STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375398	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Binger Nursing and Rehabilitation	516 North Broadway Binger, OK 73009

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. 30875 Based on observation, record review, and interview, the facility failed to provide privacy curtains for three (#1, 3, and #4) of four sampled residents reviewed for enteral nutrition. The DON/RN reported four residents resided in the facility with enteral nutrition. Findings: The Enteral Tube Feeding via Syringe (Bolus) policy, read in part, If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room. On 01/22/25 at 1:45 p.m., LPN #1 was observed administering enteral nutrition to Resident #3 and did not provide privacy from their roommate Resident #4. LPN #1 was asked why they did not use privacy curtains and they stated they did not have a privacy curtain to separate the two residents. They were asked if Resident #1 had a privacy curtain. They stated they did not have a privacy curtain. On 01/22/25 at 2:05 p.m., DON/RN was asked about privacy curtains for Resident #1, 3, and #4. They observed the residents' rooms and agreed the rooms did not have privacy curtains. They reported it was the facility policy to have curtains.

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