

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Meeker Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 North Dawson Street Meeker, OK 74855	

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 0689</p> <p>Level of Harm - 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>Based on record review and interview, the facility failed to ensure a resident was assessed after an accident which resulted in a fracture for 1(#2) of 3 residents sampled for falls.</p> <p>The administrator identified 46 residents resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled Fall and Fall Risk, Managing, dated March 2018, read in part, Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try and minimize complications from falling.</p> <p>A quarterly assessment for Resident #2, dated 12/19/24, showed the resident had severe cognitive impairment with a brief interview for mental status score of 00.</p> <p>A Health Status Note for Resident #2, dated 12/28/24 at 2:44 p.m., read in part, resident holding [left] hip and crying out in pain. [Provider name withheld] notified. New order to obtain x-ray due to [left] hip pain. DON [director of nursing] and family notified.</p> <p>A Health Status Note for Resident #2, dated 12/28/24 at 3:38 p.m., read in part, x-ray tech [technician] in facility at this time to obtain x-ray of [left] hip.</p> <p>A Health Status Note for Resident #2, dated 12/28/24 at 7:44 p.m., read in part x-ray results received at this time and reported to [provider name withheld]. New order to send resident out of facility.</p> <p>A Health Status Note for Resident #2, dated 12/28/24 at 9:49 p.m., read in part [hospital name withheld] called to notify that resident has been admitted for surgery.</p> <p>An OSDH Initial Incident Report Form, dated 12/29/24, read in part, Resident was in bed, holding [left] hip and complaining of pain with movement. No previous fall or event noted. X-ray ordered. Results of x-ray indicate possible [left] hip fx [fracture]. Resident sent to ER [emergency room]for [evaluation] .Resident was admitted for treatment of fracture to [left] hip. Investigation in progress.</p> <p>An in-service record, dated 12/30/24 at 1:30 p.m., showed staff were in-service on incident reporting.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A Health Status Note for Resident #2, date created 12/30/24 at 11:12 p.m. and note effective 12/27/24 at 5:30 p.m., read in part, [Resident #2] slid self out of recliner in front lobby area. Assisted back to recliner no signs or symptoms of pain or discomfort at time 5:00 p.m. Assisted to wheelchair 30 minutes later taken to dining room for supper, then resident started rubbing both thighs. Unable to state what side is hurting. PRN [as needed] Tylenol [pain medication] given for discomfort. Fed supper by staff, appetite good.</p> <p>A OSDH Initial Incident Report Form, dated 01/02/25, read in part, Investigation completed. [Resident #2] was admitted to [name withheld] hospital for surgical repair of [left] femur fracture and returned to facility. [Resident #2] has history of frequent falls, sliding herself out of recliner or wheelchair. [Resident #2] appears per nursing interview to have slid from recliner to floor on evening of 12/27/24 and assisted by nurses and CMA [certified medication aide] back to chair. According to report [Resident #2] was rubbing both thighs and given Tylenol which appeared to be effective. [Resident #2] did not complain during the night but next day complained of pain and indicated left hip. That is when xrays ordered and fracture noted. [Resident #2] was sent out at that time. Nurses have been inserviced on completing incident report timely, notification of MD [medical doctor] for any fall or injury and obtaining follow up orders or evaluations. Care staff have been inserviced on notification of changes in condition, changes in status, incidents, or injury to charge nurse. Will continue to monitor and address any issues with resident as they may arise.</p> <p>A quality assessment and performance improvement plan, dated 01/30/25, showed the facility identified the root cause, held in-services, and put measures in place to monitor future incidents.</p> <p>On 04/15/25 at 11:20 p.m., the administrator stated upon investigation the nurse failed to complete an incident report or write a note.</p> <p>On 04/15/25 at 12:04 p.m., the administrator stated there was no assessment at the time of the fall.</p> <p>On 04/16/25 at 3:18 p.m., the administrator stated they checked incident reports to ensure all were completed.</p> <p>On 04/16/25 at 3:19 p.m., administrative support staff stated the facility continued to educate on incidents.</p> <p>On 04/16/25 at 3:20 p.m., the administrator stated it was a definite failure and no other residents had an incident like that since.</p>		