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	05/21/2025

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide written notice of a room change for 1 (#4) of 3 sampled residents reviewed for room changes. The DON reported the census was 67. Findings: An undated facility policy titled Policy and Procedure for Notification of Changes, read in part, The facility will also notify the resident, and if known, the resident's legal representative or interested family member within 48 hours when there is a change in room or roommate assignment. A resident list report, dated 10/16/24, showed Res #4 resided in room [ROOM NUMBER] bed A. A quarterly assessment, dated 03/15/25, showed Res #4 had a BIMS score (a test for cognitive function) of 0, which was indicative of severe impairment for daily decision making. A resident list report, dated 05/15/25, showed Res #4 resided in room [ROOM NUMBER] bed A. A review of Res #4's medical record did not show Res #4 or their representative had been notified in writing of the room change. On 05/20/25 at 2:25 p.m., the DON stated they did not have documentation showing Res #4 or their representative was given any notice of the room change.

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on record review and interview, the facility failed to provide catheter care as ordered for 1 (#5) of 3 sampled residents reviewed for catheter care. The DON reported the census was 67. Findings: A physician's order, dated 01/30/25, showed staff were to cleanse the area around the suprapubic catheter and the catheter tubing with soap and warm water or normal saline every shift. An annual assessment, dated 02/19/25, showed Res #5 had a BIMS score (a test for cognition) of 15, which was indicative of being cognitively intact for daily decision making. The assessment also showed Res #5 had an indwelling urinary catheter. A treatment administration record, dated 05/2025, showed for the first 17 days of May out of 51 opportunities to provide catheter care it was completed 31 times. The record showed the resident refused 16 times and there was no documentation of catheter care on the evening shift on 05/06/25, the night shift on 05/07/25, or the day shift on 05/10/25. On 05/20/25 at 10:45 a.m., Res #5 stated CNAs never performed catheter care on them. They also stated only one nurse routinely performed catheter care on them and the other nurses did not even ask if they wanted it done. On 05/21/25 at 10:35 a.m., LPN #1 stated Res #5 did not want them to provide care. LPN #1 stated if there was no one else available to provide care they charted Res #5 refused, but they did not go into Res #5's room and ask them. On 05/20/25 at 2:25 p.m., the DON stated nurses should not document the resident refused care if they did not offer the care.

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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 0776 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them. Based on record review and interview, the facility failed to provide imaging services as ordered for 1 (#5) of 3 sampled residents reviewed for imaging services. The DON reported the census was 67. Findings: A physician's order, dated 12/29/24, showed Res #5 had a chest x-ray on 12/29/24. A nurse note, dated 12/29/24 at 7:33 p.m., showed Res #5 informed the nurse they were supposed to have a chest x-ray on 12/27/24 and they never got it. The note also showed the administrator was contacted and they confirmed Res #5 was supposed to have an x-ray on 12/27/24. An annual assessment, dated 02/19/25, showed Res #5 had a BIMS score (a test for cognition) of 15, which was indicative of being cognitively intact for daily decision making. The assessment also showed Res #5 had an indwelling urinary catheter. On 05/20/25 at 10:45 a.m., Res #5 stated they were supposed to have a chest x-ray on 12/27/24 and they did not get it until 12/29/24. On 05/20/25 at 1:50 p.m., the DON stated Res #5 should have had an x-ray on 12/27/24, but the nurse did not put in the order. The DON also stated Res #5 did not get the x-ray until 12/29/24.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to ensure the accuracy of medical records for 1 (#5) of 3 sampled residents reviewed for catheter care. The DON reported the census was 67. Findings: A physician's order, dated 01/30/25, showed staff were to cleanse the area around the suprapubic catheter and the catheter tubing with soap and warm water or normal saline every shift. An annual assessment, dated 02/19/25, showed Res #5 had a BIMS score (a test for cognition) of 15, which was indicative of being cognitively intact for daily decision making. The assessment also showed Res #5 had an indwelling urinary catheter. A Documentation Survey Report V2, dated 05/2025, showed CNA #1 documented they had performed catheter care on Res #5 on 05/05/25, 05/09/25, and 05/16/25. The report also showed CNA #6 had documented they had performed catheter care on Res #5 on 05/07/25, 05/08/25, 05/14/25, and 05/21/25. On 05/21/25 at 9:30 a.m., CNA #6 stated they did not go into Res #5's room. They also stated they did not perform catheter care on Res #5. CNA #6 stated they documented the catheter care was complete because they assumed the nurse had done it. On 05/21/25 at 10:40 a.m., CNA #1 stated they did not perform catheter care on Res #5 on 05/05/25, 05/09/25 or 05/16/25. On 05/21/25 at 1:50 p.m., the DON stated if the CNAs did not perform catheter care they should not have documented they did.