STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375415	A. Building B. Wing	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monroe Manor	226 E Monroe Street Jay, OK 74346

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 34270 Based on observation, record review, and interview, the facility failed to notify a resident's physician after a significant loss of weight for one (#2) of three sampled residents reviewed for weight loss. A Resident Listing Report documented 39 residents resided in the facility. Findings: A facility weight policy, undated, documented a resident's weights were to be taken according to the physicians' orders. Resident #2 had diagnoses with included Alzheimer's dementia, nutritional anemia, acquired absence of parts of the digestive tract. A care plan focus, dated 08/22/23, documented the resident had unplanned weight loss related to poor food intake. The care plan had related interventions, dated 08/22/23, that if weight loss continued staff were to contact the physician and dietitian immediately, and if poor consumption over a 48-hour period, the nutritionist would be alerted. A Weights and Vitals Summary document for Resident #2 documented the resident weights 120 lbs. on 12/28/23, 114 lbs. on 01/16/24, 104 lbs. on 01/23/24, and 107 lbs. on 01/25/24. On 01/30/24 at 1:31 p.m., Resident #2 stated they were not aware of weight loss but would appreciate help eating. At 2:59 p.m., the DON stated the physician had not been made aware of the resident's significant weight loss in January 2024. They stated the physician should have been notified.

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