the food in the containers. They stated ground and pureed sausage. They were asked when the food had been prepared. They stated they did not know. [NAME] #1 was asked if the containers had a date on them. They stated No. [NAME] #1 was asked how long they kept prepared food. They stated they usually get rid of the food after the meal is completed. [NAME] #1 was asked how long food is kept after it is prepared. They stated it depends on what it is.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Cordell Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North College Cordell, OK 73632	

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure the information submitted on the Payroll Based Journal was accurate for 24 hour staffing.</p> <p>The Administrator identified 52 residents resided in the facility.</p> <p>Findings:</p> <p>A PBJ Staffing Data Report, dated 10/01/24 through 12/31/24, documented the facility did not have 24 hour licensed nursing coverage on the following dates: 12/16/24, 12/17/24, 12/22/24, 12/23/24, and 12/31/24.</p> <p>On 04/25/24 at 11:05 a.m., documentation for 24 hour licensed staff for the dates in question were requested from the Administrator.</p> <p>On 04/25/24 at 1:00 p.m., the Administrator provided documentation of coverage for the dates. The Administrator stated they thought it was agency staff that had not been reported correctly.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Cordell Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North College Cordell, OK 73632	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure a second tuberculin skin test was read for two (#50 and #16) of five sampled residents reviewed for immunizations.</p> <p>The Administrator identified 51 residents who resided in the facility.</p> <p>Findings:</p> <p>An undated, Tuberculosis Screening policy, read in part .All employees and residents must comply without established tuberculosis screening procedures .If the TST method is used for HCW's who have not had a documented negative test result or M. tuberculosis during the preceding 12 months, the baseline TST result should be obtained by using the two-step method .</p> <p>1. Resident #50 had diagnoses which included Alzheimer's disease and high blood pressure.</p> <p>Resident #50's clinical health record for immunizations documented Resident #50 received their second TB skin test on 03/26/24 but still had pending results.</p> <p>On 04/25/24 at 12:48 p.m., the IPC nurse was asked to review the immunizations and where were the results from the second TB test. They were not sure. The IPC nurse reviewed the MAR and the progress notes.</p> <p>The clinical health record did not document the second test had been resulted.</p> <p>2. Resident #16 had diagnoses which included high blood pressure and anxiety.</p> <p>Resident #16's clinical health record for immunizations documented Resident #16 had received their second TB skin test on 11/30/23 but still had pending results.</p> <p>On 04/25/24 at 12:59 p.m., the IPC nurse was asked what the second TB test results were for Resident #16. They reviewed the immunizations record and stated It was not ever read.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Cordell Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North College Cordell, OK 73632	

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure residents were offered the pneumonia vaccination according to policy for one (#27) of five sampled residents reviewed for immunizations.</p> <p>The Administrator identified 51 residents resided in the facility.</p> <p>Findings:</p> <p>An undated, Pneumococcal Vaccine policy, read in part .Administration of the pneumococcal vaccination or revaccinations will be made in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations at the time of the vaccinations .</p> <p>Resident #27 had diagnoses which included, type two diabetes mellitus, cardiac pacemaker, and high blood pressure.</p> <p>Resident #27's clinical health record for immunizations documented the resident received their last pneumonia vaccination in 2018.</p> <p>On 04/25/24 at 12:45 p.m., the IPC nurse was asked if they follow up to evaluate whether the resident was due for a pneumonia shot. They stated they thought it was reevaluated after five years, but they had not followed up to see if the Resident #27 was eligible to receive another pneumonia vaccination.</p>