STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375331	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunder Care and Rehabilitation	2120 North Broadway Moore, OK 73160

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375331	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunder Care and Rehabilitation	2120 North Broadway Moore, OK 73160

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 0600 Level of Harm - Actual harm Residents Affected - Few	Based on record review and interview, the facility failed to protect residents from neglect and abuse for 2 (#1 and #10) of 4 sampled residents reviewed for neglect and abuse. The administrator identified 115 residents resided in the facility. Findings:An Abuse and Neglect policy, revised 08/12/22, read in part, It is the policy of this facility to maintain an abuse free environment.Mental abuse includes but is not limited to abuse that is facilitated or caused by nursing home staff threatening, demeaning.1.A Quarterly assessment, dated 09/20/25, showed Resident #1 had diagnoses of spina bifida and quadriplegia and a brief interview for mental status score of 12 indicating moderate cognitive impairment. The assessment showed Resident #1 was totally dependent upon staff for all of their care. A Behavior note, dated 09/16/25 at 5 p.m., showed Resident #1 was assisted from the courtyard back into the facility and Resident #1 was extremely mad and screaming loudly at CNA #2 stating they had been outside for over an hour waiting for someone to check on them. Resident #1 stated they would leave that place, nobody liked or cared for them in the facility. RN #1 discovered Resident #1 was mad because CNA #6 on the previous shift took them outside and never returned to bring them back inside. On 10/15/25 at 1:27 p.m., Resident #1 stated they asked to go outside close to 3:00 p.m. shift change, and staff did come outside for smoke time, but they did not check on Resident #1. Resident #1 stated the staff did complete every two-hour check which was when they were found and brought back into the facility at approximately 4:40 p.m.On 10/16/25 at 11:53 a.m., CNA #6 stated they told Resident #1 they only had seven minutes left in their shift when CNA #6 took Resident #1 outside as requested. CNA #6 stated they told CNA #2 Resident #1 was outside during report.On 10/16/25 at 3:29 p.m., CNA #2 stated they were not told Resident #1 was outside and did not know until they were doing every two-hour check and found Resident #1 outside in the courtyard.2. A Quarterly assessment, dated 08/04/25, showed Resident #10 had diagnoses of Guillain-Barre syndrome and obesity, had a brief interview for mental status score of 15 indicating they were cognitively intact. The assessment showed Resident #10 was totally dependent upon staff for bathing, dressing, bed mobility, transfers, and toileting.A Behavior note, dated 10/10/25 at 10:05 p.m., showed that CNA #7 told the nurse it was the last time Resident #10 was going to threaten them. The nurse asked Resident #10 what happened and Resident #10 stated they had asked CNA #7 to clean their buttcrack and CNA #7 responded aggressively yelling can you give me a minute? Resident #10 told CNA #7 not to yell at them like they were one of their [expletive] kids. CNA #7 stated they could be the age of one of their (expletive) kids, (expletive)! Resident #10 stated they would have someone beat CNA #7's (expletive) since Resident #10 was unable to get up. CNA #7 stated they would like to see Resident #10 try.A Final Incident Report Form, dated 10/10/25, showed CNA #7 did speak to Resident #10 in an inappropriate manner and was suspended from assignment. Resident #10 was assessed for distress and would continue to be monitored for distress. Two CNAs confirmed they had witnessed CNA #7 yell and used foul language toward Resident #10. The allegation was substantiated, and CNA #7 was terminated on 10/15/25.On 10/15/25 at 1:18 p.m., Resident #10 stated they were just recently in a verbal altercation, where CNA #7 had called them a (expletive), and told Resident #10 they were going to have someone beat them up. Resident #10 stated CNA #7 yelled at me like I was one of their kids, but [CNA #7] was fired.On 10/16/25 at 10:44 a.m., the administrator stated they were notified of the verbal altercation. CNA #7 was suspended pending investigation and had since been terminated. The administrator stated when they questioned CNA #7 over the phone, they did not deny any of the allegation. The administrator stated staff wrote witness statements after the incident and resident interviews were done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375331	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunder Care and Rehabilitation	2120 North Broadway Moore, OK 73160

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on record review and interview, the facility failed to assess a resident after a fall for 1 (#9) of 6 sampled residents reviewed for assessing, monitoring and intervening for a resident with a change in condition.The administrator identified 115 residents resided in the facility.Findings:An Assessing Falls and Their Causes policy, revised March 2018, read in part, If a resident has just fallen, or is found on the floor without a witness to the event, evaluate for possible injuries to the head, neck, spine, and extremities. Obtain and record vital signs as soon as it is safe to do so.If an assessment rules out significant injury, help the resident to a comfortable sitting, lying, or standing position, and then document relevant details. Notify the residents attending physician and family in an appropriate time frame.A quarterly assessment, dated 08/11/25, showed Resident #9's brief interview for mental status at a 13, indicated they were cognitively intact. The assessment also showed that Resident #9 had a diagnosis of history of stroke, had impairments on one side of their body, and was dependent upon staff for toileting, dressing, transferring, bathing, bed mobility, and personal hygiene. A Health Status note, dated 09/21/25 at 4:38 p.m., showed Resident #9 was transported to the ER related to patient self-reported they rolled out of bed last night and hit left ribs. Resident reported left sided pain and coffee brown emesis.There was no documentation of the fall anywhere in the medical record. A Health Status note, dated 09/23/25 at 2:57 p.m., showed Resident #9 returned to the facility from the hospital with a diagnosis of gastrointestinal bleed.On 10/15/25 at 1:42 p.m., RN #1 stated they sent the resident out because they had complained about pain. RN #1 stated they were not aware of the fall until the resident told them about it.On 10/16/25 at 2:39 p.m., the administrator stated they had investigated the fall and spoke with CNA #4 and #5 that worked during the time frame of the fall. The administrator stated CNA's #4 and #5 stated Resident #9 did fall out of bed and they put them back in bed. CNA's #4 and #5 told the administrator LPN #2 was in the room when they moved the resident back to their bed. The administrator stated they told LPN #2, they were supposed to do an incident report, and then the administrator terminated the LPN #2 probably on the 22nd of September for failing to complete an incident report and follow procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375331	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunder Care and Rehabilitation	2120 North Broadway Moore, OK 73160

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review and interview, the facility failed to administer medication as the physician ordered for 1 (#2) of 3 sampled residents reviewed for medication administration.The administrator identified 115 residents resided in the facility. Findings:An Administering Medications policy, revised April 2019, read in part, medications are administered in accordance with prescriber orders, including any required time frame. An Order Recap Report showed levothyroxine Sodium Oral Tablet 150 MCG for hypothyroidism was ordered to be started on 07/24/25 and was not discontinued until 10/08/24 when the resident discharged .A July medication administration record showed blank areas on 07/26/25 and 07/27/25.On 10/16/25 at 3:18 p.m., the quality coordinator stated they could not find a reason why the 07/26/25 and 07/27/25 levothyroxine dose was not given, but it should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375331	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thunder Care and Rehabilitation	2120 North Broadway Moore, OK 73160

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to maintain an effective pest control program.The administrator identified 115 residents resided in the facility.Findings:A Pest Control policy, revised May 2008, read in part, this facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.A Service Inspection Report, dated 07/24/25, showed cockroach activity was found in room [ROOM NUMBER]'s dresser. The cockroaches were physically removed from the room.A Service Inspection Report, dated 07/31/25, showed light cockroach activity was found in room [ROOM NUMBER] and 405. The cockroaches were physically removed from the room.A Service Inspection Report, dated 08/20/25, showed two baby cockroaches were found in the broom closet. The cockroaches were physically removed from the room.A Service Inspection Report, dated 08/28/25, showed 10 cockroaches were physically removed from a dresser in room [ROOM NUMBER].A Service Inspection Report, dated 09/09/25, showed 10 cockroaches were physically removed from a dresser in room [ROOM NUMBER]. The report showed activity was found behind the refrigerator and underneath baseboards in the kitchen.A Service Inspection Report, dated 09/24/25, showed room [ROOM NUMBER] and 117 had some cockroach activity. One cockroach was removed from room [ROOM NUMBER] and five cockroaches were physically removed from room [ROOM NUMBER]. rooms [ROOM NUMBER] were also treated for cockroaches.On 10/15/25 at 1:18 p.m., Resident #10 stated their room (room [ROOM NUMBER]) was just sprayed due to finding a bed bug in their bed. On 10/15/25 at 1:27 p.m., Resident #1 stated they had seen cockroaches in their room (room [ROOM NUMBER]) about a week ago. On 10/15/25 at 1:38 p.m., CNA #2 smirked, shook their head, and then stated yes there were cockroaches.On 10/16/25 at 11:02 a.m., the administrator stated some residents hoard stuff or kept their stuff in cardboard boxes but get mad when staff tried to help them declutter. The administrator stated the pest guy came out every time they called them and it was not always in the same area, and it was an effective pest control program as a whole, but they had to stay on top of residents that hoard.