

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  09/11/2025
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)
F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (continued on next page)

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:  375326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, record review, and interviews, the facility failed to ensure supervision and evaluation during transfers for 1 (#17) of 3 sampled residents reviewed for the use of mechanical lifts and accident hazards. The DON identified nine residents that use mechanical lifts. Findings: On 09/10/25 at 11:15 a.m., CNA #2 and CNA #3 were observed to perform a transfer for Resident #17 using the sit to stand lift. The transfer was completed safely. A lift assessment for Resident #17, dated 02/18/25, showed the resident did not need a lift to transfer. No lift assessment was located in the clinical record since 02/18/25. An in-service, dated 03/24/25, covered the following education: a. demonstrated how to safely use mechanical lifts, and b. review of policy, revised 07/2017, titled Safe Lifting and Movement of Residents which read in part Only staff with documented training on the safe use and care of the machines and equipment used in this facility will be allowed to lift or move residents .at least two nursing assistants are needed to safely move a resident with a mechanical lift. A Certified Nursing Assistant Competency Assessment for CNA#4, with a completion date of 06/05/25, showed a date of hire as 05/07/25. The assessment read in part, Has duty and responsibility of assist with lifting, turning, moving, positioning and transporting resident into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc. There was a Y for competency demonstration. No other documentation of training for mechanical lifts was noted in new hire education. A policy titled Lift Policy, dated 06/06/25, read in part, This facility is to use the mechanical lifts with two staff members for all transfers of newly admitted resident unless they are deemed independent by the nurse. A care plan for Resident #17, initiated 06/23/25, showed the resident required a sit to stand lift at all times with two staff assist with transfers. An Incident report for Resident #32, dated 07/25/25, showed a witnessed fall with no injuries occurred when a CNA was assisting the resident with the sit to stand by themselves for a brief change. The report read in part, Educated staff to get help before utilizing equipment and always have a minimum of two person assist. On 09/10/25 at 11:15 a.m., CNA #2 was asked about the use of a mechanical lift. CNA #2 stated they always made sure they had two staff members with any use of the mechanical lift. CNA #2 stated they had in-services for lift use, but it had been a few months ago. On 09/10/25 at 11:20 a.m., CNA #3 was asked about the use of the mechanical lift. CNA #3 stated to always two persons for use, communication between staff on who they use the lifts on, and they have had training. The new CNAs hired were trained by the current CNAs regarding job duties. On 09/11/25 at 12:01 p.m., CNA #4 was asked about sit to stand use. CNA #4 stated they knew now they were to always have two persons, and the resident had to be weight bearing to use the sit to stand. CNA #4 stated they were a new CNA starting in April and they were not taught about sit to stand use in school. CNA #4 stated they were shown by another CNA at the facility, and they did not instruct or educate them correctly on number of staff to use the lift. CNA #4 stated they were told they only needed one staff to change a resident, only two staff if transferring. CNA #4 stated the CNA that did their education at the facility no longer works there and was not a good person to learn from. CNA #4 stated after the incident, the charge nurse did education immediately with them. CNA #4 was asked if there was any education on lifts when hired. CNA #4 stated there may have been, but they did not remember, education was usually CNA to CNA. On 09/11/25 at 12:30 p.m., the DON was asked about evaluation of residents for mechanical lift use. The DON stated if they had therapy, the therapist would tell them, if the resident was non-weight bearing or bedbound they would use them. The DON stated they were not sure if it showed up on the Kardex for the CNA or not, but they usually communicated amongst themselves regarding who required a lift and who did not. The DON was asked about education and requirements for staff regarding the use of mechanical lifts. The DON stated they usually knew how to use them when they were hired since they have a certification. The DON stated they did an initial competency check-off for skills they thought had mechanical lifts included. The DON stated a nurse reviewed the check list with them. The DON was asked about care plan updates and lift assessments. The DON stated they were working on getting them all caught up.</p>		

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  09/11/2025
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interview, the facility failed to ensure RN coverage for 8 consecutive hours per day for 5 (April 2025 through July 2025) of 5 months of staff schedules reviewed for RN coverage. The administrator identified 47 residents resided in the facility. Findings: A PBJ Staffing Data Report, dated 04/01/25 through 06/30/25, showed during quarter three, the facility did not have RN coverage for 04/05/25, 04/06/25, 04/11/25, 04/12/25, 04/13/25, 04/19/25, 04/20/25, 05/16/25, 05/17/25, 05/30/25, 05/31/25, 06/01/25, 06/07/25, 06/08/25, 06/14/25, 06/15/25, 06/21/25, 06/22/25, 06/28/25, or 06/29/25. Payroll detail reports reviewed for registered nurse coverage for the months of 04/2025 through 08/2025, showed the facility did not have eight consecutive hours per day for 04/01/25, 04/08/25, 04/09/25, 04/10/25, 04/13/25, 04/19/25, 04/20/25, 04/27/25, 04/28/25, 05/03/25, 05/05/25, 05/11/25, 05/12/25, 05/14/25, 05/16/25, 05/17/25, 05/18/25, 05/29/25, 05/30/25, 05/31/25, 06/01/25, 06/07/25, 06/08/25, 06/14/2025, 06/15/2025, 06/21/2025, 06/22/2025, 06/25/25, 06/26/25, 06/28/25, 06/29/25, 07/05/25, 07/06/25, 07/12/25, 07/13/25, 07/19/25, 07/20/25, 07/26/25, 07/27/25, 08/02/25, 08/03/25, 08/09/25, 08/10/25, 08/14/25, 08/16/25, 08/17/25, 08/18/25, 08/20/25, 08/23/25, 08/24/25, and 08/30/25. On 09/10/25 at 2:40 p.m., administrator was asked about RN staffing. The administrator stated they were aware of not having an RN on the weekends and had not had one for some time. The administrator stated they had not had any luck finding a weekend RN that would be a good fit for the facility.</p>		