STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375351	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Health and Rehab	1251 West Houston Broken Arrow, OK 74012

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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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. 30267 Based on observation and interview, the facility failed to secure protected health information for six (Resident #206, #310, #315, #316, and Resident #318) of six residents whose protected health information was observed in a bin secured to the wall outside of a social service office. The administrator identified 113 residents in the facility. Findings: On 06/30/24, during the initial tour, the protected health information for six (Resident #206, #310, #315, #316, and Resident #318) of six residents was observed hand written on six sheets of paper observed in a a wall bin just outside of an office for social services. Each sheet of paper listed a resident's name, room number, sex, diagnoses, insurance, number of skilled nursing days available, hospital admitted , therapy ordered, prior living environment, and the resident's goal for their discharge living environment. On 07/03/24 at 3:50 p.m., the administrator reviewed the documents and stated the records were not secured.

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 35474 Based on observation, record review, and interview, the facility failed to ensure interventions were developed to treat limited range of motion for one (#27) of one sampled residents who were reviewed for limited range of motion. The DON identified 34 residents who had limited range of motion. Findings: Resident #27 had diagnoses which included paralytic syndrome affecting right dominant side. The Care Plan, revised 05/16/24, documented the resident had hemiplegia/hemiparesis of the right side and would remain free of complications through the review date. The quarterly assessment, dated 05/29/24, documented the resident was cognitively intact for daily decision making and had impairment on one side of the upper extremity. The Nsg Admit/Readmit/Quarterly Assessment, dated 06/24/24, documented the resident had limited range of motion to one hand. On 06/30/24 at 9:12 a.m., Resident #27 was observed in their room. Their right hand was observed to be closed with no splints or devices in place. Resident #27 stated they could not fully open their hand. On 07/02/24 at 3:42 p.m., the DON stated the Resident #27 had a contracture to their right hand since admission to the facility. The DON was asked what interventions were in place related to the contracture/limited range of motion for Resident #27. They stated they would need to review the care plan. On 07/02/24 at 3:49 p.m., the DON and MDS coordinator #1 stated Resident #27 had participated in the restorative program, in September 2023, for transfers. On 07/03/24 at 10:54 a.m., the DON stated they had not implemented/developed interventions for the limited range of motion/contracture for Resident #27. The DON stated the charge nurses performed weekly skin assessments and they would expect them to report any contractures or a change in a resident's range of motion.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46703 Based on observation, record review, and interview, the facility failed to assess a resident for continued need of an indwelling urinary catheter for one (#312) of four residents who were reviewed for catheters. The Administrator identified 12 residents with indwelling urinary catheters. Findings: Resident #312 was admitted to the facility on [DATE] with an indwelling urinary catheter and diagnoses which included a displaced intertrochanteric fracture of the left femur. On 06/30/24 at 2:00 p.m., Resident #312 was observed with an indwelling urinary catheter bag draining at bedside. On 06/30/24 at 2:10 p.m., Resident #312 stated they had a urinary catheter since being in the hospital because they couldn't walk to the bathroom. The resident stated they can use a urinal if they had to. On 07/02/24 at 1:56 p.m., LPN # 1 reviewed the resident's medical record and stated they could not find a diagnosis for the indwelling urinary catheter and the Resident #312 should not have one. On 07/02/24 at 2:40 p.m., the DON stated there was not a diagnosis requiring the Resident #312 to have an indwelling urinary catheter.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 35474 Based on record review and interview, the facility failed to ensure residents were monitored for side effects from psychotropic medications for five (#5, 27, 39, 52, and #86) of five sampled residents who were reviewed for unnecessary medications and failed to implement pharmacy recommendations as ordered by the physician for one (#5) of five sampled residents who were reviewed for unnecessary medications. The DON identified 50 residents who received psychotropic medications. Findings: 1. Resident #5 had diagnoses which included depression. The Ace 51 Anti-Depressant-Evaluation of Continued Need v2 form, from the pharmacist, dated 06/28/23, documented to evaluate the use of antidepressants and the resident was ordered Doxepin 50 mg at bedtime. The form read in part, .New Orders Decrease doxepin to 25mg 1 PO q HS . The form documented the physician had provided new orders and the resident's record had not been updated with the current physician orders. The Ace 50 Nurse See Previous Report form from the pharmacist, dated 07/30/23, read in parts, .June UDA indicated a new order to decrease to doxepin 25mg, 1 tab QHS. Nursing section on UDA acknowledges new order was given but indicates resident record was not updated with current physician orders-could not find any doc why reduction not done . The Medication Administration Record, dated August 2023, documented the resident was ordered Doxepin 50 mg at bedtime on 06/14/23 and it had not been discontinued until 08/05/23. The Side Effects Monthly Flow Sheet, dated April 2024, documented side effects for antidepressant medication use was documented six times out of 90 opportunities. The Side Effects Monthly Flow Sheet, dated May 2024, documented side effects for antidepressant medication use was documented two times out of 93 opportunities. The annual assessment, dated 05/23/24, documented an antidepressant medication was received during the look back period. The Side Effects Monthly Flow Sheet, dated June 2024, documented side effects for antidepressant medication use was documented 47 times out of 90 opportunities. The Care Plan, revised 06/05/24, documented the resident received antidepressant medication and staff were to monitor and document side effects/effectiveness every shift. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Progress Note from the nurse practitioner, dated 06/11/24, read in part, .Decrease Lexapro to 5mg PO q day x 14 days then DC . The Medication Administration Record, dated June 2024, documented Resident #5 had received Lexapro 10 mg one tablet daily from 06/01/24 through 06/24/24 and Lexapro 5 mg one tablet daily from 06/12/24 through 06/24/24. On 07/03/24 at 12:16 p.m., the DON reviewed the clinical record and stated the order to decrease the Doxepin for Resident #5 should have been implemented within five days of receiving the physician approved pharmacy recommendation. They stated they did not know why the medication order had not been changed until 08/05/23. The DON stated they did not know why the Lexapro 10 mg tablet had not been discontinued when the physician had ordered Lexapro 5 mg daily for 14 days then discontinue. On 07/03/24 at 3:11 p.m., the DON stated charge nurses were to monitor and document side effects of psychotropic medications every shift on the side effect monitoring flow sheets. They stated they did not know why side effects had not been documented as monitored each shift for Resident #5. 2. Resident #27 had diagnoses which included major depressive disorder and schizoaffective disorder. The Side Effects Monthly Flow Sheet, dated April 2024, documented side effects for antidepressant and antipsychotic medication use was documented six times each out of 90 opportunities. The Side Effects Monthly Flow Sheet, dated May 2024, documented side effects for antidepressant and antipsychotic medication use was documented one time each out of 90 opportunities. The Care Plan, revised 05/16/24, documented to monitor for side effects and effectiveness of psychotropic medications and document every shift. The quarterly assessment, dated 05/29/24, documented the resident had received an antidepressant medication and antipsychotic medication during the look back period. The Side Effects Monthly Flow Sheet, dated June 2024, documented side effects for antidepressant and antipsychotic medication use was documented 48 times each out of 90 opportunities. Review of the clinical record revealed Resident #27 had received an antidepressant and an antipsychotic medication in April, May, and June 2024. On 07/03/24 at 3:11 p.m., the DON stated charge nurses were to monitor and document side effects of psychotropic medications every shift on the side effect monitoring flow sheets. They stated they did not know why side effects had not been documented as monitored each shift for Resident #27. 46703 3. Resident #86 had diagnoses which included bipolar disorder, schizoaffective disorder, depression, and anxiety. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A Care Plan, dated 05/17/24, documented to administer medication as directed and monitor/document for side effects and effectiveness. The Side Effects Monthly Flow Sheet, dated June 2024, documented side effect monitoring for antianxiety medication use was documented seven times out of 90 opportunities. The Side Effects Monthly Flow Sheet, dated June 2024, documented side effect monitoring for antipsychotic medication was documented six times out of 90 opportunities. The Side Effects Monthly Flow Sheet, dated June 2024, documented side effect monitoring for antidepressant medication was documented six times out of 90 opportunities. 42171 4. Resident #39 had diagnoses which included anxiety disorder and depressive disorder. The Care Plan, dated 05/28/24, documented to administer antidepressant medications as ordered and to document side effects every shift. The five-day Medicare assessment documented the resident received antidepressant and antianxiety medications during the look back period. The Side Effects Monthly Flow Sheet, dated April 2024, documented side effects for antidepressant medication use was documented six times out of 90 opportunities. The Side Effects Monthly Flow Sheet, dated May 2024, documented side effects for antidepressant medication use was documented one time out of 93 opportunities. The Side Effects Monthly Flow Sheet, dated June 2024, documented side effects for antidepressant medication use were documented 51 times out of 90 opportunities. The Side Effects Monthly Flow Sheet, dated April 2024, documented side effects for antianxiety medication use was documented six times out of 90 opportunities. The Side Effects Monthly Flow Sheet, dated May 2024, documented side effects for antianxiety medication use was documented one time out of 93 opportunities. The Side Effects Monthly Flow Sheet, dated June 2024, documented side effects for antianxiety medication use was documented 51 times out of 90 opportunities. 30267 5. Resident #52 had diagnoses which included recurrent depressive disorder, bipolar disorder, anxiety, dementia, and inappropriate sexual behaviors. The care plan, revised 02/24/23, documented the resident had diagnoses of bipolar disorder and anxiety and to administer medications as ordered and monitor/document side effects and effectiveness. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The care plan, revised 08/25/23, documented the resident was to receive a psychotropic medication as ordered by the physician and to monitor for side effects and effectiveness every shift. The Side Effects Monthly Flow Sheet, dated April 2024, documented side effects for antidepressant and antipsychotic medication use was documented 22 of 90 opportunities for the antidepressant and 23 of 90 opportunities for the antipsychotic. The Side Effects Monthly Flow Sheet, dated May 2024, documented side effects for antidepressant and antipsychotic medication use was documented 21 of 93 opportunities for the antidepressant and 21 of 93 opportunities for the antipsychotic. The care plan, revised 05/31/24, documented the resident was to receive antidepressant medications as ordered by the physician and to monitor and document side effects and effectiveness every shift. On 07/03/24 at 3:11 p.m., the DON stated charge nurses were to monitor and document side effects of psychotropic medications every shift on the side effect monitoring flow sheets. The DON stated they did not know why side effect monitoring was not documented for resident #52.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42171 Based on observation, interview and record review, the facility failed to ensure: a. The temperature of the second-floor medication room was documented. b. The temperature of the second-floor medication refrigerator was documented. C. Treatment/medication carts were locked when unattended. The administrator reported the census was 120. Findings: A facility policy titled Medication Storage in the Facility dated 01/01/15, read in part, .The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications . Medications and biologicals are stored at their appropriate temperatures and humidity .Room temperatures: 59 F - 77 F .Refrigeration 36 F - 46 F .the facility should maintain a temperature log in the storage area to record temperatures at least once a day . a. The upstairs medication room temperature log for June 2024 was reviewed, the temperature of the medication room was documented five times out of 30 opportunities. b. The upstairs refrigeration temperature log for June 2024 was reviewed, the temperature of the refrigerator was recorded six times out of 60 opportunities. c. On 07/03/24 at 8:24 am, an unlocked treatment cart was observed outside of room [ROOM NUMBER]. 07/03/24 at 8:43 am, CMA #3 stated medication and treatment carts should be locked when unattended. 07/03/24 at 9:15 am, LPN #1 stated they were unsure who was responsible for documenting the temperature of the medication room, they also stated medication carts and treatment carts should always be locked. 07/03/24 at 9:20 am, LPN #2 stated the lead CMA is responsible for temperature monitoring, they also stated it did not appear the temperature of the upstairs medication room or the temperature of the upstairs refrigerator had been documented since the first week of June. LPN #2 also stated medication and treatment carts should be locked when not in use. 07/03/24 at 10:25 am, the DON stated the lead CMA was responsible for documenting temperatures and that carts should be locked while staff is away.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. 46703 Based on observation and interview, the facility failed to ensure garbage containers in the food preparation area were covered with lids. The DM identified 112 residents who received services from the kitchen. Findings: On 06/30/24 at 8:04 a.m., a tour of the kitchen was conducted. A large garbage can without a lid was observed next to the metal food preparation table. The garbage can was filled with refuse including food waste from the breakfast meal. Three other large garbage containers without lids were observed beside a refrigerator. On 06/30/24 at 8:10 a.m., [NAME] #1 stated the garbage cans should be covered with lids. On 07/01/24 at 9:30 a.m., the DM stated they did not have a policy regarding refuse containers but, the garbage cans should always be covered with lids.