

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Cimarron Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 404 East Cimarron Mannford, OK 74044	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>46582</p> <p>Based on record review and interview, the facility failed to update the care plan related to significant weight loss for one (#9) of two sampled residents reviewed for nutrition.</p> <p>The DON identified 34 residents who resided in the facility.</p> <p>Findings:</p> <p>Resident #9 had diagnoses which included type II diabetes mellitus and senile degeneration of brain.</p> <p>A physician order, dated 11/21/23, documented regular diet with mechanical soft texture.</p> <p>A physician order, dated 11/29/23, documented weekly weights times four weeks and then monthly.</p> <p>An admission assessment, dated 12/04/23, documented the resident was severely cognitively impaired, required setup assistance with eating, and had no weight loss or gain.</p> <p>A care plan, dated 12/05/23, documented the resident had a nutrition problem or potential problem related to diabetes with interventions to weigh per orders, monitor intake, and record every meal.</p> <p>A quarterly assessment, dated 05/03/24, documented the resident was severely cognitively impaired, required supervision with eating, and had weight loss of 5% or more in one month or 10% or more in the last six months and not on a prescribed weight-loss regimen.</p> <p>A Dietician's Recommendation, dated 05/22/24, documented significant weight loss of 10.2% in three months with a recommendation of weekly weights until recovery from weight loss, house supplement three times daily, and an appetite stimulant.</p> <p>A physician order, dated 05/22/24, documented to obtain weight weekly and house supplement with each meal.</p> <p>A physician order, dated 05/22/24, documented Mirtazapine 7.5 mg at bedtime for appetite stimulation.</p> <p>(continued on next page)</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The care plan had not been updated to reflect Res #9's current weight loss and nutritional interventions.</p> <p>On 06/12/24 at 10:49 a.m., the DON stated the care plan should have been updated to reflect Res #9's weight loss and current nutritional interventions.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure meal consumption percentages and weights were documented on a resident who experienced significant weight loss for one (#9) of two sampled residents reviewed for nutrition.</p> <p>The DON identified 34 residents who resided in the facility.</p> <p>Findings:</p> <p>Res #9 had diagnoses which included type II diabetes mellitus and senile degeneration of the brain.</p> <p>A physician order, dated 11/21/23, documented regular diet with mechanical soft texture.</p> <p>A physician order, dated 11/29/23, documented weekly weights times four weeks and then monthly.</p> <p>An admission assessment, dated 12/04/23, documented the resident was severely cognitively impaired, required setup assistance with eating, and had no weight loss or gain.</p> <p>A care plan, dated 12/05/23, documented the resident had a nutrition problem or potential problem related to diabetes with interventions to weigh per orders, monitor intake, and record every meal.</p> <p>A quarterly assessment, dated 05/03/24, documented the resident was severely cognitively impaired, required supervision with eating, and had weight loss of 5% or more in one month or 10% or more in the last six months and not on a prescribed weight-loss regimen.</p> <p>A Dietician's Recommendation, dated 05/22/24, documented significant weight loss of 10.2% in three months with a recommendation of weekly weights until recovery from weight loss.</p> <p>A physician order, dated 05/22/24, documented to obtain weight weekly.</p> <p>Resident #9's Weight Summary documented:</p> <ol style="list-style-type: none"> a. 151.4 pounds on 11/27/23, b. 153.4 pounds on 12/27/23, c. 150.2 pounds on 01/04/24, d. 141.0 pounds on 04/02/24, e. 137.4 pounds on 05/02/24, and f. 137.0 pounds on 06/04/24. <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There were no weights documented from 01/04/24 until 04/02/24 and only one weight documented from 05/22/24 through 06/12/24.</p> <p>There was no documentation of Resident #9's meal consumption amount in May 2024 for:</p> <ul style="list-style-type: none"> a. breakfast on the 23rd, 24th, 27th, 28th, or the 31st, b. lunch on the 15th, 22nd, 23rd, 24th, 27th, or the 31st, and c. dinner on the 16th, 18th, 19th, 22nd, or the 25th. <p>There was no documentation of Resident #9's meal consumption amount in June 2024 for:</p> <ul style="list-style-type: none"> a. breakfast on the 4th or the 5th, b. lunch on the 4th or the 5th, and c. dinner on the 6th or the 7th. <p>On 06/10/24 at 10:30 a.m., CNA #1 stated Res #9 had been eating independently and consumed 75-100% of most meals. They stated Res #9 received double portions with all meals and supplements daily.</p> <p>On 06/12/24 at 10:24 a.m., the DON stated Res #9's weight and meal percentages had not been monitored and documented appropriately and there was no way to ensure proper nutrition had been maintained. They stated every meal should have had the percentage consumed documented.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure the medication error rate was less than 5%. A total of 25 opportunities were observed with two errors. The total medication error rate was 8%.</p> <p>The DON identified 34 residents who received medications in the facility.</p> <p>Findings:</p> <p>1. Res #10 had diagnoses which included diverticulosis, osteoarthritis, and muscle weakness.</p> <p>A physician order, dated 02/19/24, documented buprenorphine sublingual tablet 8 mg - give one tablet sublingually (under the tongue) two times a day for chronic pain.</p> <p>On 06/12/24 at 8:00 a.m., CMA #1 was observed to administer buprenorphine 8 mg to Res #10. CMA #1 did not instruct the resident to place the tablet under their tongue for absorption. Res #10 was observed to swallow the tablet whole.</p> <p>2. Res #32 had diagnoses which included dementia and hypertension.</p> <p>A physician order, dated 05/31/24, documented lisinopril 5 mg tablet - given one tablet by mouth for hypertension - hold if systolic blood pressure is less than 120 or the heart rate is less than 60. The nurse must be notified of held meds.</p> <p>On 06/12/24 at 8:10 a.m., CMA #1 was observed to obtain Res #32's blood pressure and heart rate. Res #32's heart rate was 58. CMA #1 then administered lisinopril 5 mg by mouth to Res #32.</p> <p>On 06/12/24 at 8:58 a.m., CMA #1 was asked if the buprenorphine was given sublingual to Res #10. CMA #1 stated the resident would have chewed the pill up anyway, so they just allowed them to swallow it. They stated not having been aware of the heart rate parameters on the lisinopril for Res #32. They stated the medication should have been held and the nurse notified.</p> <p>On 06/12/24 at 10:30 a.m., PN #1 stated CMA #1 should have given the pain medication the appropriate route and should have held the blood pressure medication according to the heart rate parameters.</p> <p>On 06/12/24 at 11:15 a.m., corporate nurse consultant #1 was made aware of the medication administration observations with CMA #1 and the medication error rate. They stated CMA #1 was new to administering medication and would use this as a learning experience.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</p> <p>Based on observation and interview, the facility failed to ensure expired supplies were removed from the medication/supply storage room.</p> <p>The DON reported 34 residents resided in the facility.</p> <p>Findings:</p> <p>On [DATE] at 10:45 a.m., a tour of the medication/supply storage was conducted with corporate nurse #1.</p> <p>The following supplies were found to be expired:</p> <p>4 NPWT Contour Med TR Kit with an expiration date of [DATE],</p> <p>1 NPWT Contour Med TR Kit with an expiration date of [DATE],</p> <p>1 Box of Covid-19 AG Cards with an expiration date of [DATE],</p> <p>1 Box of Covid-19 AG Cards with an expiration date of [DATE],</p> <p>6 Entraflo H2O 1000ml Feeding/H2O bag pump set with an expiration date of [DATE],</p> <p>1 Entraflo H2O 1000ml Feeding/H2O bag pump set with an expiration date of [DATE],</p> <p>6 Kangaroo Epump Set with flush bag with an expiration date of [DATE],</p> <p>11 Kangaroo Epump Set with flush bag with an expiration date of [DATE],</p> <p>5 V.A.C. Freedom 300ml canister with gel having an expiration date of [DATE],</p> <p>1 V.A.C. Freedom 300ml canister with gel having an expiration date of [DATE],</p> <p>1 box of lubricating jelly packets with an expiration date of [DATE].</p> <p>On [DATE] at 11:00 a.m., Corporate nurse #1 stated the expired supplies should have been removed.</p>		