STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375335	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windridge Nursing and Rehabilitation Center	2530 North Elm Street Miami, OK 74354

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and interview, the facility failed to ensure a physician provided a rationale for the use of an antipsychotic medication when requested on a pharmacy consultant report for 1 (#5) of 5 sampled residents reviewed for unnecessary medications.The administrator identified 34 residents were prescribed psychotropic medications.Findings:A physician's medication order for Res #5, dated 09/27/24, showed the resident had been prescribed Zyprexa (antipsychotic medication) 5 mg oral tablets to be given to the resident each night at bedtime for the diagnosis of insomnia.A pharmaceutical consultant report for Res #5, dated 04/24/25, read in part, Please evaluate the routine use of the following psychoactive medications and consider a dose reduction. If a dose reduction is not desired, please indicate below a rationale for the continued use. The report showed Res #5 had an order for Zyprexa 5 mg to have been given at bedtime for insomnia. The report showed the pharmacist had noted insomnia was not an approved diagnosis for Zyprexa per CMS - Center for Medicare and Medicaid Services guidelines. In the section on the report where the physician was to address the medication, there was no order for a reduced dose of Zyprexa or a rationale for the continued use of the medication at the current dose.A medication administration record for Res #5, dated December 2025, showed an active order for Zyprexa 5 mg oral tablets for the diagnosis of insomnia with a start date of 09/27/24. The record showed the resident had continued to be administered the medication and received doses on 12/01/25 and 12/02/25.A facility policy and procedure titled The Use of Psychotropic Medications, revision date 12/03/25, read in part, For residents receiving psychotropic medication on admission or prescribed psychotropic medication during their stay, a gradual dose reduction will be attempted at least twice within the first year, in two separate quarters of the year, at least one month apart. The resident's response to the reduction will be documented in the medical record. If a gradual dose reduction results in a return of symptoms, the physician may return the resident to the lowest dose with symptom control. The physician will document the rationale.On 12/03/25 at 1:47 p.m., a medication order audit form was reviewed in Res #5's electronic medical record. The form showed Res #5 had been reordered Zyprexa 5 mg oral tablets on 10/22/24, 11/22/24, 12/23/24, 01/20/25, 02/20/25, 03/21/25, 04/21/25, 05/20/25, 06/18/25, 07/19/25, 08/18/25, 09/16/25, 10/15/25, and 11/11/25.On 12/03/25 at 1:15 p.m. the DON was asked to explain the process for the pharmacy consultation reports. They stated to alert the physician to any issues with the medications that were ordered such as allergies or need to attempt a GDR. The DON was shown the pharmacy consultation report for Res #5, dated 04/24/25, and was asked if the physician had addressed the pharmacist's concerns listed on the report. They stated the physician had not addressed the Zyprexa order and had not provided a rationale for the continued use of the medication. They stated it was the physician's responsibility to attempt the dose reductions per their policy or at least provide a rationale why not. They stated the physician had not followed the facility's policy regarding GDR's.

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