STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375434	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heavener Nursing & Rehab	114 West 2nd Street Heavener, OK 74937

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46582 Based on record review and interview, the facility failed to ensure a comprehensive assessment was completed within fourteen days after admission for 2 (#58 and #70) of 2 sampled residents reviewed for assessments. The regional director of operations identified four residents who had been admitted to the facility in the last 30 days. Findings: 1. Res #58 was admitted on [DATE] with diagnoses which included type II diabetes mellitus and bipolar disorder. The clinical record contained no comprehensive admission assessment. 2. Res #70 was admitted on [DATE] with diagnoses which included Parkinson's disease and protein-calorie malnutrition. The clinical record contained no comprehensive admission assessment. On 04/03/25 at 1:20 p.m. the MDS coordinator stated they were behind in completing comprehensive admission assessments. They stated a comprehensive admission assessment for Res #58 and Res #70 had not been completed since admission. The MDS coordinator stated the comprehensive admission assessment for Res #58 and Res #70 should have been completed within 14 days of admission.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition 43023 Based on record review and interview, the facility failed to ensure a significant change resident assessment was completed when a resident was placed on hospice services for 1 (#46) of 2 sampled residents reviewed for hospice services. The MDS coordinator identified 16 hospice residents resided in the facility. Findings: Res #46 admitted to the facility with diagnoses of unspecified dementia, anxiety, and depressive disorders. A physician's order, dated 02/06/25, showed admit to hospice. There was no documentation a significant change resident assessment was completed when Resident #46 began hospice services. On 04/03/25 at 11:49 a.m., the MDS coordinator reported a significant change should have been completed.

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023 Based on record review and interview, the facilty failed to ensure a quarterly assessment was completed for 5 (#23, 27, 40, 41, and #46) of 13 residents sampled for MDS assessments. The regional director of operations identified 65 residents resided in the facility. Findings: 1. Res #23 had an annual assessment dated [DATE]. A quarterly assessment with a reference date of 01/19/25 was not completed. 2. Res #27 had an annual assessment dated [DATE]. A quarterly assessment with an assessment reference date of 01/06/25 was not completed. 3. Res #40 had a discharge-return anticipated assessment dated [DATE] and an entry assessment dated [DATE]. A quarterly assessment with an assessment reference date of 12/11/24 was not completed. 4. Res #41 had a significant change assessment dated [DATE]. A quarterly assessment with a reference date of 02/26/25 was not completed. 5. Res #46 had a quarterly assessment dated [DATE]. A quarterly assessment with a reference date of 01/08/25 was not completed. On 04/03/25 at 1:05 p.m., the MDS coordinator stated they were behind on completing many of the residents' assessments. They stated the quarterly assessments should have been completed within three months of the last assessment.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46582 Based on observation, record review, and interview, the facility failed to ensure a comprehensive care plan was developed: a. upon admission to the facility for 2 (#58 and #70) of 2 residents sampled for new admissions; b. for bed rail use for 2 (#13 and #41) of 2 residents sampled for accidents; and c. for hospice services for 1 (#46) of 1 resident sampled for hospice services. The regional director of operations identified 65 residents resided in the facility. They identified four residents who were admitted in the last thirty days. Findings: 1. Res #58 was admitted on [DATE] with diagnoses which included type II diabetes mellitus and bipolar disorder. The clinical record contained no comprehensive care plan. 2. Res #70 was admitted on [DATE] with diagnoses which included Parkinson's disease and protein-calorie malnutrition. The clinical record contained no comprehensive care plan. On 04/03/25 at 1:29 p.m. the MDS coordinator stated they were behind in developing care plans. They stated a comprehensive care plan for Res #58 and Res #70 had not been completed since admission. The MDS coordinator stated the comprehensive care plans should have been completed within 21 days of admission. They stated Res #58's care plan should have been completed by 03/24/25 and Res #70's care plan should have been completed by 03/25/25. 43023 3. On 04/01/25 at 9:18 a.m., Res #13 was observed resting in bed with their eyes closed. Half rails were observed in use on both sides of the bed. Res #13 admitted to the facility with diagnoses which included cerebral infarction, diabetes mellitus, and unspecified dementia. A care plan, dated 01/2025, showed no documentation of bed rails. On 04/03/25 at 11:50 a.m., the MDS coordinator stated the bed rails should have been care planned. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. On 04/01/25 09:27 a.m., Res #41 was observed resting in bed with their eyes closed. Half rails were observed on both sides of the bed. Res #41 admitted to the facilty with diagnoses which included metabolic encephalopathy and chronic kidney disease. A care plan, dated 02/2025, showed no documentation of bed rails. On 04/03/25 at 11:50 a.m., the MDS coordinator stated the bed rails should have been care planned. 5. Res #46 admitted to the facility with diagnoses which included dementia, anxiety, and depressive disorders. A physician's order, dated 02/06/25, showed to admit to hospice. A care plan, dated 01/2025, did not that show hospice was implemented on the care plan. On 04/03/25 at 11:49 a.m., the MDS coordinator stated the care plan should have been developed to implement hospice.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 33097 Based on observation, record review, and interview, the facility failed to ensure a resident who entered the facility with an indwelling urinary catheter had a physician order and was assessed for the use for 1 (#7) of 1 sampled resident reviewed for the use of an indwelling urinary catheter. The DON identified 11 residents with indwelling urinary catheters. Findings: On 03/31/25 at 1:10 p.m., the resident was lying in a low bed and had a indwelling urinary catheter hanging from their bedside. Resident #7 had diagnoses which included urinary tract infection and diabetes mellitus. A 5 day assessment, dated 02/13/25, showed the resident was cognitively intact and had a BIMS score 12. The assessment showed the resident was always continent of bladder. A treatment administration record/medication administration record for April 2025 did not show catheter care for the resident. There was no current physician order for an indwelling catheter when Resident #7 returned from the hospital on 03/21/25. On 03/31/25 at 1:14 p.m., the resident stated they had the indwelling urinary catheter when they returned from the hospital. The resident stated they were not sure why they had the indwelling urinary catheter. On 04/02/25 at 8:54 a.m., LPN/charge nurse #1 stated the resident returned from the hospital on 03/21/25 with the indwelling urinary catheter. The LPN reviewed the resident's clinical record and stated they could not find a physician order, physician care orders, or a diagnosis for the need of the indwelling urinary catheter. On 04/02/25 at 9:09 a.m., the DON reviewed the resident's clinical record and stated they could not find physician care orders or a diagnosis of the need of an indwelling urinary catheter. The DON stated they were not aware the resident had an indwelling urinary catheter. The DON stated per the facility policy if a resident returned to the facility with a catheter and did not have an order for the catheter, the catheter would be removed within 24 hours.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 46582 Based on record review and interview, the facility failed to provide all monthly medication regimen reviews from January 2024 through February 2025 for 5 (#20, 23, 37, 41, and #49) of 5 sampled residents reviewed for unnecessary medications. The DON identified 65 residents resided in the facility. Findings: A policy titled Monthly Medication Regimen Reviews, revised May 2024, read in part, The Consultant Pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medications. Medication regimen reviews are done upon admission (or as close to admission as possible) and at least monthly thereafter, or more frequently if indicated .Copies of medication regimen review reports, including physician responses, are maintained as part of the permanent medical record. 1. Res #49 was admitted with diagnoses which included dementia and bipolar disorder. A quarterly assessment, dated 11/30/24, showed Res #49 was cognitively intact with a BIMS score of 14 and had no depression or behaviors. The assessment showed Res #49 received antipsychotic, antidepressant, anticoagulant, hypoglycemic, and opioid medications. On 04/01/25 at 1:00 p.m., Res #49's monthly medication regimen reports for January 2024 through February 2025 were requested for review. On 04/02/25 at 2:00 p.m., the corporate regional director of operations provided Res #49's medication regimen review reports for the months of September 2024, October 2024, November 2024, December 2024, and January 2025. On 04/03/25 at 11:04 a.m., the corporate regional director of operations stated they were unable to locate Res #49's medication regimen review reports for the months of January 2024 through August 2024, and February 2025. They stated the reviews should have been completed monthly per policy and kept in the medical record. 43023 2. Res #20 admitted to the facility with diagnoses which included anxiety disorder and major depressive disorder. A care plan, dated 01/2025, showed the resident used antidepressant, antianxiety, and antipsychotic medications, and was at risk for side effects. On 04/02/25 at 2:00 p.m., the corporate regional director of operations provided monthly medication regimen reviews for the months of April 2024, September 2024, October 2024, and November 2024. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Res #23 admitted to the facility with diagnoses which included anxiety, depressive disorders, diabetes mellitus. A care plan, dated 01/2025, showed the resident used anxiety, antidepressant, and antipsychotic medication, and was at risk for side effects. On 04/02/25 at 2:00 p.m., the corporate regional director of operations provided monthly medication regimen reviews for the months of November 2024 and February 2025. They provided three medication regimen reviews with no date of when the pharmacy made the recommendations. 4. Res # 37 admitted to the facility with diagnoses which included anxiety and depression. A care plan, dated 02/2025, showed the resident was at risk for side effects due to antipsychotic and antianxiety drug use. On 04/02/25 at 2:00 p.m., the corporate regional director of operations provided monthly medication regimen reviews for the months of April 2024, June 2024, and September 2024. They provided five medication reviews with no date of when the pharmacy made the recommendations. 5. Res #41 admitted to the facility with diagnoses which included bipolar disorder and depression. A care plan, dated 02/2025, showed the resident was at risk for side effects related to antipsychotic, antianxiety, and antidepressant drug use. The corporate regional director of operations provided monthly medication regimen reviews for the months of April 2024, June 2024, July 2024, September 2024, and October 2024. They provided one medication review with no date of when the pharmacy made the recommendation. On 04/03/25 at 10:00 a.m., the corporate regional director of operations stated they were unable to locate all of the monthly medication regimen reviews for Residents #20, 23, 37, and #41. They stated the reviews should have been completed monthly per policy and kept in the medical record.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 33097 Based on observation, record review, and interview, the facility failed to label and date food items in the walk in refrigerator. The dietary manager identified 65 residents who ate meals prepared by the kitchen. Findings: On 03/31/25 at 10:44 a.m., a kitchen observation was made. The walk in refrigerator had a container with scrambled eggs and two sausage links that were not labeled or dated. There was a container of meat in six plastic bags, with one open to air, that were not labeled or dated. There was a large container not labeled or dated the DM identified as vanilla pudding. A policy titled Food Receiving and Storage, revised October 2024, read in part All foods stored in the refrigerator or freezer will be covered, labeled and dated ('use by' date). On 03/31/25 at 10:50 a.m., the DM stated items in the refrigerator should be labeled and dated.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 33097 Based on observation, record review, and interview, the facility failed to maintain an infection control program for EBPs for 3 (#7, 12, and #70) of 3 sampled residents reviewed for infection control practices. The DON identified 11 residents with indwelling urinary catheters, six residents with wounds, and one resident with a PEG tube. Findings: A policy titled Enhanced Barrier Precautions, dated August 2022, read in part, Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply.Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: .g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator .and h. wound care (any skin opening requiring a dressing). 1. On 04/01/25 at 2:20 p.m., LPN #1 was observed gathering supplies to complete wound care for Resident #7. Upon approaching the resident's room there was no signage posted or PPE available at the door. LPN #1 used gloves for the procedure. LPN #1 did not use EBPs and wear a gown during the wound care. Resident #7 had diagnoses which included cirrhosis of liver, diabetes mellitus, and depressive disorders. An admission assessment, dated 01/06/25, showed the resident was cognitively intact and had a BIMS score of 15. The assessment showed the resident did not have pressure ulcers. A physician order, dated 03/29/25, showed an order for wound care to the coccyx. The order was to clean the wound with normal saline, pat dry, apply collagen, and cover with a dressing every day and as needed. On 04/01/25 at 2:21 p.m., LPN #1 stated they were not aware of additional precautions or PPE required for the resident's wound care. On 04/02/25 at 3:10 p.m., the IP stated EBPs were not being utilized in the facility. The IP stated they were unsure if staff had been educated regarding the use of EBPs. The IP stated signage and PPE should be posted at the door and available to staff and visitors. 2. On 04/02/25 at 2:10 p.m., LPN #2 was observed gathering supplies to complete wound care for Resident #12. The resident's door did not have signage posted for the use of PPE. LPN #2 donned a pair of gloves for the procedure. LPN #2 did not use EBPs and wear a gown for the wound care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #12 had diagnoses which included metabolic encephalopathy, urinary tract infection, and hypertension. A physician order, dated 03/28/25, showed staff were to secure the biliary drainage tube to the resident's abdomen with a large tegaderm to prevent accidental tugging with each split gauze change every day. On 04/02/25 at 2:12 p.m., LPN #2 stated they had heard of EBPs, but was not sure of the requirements. 46582 3. On 04/02/25 at 7:38 a.m., ACMA #1 was observed administering medications to Resident #70 through their PEG tube. ACMA #1 was observed to have worn gloves during the administration of the medications. ACMA #1 was not observed to have worn a personal protective gown during the administration. No PPE was observed outside or near Resident #70's room. Resident #70 was admitted with diagnoses which included protein-calorie malnutrition and gastroesophageal reflux disease. A physician order, dated 03/04/25, showed to administer medications through the PEG tube. 04/02/25 07:45 a.m., ACMA #1 was asked if any additional PPE should have been worn during the administration of medication through Resident #70's PEG tube. ACMA #1 stated they only needed to wear gloves because the resident was not in any kind of isolation. On 04/02/25 at 3:10 p.m., the IP stated EBPs were not being utilized in the facility per policy. They stated all residents with wounds, catheters, PEG tubes, and other indwelling devices should have EBPs in place. The IP stated ACMA #1 should have worn a gown and gloves during the administration of medications through Resident #70's PEG tube. On 04/03/25 at 8:00 a.m., ACMA #1 stated they had never heard of EBPs. They stated the facilty had not educated them on the need to wear a personal protective gown during the care of residents with a PEG tube.