STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375326	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meeker Nursing Center	500 North Dawson Street Meeker, OK 74855

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 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.

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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, and interview, the facility failed to provide pureed food with accurate serving size and nutritive value.The DON identified three residents on pureed diets.Findings: On 09/08/2025 at 11:32 a.m., cook #1 was observed to perform the puree process. a. Using a gloved hand, cook #1 placed 3 staff handfuls of cooked turkey in the blender, added hot water for consistency, and placed on 3 plates with a spatula.b. Placed 3 4-ounce scoops of dressing in the blender, added hot water for consistency, and placed on 2 plates with a spatula,c. Placed 2 4-ounce scoops of sweet potatoes in the blender, added hot water for consistency, and placed on 2 plates with spatula, andd. Placed gravy on top of the ground turkey. An undated policy Guidelines: Directions of pureeing food, read in part: Add liquid gradually to reach the desired consistency. Suitable liquids include broth, gravy, milk, cream or fruit juice. On 09/08/25 at 11:45 a.m., cook #1 was asked about liquid used for the pureed process. [NAME] #1 stated they used hot water for all hot items that need thinned. [NAME] #1 was asked about measurements of food for servings. [NAME] #1 stated they place amount from menu in the blender for each resident, except meats like turkey and they eyeball those. [NAME] #1 stated after the pureed process was completed, they used the spatula to place on plates and just make sure it looks like equal amounts. [NAME] #1 was asked about amount of food left in the blender. [NAME] #1 stated they just made sure the servings looked right on the plates. On 09/08/25 at 1:20 p.m., the dietary manager was asked about the puree process. The dietary manager stated they used hot water for consistency of food. The dietary manager was asked about measurements of pureed foods. The dietary manager stated they should be using the appropriate scoop for servings that was on menu.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and interview, the facility failed to ensure residents were offered and/or administered the pneumonia vaccination for 4 (#3, 4, 13, and #24) of 5 sampled residents reviewed for immunizations.The DON identified 47 residents resided in the facility. Findings:A policy titled Pneumoccocal Vaccine, revised October 2019, read in part, Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series with thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated.Pneumococcal vaccines will be administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol.For residents who receive the vaccines, the date of the vaccination, lot number, expiration date, person administering, and the site of the vaccination will be documented in the resident's medical record.1. An undated diagnoses report showed Res #4 had diagnoses which included pneumonia and chronic obstructive pulmonary disease.A document titled Consent for Vaccination, dated 04/28/23, showed Res #4 gave permission to receive the pneumonia vaccine.There was no documentation in Res #4's medical record the pneumococcal vaccine had been offered and/or administered.2. An undated diagnoses report showed Res #3 had diagnoses which included dementia and cerebral infarction.A document titled, Permission to Administer Vaccines, dated 04/03/24, showed Res #3 gave permission to receive the pneumonia vaccine.There was no documentation in Res #3's medical record the pneumococcal vaccine had been offered and/or administered.3. An undated diagnosis report showed Res #13 had diagnoses which included dementia and Alzheimer's disease.A document titled Consent for Vaccination, dated 10/04/24, showed Res #13 gave permission to receive the pneumonia vaccine.There was no documentation in Res #13's medical record the pneumococcal vaccine had been offered and/or administered.4. An undated diagnoses report showed Res #24 had diagnoses which included dementia and hypertension.A document titled Consent for Vaccination, dated 04/02/25, showed Res #24's representative gave permission for Res #24 to receive the pneumonia vaccine.There was no documentation in Res #24's medical record the pneumococcal vaccine had been offered and/or administered.On 09/10/2025 12:02 p.m., the IP was asked if residents were offered and/or administered pneumonia vaccines upon admission if they were eligible. The IP stated they were new to the IP position and were not knowledgeable of the policy. They stated they were not sure if the pneumonia vaccine had been offered and/or administered to Res #3, 4, 13, and #24.On 09/10/2025 12:45 p.m., the IP stated they could not locate any documentation of Res #3, 4, 13, and #24 ever having been offered or received the pneumonia vaccine. They stated they were not aware the policy showed residents should have been assessed, offered, and administered the vaccine within 30 days of admission until now.

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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. 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, andb. 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 themself 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 themself 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 (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was asked about care plan updates and lift assessments. The DON stated they were working on getting them all caught up.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to ensure food items were properly sealed, dated, and labeled in the dry storage area, freezers, and refrigerators in the kitchen.The DON reported 47 residents received services from the kitchen.Findings:On 09/08/25 at 10:04 a.m., the following items were observed in the dry storage area:a. 1 opened, undated paper package of pancake mix, not secured in airtight package, b. 1 opened undated package of rice,c. bulk container of cereal, not labelled or dated, andd. bulk container of rice, not labelled or dated.On 09/08/25 at 10:08 a.m., a opened, undated package of frozen biscuits in a plastic bag that was not labelled was observed in the upright freezer: On 09/08/25 at 10:10 a.m., the following items were observed in the upright refrigerator on the far right of the back wall in the kitchen:a. two trays of drinking glasses, filled with liquid, not covered or labelled, b. an undated, unlabeled metal bowl with foil covering. The staff stated it was Jello that was made over the weekend,c. a container of Jello, dated 9/03, without a use by date indicated. A policy Food Receiving and Storage, revised October 2017, read in part, Dry foods that are stored in bins will be removed from original packaging, labeled and dated . all foods stored in refrigerator or freezer will be covered, labeled and dated On 09/08/25 at 1:20 p.m., the dietary manager was asked about food storage, labelling and dating. The dietary manager stated items should be labeled and dated. The dietary manager stated they had not thought about covering open glasses since they were prepared for the next meal, but understood things could fall into them from shelves above or when setting them out. The dietary manager was asked about labelling of dry storage containers and items that were opened such as the pancake mix, being in sealed containers. The dietary manger stated they did not realize the open mix was not in an airtight container and would fix that. The dietary manager stated dry storage should all be labeled with content and date opened.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to ensure EBP were utilized during urinary catheter care for 1 (#13) of 3 sampled residents reviewed for infection control practices.The DON identified five residents on EBP in the facility and two residents with an indwelling urinary catheter.Findings:On 09/10/25 at 9:48 a.m., LPN #1 was observed performing indwelling urinary catheter care on Res #13. LPN #1 was observed to have worn gloves while performing indwelling catheter care. LPN #1 was not observed to have worn a personal protective gown during the procedure. No PPE was observed inside or near Resident #13's room.An Infection Control/Enhanced Barrier Precautions policy, dated 03/20/24, read in part, EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for residents with any of the following: Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.Indwelling device examples include central lines, urinary catheters, feeding tubes, and tracheostomies.A diagnoses report, dated 09/30/24, showed Res #13 had diagnoses which included malignant neoplasm of prostrate and benign prostatic hyperplasia.A physician order, dated 10/05/24, showed urinary catheter care every shift.A quarterly assessment, dated 07/14/25, showed Res #13 was severely cognitively impaired with a BIMS score of 00. The assessment showed Res #13 had an indwelling urinary catheter.On 9/10/2025 at 10:00 a.m., LPN #1 was asked if any additional PPE should have been worn during the urinary catheter care for Res #13. LPN #1 stated they should have put on a gown because the resident was on EBP. They stated all residents with catheters, peg tubes, and chronic wounds should be on enhanced barrier precautions. LPN #1 stated staff should always wear a gown and gloves during catheter care, changing the catheter, and emptying the catheter.On 09/10/2025 10:15 a.m., the IP stated EBP should have been utilized during care of Res #13's indwelling urinary catheter. The IP stated staff should have worn gloves and a gown while providing care.