

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Seminole Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 Wrangler Blvd Seminole, OK 74868	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>47751</p> <p>Based on record review and interview, the facility failed to revise a care plan to reflect the resident's current status for one (#2) of three sampled residents whose care plans were reviewed.</p> <p>The admission coordinator identified 95 residents resided in the facility.</p> <p>Findings:</p> <p>Res #2 had diagnoses which included right lower leg fracture, left shin fracture, chronic pain syndrome, and osteoarthritis.</p> <p>A care plan, dated 10/10/24, documented the resident had limited physical mobility and was non-weight bearing.</p> <p>A resident admission assessment, dated 10/14/24, documented the resident's cognition was intact, required substantial assistance with most ADLs, had impairment to both sides of their lower extremities, and reported their pain was almost constantly.</p> <p>A care plan, dated 10/18/24, documented the resident had pain.</p> <p>A physician order, dated 11/19/24 at 3:00 p.m., documented the resident was weight bearing as tolerated.</p> <p>There was no documentation the care plan was revised to reflect the change to weight bearing as tolerated.</p> <p>A physician order, dated 12/20/24 at 9:00 p.m., documented to administer two tramadol (pain medication) 50 mg tablets by mouth every six hours as needed.</p> <p>A physician order, dated 12/20/24 at 10:15 p.m., documented to administer one tramadol 50 mg by mouth every six hours as needed.</p> <p>A December 2024 narcotic count sheet documented on 12/22/24 at 8:30 a.m. and 9:23 p.m. the resident refused their tramadol.</p> <p>(continued on next page)</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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no documentation the care plan was revised to reflect the resident's refusal of their pain medication.</p> <p>On 01/08/25 at 2:38 p.m., the MDS coordinator was asked if the resident's pain medication refusals and their weight bearing status change from non-weight bearing to weight bearing as tolerated should have been updated on their care plan. They stated it should have been updated, but it was not.</p>