STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375388	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miami Nursing Center, LLC	1100 East Street Northeast 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 46216 Based on observation, record review, and interview, the facility failed to ensure the physical environment was maintained in good repair. The Nursing Manager identified 73 residents resided in the facility. Findings: APolicy Regarding Triage of Maintance and Repairs undated, read in part, .It is the policy of this facility to maintain the physical plant in a safe and homelike environment .staff to maintain the facility in good repair, and clean and orderly environment . On 04/02/24 at 8:45 a.m., a yellow wet floor sign and a blue bucket were observed to be on the floor in the middle of the dining area near the serving window. The bucket contained approximately one half cup of water. On 04/02/24 at 9:03 a.m., Maintenance #1 stated he guessed the bucket was there so people won't slip and fall. They stated it looked like the water was coming from the ceiling. On 04/02/24 at 9:07 a.m., the CDM stated the roof leaks when it rains. On 04/02/24 at 10:21 a.m., the Maintenance Supervisor stated the roof had last been repaired in September 2023.

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: 375388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Miami Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Street Northeast 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 46216 Based on record review and interview, the facility failed to implement a comprehensive care plan for one (#1) of five residents reviewed for care plans. The DON identified 73 residents resided in the facility. Findings: A Policy and Procedure regarding Resident Care Plan, revised 03/27/17, read in part, .the facility will establish and implement .care plan that will .provide effective and person-centered care of the resident and meets current standards of practice for quality care . A Care Plan, dated 02/16/24, documented, Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. Resident #1 had diagnosis which included stage three pressure wounds. No documentation of wound care being provided was documented prior to to 03/17/24. On 04/03/24 at 8:53 a.m., LPN #2 stated the effectiveness of wound care was documented in the wound assessment. On 04/04/24 at 9:50 a.m., the DON stated they could not find any documented wound observations prior to 03/17/24. On 04/04/24 at 12:06 p.m., the DON read the care plan and stated yes the weekly wound documentation should have been done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Miami Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 East Street Northeast 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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 46216

Based on observation, record review, and interview, the facility failed to:

a. provide pressure ulcer care as ordered by the physician,

b. complete weekly wound observations and measurements and,

c. document refusals in the nursing notes.

The Nursing Manager identified 73 residents resided in the facility.

Findings:

A Policy and Procedure for the Prevention and Treatment of Pressure Ulcers, revised on 08/28/08, read in part, .For individuals who enter the facility with a pressure ulcer, or whose clinical condition demonstrates the development of a pressure ulcer was unavoidable post admission, the facility will strive to provide care and services necessary to promote healing, prevent infection and the development of new ulcers from developing .For individuals identified with risk factors, the facility will develop interventions necessary in an effort to prevent the development of pressure ulcers .The resident has a right to refuse treatment. This shall be documented in the resident's clinical record .The facility will evaluate the ulcer at least weekly, utilizing a flow sheet that notes the location of the ulcer, the stage, presence of eschar, size, color, odor, drainage .

Resident #1 had diagnoses which included quadriplegia and chronic pain syndrome.

A Physician's Order, dated 02/17/24, documented, SSD (silver sulfadizine) external cream 1%, apply to affected areas topically every day shift for skin irritation.

A February TAR, documented the number two on 02/17, 02/18, 02/19, 02/21, 02/25, and 02/26/24. On 02/23, 02/24, 02/27, 02/28, and 02/29/24 the TAR did not have documentation of the treatment being provided.

A Physician's Order, dated 02/29/24, documented, cleanse buttocks with NS, pat dry apply bag balm.

A February 2024 TAR, documented the number nine on 02/29/24.

A March 2024 TAR, doucmented the number two on 03/03 and 03/04/24 and the number nine on 03/05 and 03/06/24.

A Physician's Order, dated 02/29/24, documented, cleanse area to left upper left arm, above elbow, with NS, pat dry, apply medihoney to area, cover with folded ABD pad, secure with tape every evening shift for skin care.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miami Nursing Center, LLC	1100 East Street Northeast 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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A March 2024 TAR, documented the number two on 03/03, 03/04, 03/07, 03/12, and 03/13/24 and on 03/06, 03/08, 03/22, and 03/29/24 documented the number nine. On 03/14 and 03/15/24 the TAR did not have documentation of the treatment being provided. An April 2024 TAR, did not have documentation of the treatment being provided on 04/02/24. A Physician's Order, dated 02/29/24, documented, cleanse area to right ischium with NS, pat dry, apply moistened prisma to open areas, cover with ABD pad, secure with tape every evening shift for skin care. A March 2024 TAR, documented the number two on 03/03 and 03/04/24 and a number 9 on 03/06/24. A Physician's Order, dated 02/29/24, documented, apply skin prep to right thumb every day and evening shift for intact blister. A [DATE] TAR, did not have documentation of the treatment being provided for 23 out of 62 opportunities and documented the number two on 03/04 and 03/07/24. On 04/03/24 at 8:50 a.m., LPN #2 stated if a resident refused treatment it was to be charted in the clinical record. On 04/03/24 at 8:53 a.m., LPN #2 stated the effectiveness of wound care was documented in the wound assessment. On 04/04/24 at 9:50 a.m., the DON stated they could not find any documented wound observations prior to 03/17/24. On 04/04/24 at 9:51 a.m., the DON stated the admit screener documented some wounds but gave no detail. On 04/04/24 at 9:54 a.m, the DON stated the nurse was providing the care but did not do the wound documentation. On 04/04/24 at 11:29 a.m., LPN #1 stated a blank on the TAR meant the treatment was not provided. They stated the number two meant the drug was refused and the number 9 meant other, they stated there should be a progress not for those to explain. On 04/04/24 at 11:42 a.m., LPN #1 stated they found no documentation for the dates listed above. On 04/04/24 at 12:06 p.m., the DON read the care plan and stated yes the weekly wound documentation should have been done.