

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 07/01/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</p> <p>Based on record review and interview, the facility failed to ensure a discharged resident's clinical record contained a discharge summary for one (#44) of three sampled residents reviewed for discharge.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res #44 admitted to facility with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and chronic kidney disease stage 3.</p> <p>The electronic health record documented the resident expired in the facility on [DATE].</p> <p>The resident's record did not contain a discharge summary.</p> <p>On [DATE] at 10:45 a.m., the DON reported a discharge summary had not been completed</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to develop/implement the care plan related to nutrition/significant weight loss.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res #20 was admitted to the facility with diagnoses of dementia. Hypothyroidism, anxiety, and depression.</p> <p>A review of the resident's record documented the resident had a significant weight loss of 13.05% in the last six months.</p> <p>A care plan, revised on 04/11/24, contained no documentation of weight loss.</p> <p>On 06/28/24 at 8:50 a.m., the IP/MDS coordinator reported nutrition should have been care planned.</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>43023</p> <p>Based on observation, record review and interview the facility failed to administer medications as ordered by the physician for one (#36) of two resident's sampled for medication administration.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res # 36 admitted to the facility with diagnoses of hyperlipidemia, atherosclerosis of aorta, and hypertension.</p> <p>A physician's order, dated 06/09/24, documented Rosuvastatin Calcium oral tablet 10mg, give 1 tablet by mouth one time a day for Lipid control May give 2-10mg tab to equal 20mg till gone.</p> <p>On 06/27/24 at 7:54 a.m., CMA #1 was observed during medication pass preparing medications for Res #36. CMA #1 was observed dispensing one tablet of Rosuvastatin 10mg.</p> <p>On 06/27/24 at 9:40 a.m., CMA #1 was made aware of resident #36's physician's order for Rosuvastatin 10mg 2-10mg tab to equal 20mg till gone. CMA #1 reported he should have administered two tablets.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34460</p> <p>Based on interview and record review, the facility failed to ensure a resident with a diagnosis of Alzheimer's disease was not given Seroquel (anti-psychotic medication) routinely at bedtime for insomnia for 1 (resident #38) of 5 residents whose records were reviewed for unnecessary medications.</p> <p>Findings:</p> <p>The Administrator identified 44 residents at the facility.</p> <p>Resident #38 admitted to the facility 04/17/24.</p> <p>The MDS, dated [DATE], read in part, .Alzheimer's disease .</p> <p>The Physician Orders, dated 04/17/24, read in part, .Seroquel Oral Tablet 50 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime for insomnia .</p> <p>The April MAR, documented the resident received Seroquel 14 times at bedtime for insomnia.</p> <p>The May MAR, documented the resident received Seroquel 31 times at bedtime for insomnia.</p> <p>The June MAR, documented the resident received Seroquel 25 times at bedtime for insomnia.</p> <p>On 07/01/24, at 10:30 a.m., the DON stated the resident had received Seroquel for insomnia since his admission 04/17/24.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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:</p> <p>a. Failed to ensure the removal of expired medication/supplies were removed from the medication storage room.</p> <p>b. Failed to ensure a change of direction sticker was placed on a medication card.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>Res #36 admitted to the facility with diagnosis of hyperlipidemia.</p> <p>A physician order, dated 06/09/24, documented Rosuvastin Calcium 10mg Give one tablet by mouth one time a day for Lipid control May give 2-10mg tab to equal 20mg till gone.</p> <p>On 06/27/24 at 7:54 a.m., CMA #1 was observed during medication pass preparing medications for Res #36. The directions on Res #36's card of Rosuvastatin documented to administer the Rosuvastatin 10mg daily.</p> <p>On 06/27/24 at 9:40 a.m., CMA #1 was made aware of resident #36's Rosuvastatin discrepancy order and what the card read. CMA #1 stated they would put a change of direction sticker on the card.</p> <p>On 06/27/24 at 1:59 p.m., a tour of the medication storage room was conducted with CMA #2</p> <p>The following medications and supplies were observed to be expired:</p> <p>2 boxes of Covid-19 test kits with an expiration date of 06/30/23,</p> <p>5 flu swab kits with an expiration date of 02/29/24,</p> <p>2 culture swabs with an expiration date of 05/31/23,</p> <p>3 culture swabs with an expiration date of 05/03/24,</p> <p>1 culture swab with an expiration date of 02/29/24,</p> <p>7 culture swab kits with an expiration date of 12/31/23,</p> <p>1- 18ml bottle of instant hand sanitizer with an expiration date of 03/2022,</p> <p>1- 18ml bottle of instant hand sanitizer with an expiration date of 06/2022,</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11 safety blood collection sets + luer adapter with an expiration date of 08/05/22,</p> <p>7 house stock bottles of Vitamin C 500mg with a pharmacy label expiration date of 06/19/24,</p> <p>2 house stock bottles of Acetaminophen 500mg with an expiration date of 05/29/24,</p> <p>1 open house stock bottle of antacid tablets 500mg with an expiration date of 06/05/24,</p> <p>On 06/27/24 at 2:24 p.m., CMA #2 reported the expired medications should have already been removed from the medication/supply storage room.</p> <p>06/27/24 at 2:25 p.m., LPN #1 reported the expired supplies should have already been removed from the medication/supply storage room.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to maintain documentation of Covid-19 vaccination status for staff.</p> <p>The Administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>On 07/01/24 at 8:48 a.m., the DON was asked for the staff Covid-19 vaccine documentation. They reported they do not keep documentation of them.</p> <p>On 07/01/24 T 8:48 a.m., the DON reported that the staff are not offered vaccines at the facility, they go to the health department to receive them. The DON was asked if they keep documentation for refusals and she reported no because that is their personal stuff.</p>