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	07/23/2024

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 42171 Based on record review and interview, the facility failed to ensure a resident experiencing pain received treatment for pain for one (# 1) of four residents reviewed for pain. The administrator reported the census was 38. Findings: Resident #1 had diagnoses which included aftercare following joint replacement surgery and osteoarthritis. A baseline care plan, dated 06/27/24 at 12:34 pm, documented the residents pain level was an eight. A nurse note, dated 06/27/24 at 1:08 pm, documented Resident #1's left knee was swollen, and the resident rated their pain at an eight out of ten. A physician's order, dated 06/27/24 at 1:45 pm, documented Resident #1 could have oxycodone-acetaminophen (a pain medication) 7.5/325mg every six hours as needed for pain. The treatment administration record for June documented the resident received pain medication on 06/28/24 at 3:30 am. A review of the clinical record did not document the physician was contacted regarding the resident's pain level, or that any non-pharmacological interventions had been attempted. On 07/23/24 at 1:00 pm, RN #1 stated the physician should have been contacted or the pharmacy should have been contacted to expedite the medications. On 07/23/24 at 1:05 pm MDS Coordinator #1 stated that the physician should have been contacted or nursing interventions like positioning or ice packs should have been attempted. On 07/23/24 at 1:25 pm, the Administrator stated they were unable to locate a policy related to pharmacy services or pain management. They also stated the medication was not available until the pharmacy company delivered it around 3:00 am.

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