

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Binger Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation and interview, the facility failed to accommodate resident preferences of handwashing water temperatures for 1 (#10) of 4 resident sinks temped.</p> <p>The director of nursing identified 33 residents resided in the facility.</p> <p>Findings:</p> <p>On 04/16/25 at 12:59 p.m., Resident #10's hot water faucet handle was turned on and the water temperature reached 105.9 degrees F.</p> <p>An annual resident assessment, dated 04/09/25, showed the cognition for Resident #10 was moderately impaired.</p> <p>On 04/16/ at 12:58 p.m., Resident #10 stated, It's as cold as can be.</p> <p>On 04/16/25 at 12:55 p.m., the maintenance director stated some rooms take longer to heat/warm than others.</p> <p>On 04/16/25 at 1:20 p.m., the maintenance director stated to wash their hands it didn't need to be too hot.</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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