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	10/28/2024

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely, quality laboratory services/tests to meet the needs of residents. 30875 Based on record review and interview, the facility failed to obtain routine laboratory values per physician orders for two (#14 and #25) of five sampled residents reviewed for laboratory results. The administrator identified 37 residents resided in the facility. Findings: An undated Laboratory Services policy, read in part, Labs will only be obtained when ordered by the doctor, physician assistant, nurse practitioner, or clinical nurse specialist. 1. Resident #14 had diagnoses which included unspecified atrial fibrillation, essential hypertension, and unspecified dementia. A physician order, dated 04/17/23, documented to obtain labs every six months in May and November for CBC, CMP, lipids, and prealbumin. The resident's clinical record documented no lab results for May 2024. On 10/28/24 at 9:30 a.m., the DON reported it looked like the labs were missed in May 2024. On 10/28/24 at 9:50 a.m., the DON reported they did not have any labs in May. They reported the orders were in the laboratory system for Resident #14's labs to be drawn in November. 2. Resident #25 had diagnoses which included dementia with Lewy Bodies, Parkinson's, and essential hypertension. A physician order, dated 04/12/23, documented to obtain labs every six months in May and November for CBC, CMP, lipids, and PSA. The resident's clinical record documented no lab results for May 2024. On 10/28/24 at 11:44 a.m., the IP nurse reported Resident #25's labs for May 2024, were not in the clinical record and reported they thought after a year the order dropped out of the computer laboratory.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375398	A. Building B. Wing	10/28/2024

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 41873 Based on observation and interview, the facility failed to ensure food and garbage from the kitchen were disposed of properly. The administrator identified 37 residents resided in the facility. Findings: The administrator reported the facility had no policy regarding food and garbage disposal in the kitchen. On 10/22/24 at 7:25 a.m., three large trash cans without lids were observed in the kitchen and two plungers were observed under the dishwashing sink. On 10/28/24 at 11:13 a.m., flies were observed near the back door inside the kitchen area. The dietary manager reported the garbage disposal had been broken for several months which caused the sink to get plugged. They reported a plunger had to be used to unstop it. The dietary manager reported food was disposed of in trash cans which caused them to be very heavy and hard to empty. The dietary manager reported the food in the trash can attracted flies. On 10/28/24 at 11:50 a.m., the administrator reported corporate was aware the garbage disposal in the kitchen was broken and had chosen to not replace it at this time. On 10/28/24 at 1:00 p.m., two large gray uncovered trash cans were observed with filled black trash bags of garbage inside of both. The uncovered trash cans were swarmed with flies. The trash had not been transported to the facility's large metal garbage containers.