

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Ponca City Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North Waverly Ponca City, OK 74601	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45462</p> <p>Based on observation record review, and interview, the facility failed to maintain an adequate call light system for one (#1) of three sampled residents whose call light systems were observed.</p> <p>The Administrator identified 47 residents resided in the facility.</p> <p>Findings:</p> <p>The Call System, Residents policy, dated September 2022, read in part, .Each resident is provided with a means to call staff directly for assistance from his/her bed .and from the floor .</p> <p>Resident #1 had diagnoses which included other atherosclerotic heart disease, h/o pulmonary embolism, type 2 diabetes, syncope and collapse, and age-related physical debility.</p> <p>Resident #1's care plan, admitted [DATE], documented they were at risk for cardiac instability, impaired respiratory integrity, complications of diabetes, and injury related to a fall.</p> <p>Resident #1's resuscitation status was 'Full Code'.</p> <p>On 07/15/24 at 12:25 p.m., Resident #1 was observed in bed eating lunch unassisted and unattended. No call light was observed in the resident's room connected to the wall system.</p> <p>On 07/16/24 at 9:51 a.m., the Administrator reported the facility call system was removed from Resident #1's room and a two-part doorbell apparatus was being used for Resident #1's call system.</p> <p>On 07/16/24 at 12:10 p.m., the push button part of the apparatus was observed zip-tied to the positioning rail attached to Resident #1's bed and the base was observed plugged in an outlet in the [NAME] nurses' station room at the end of the hall. The push button part of the apparatus could only be assessed by the resident when in bed.</p> <p>On 07/16/24 at 12:15 p.m., LPN #1 was asked to perform a test of Resident #1's call system. It was observed that the doorbell would only chime once when pushed by the resident and repeated chimes would require the resident to be able to repeatedly push the button.</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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/16/24 at 12:45 p.m., the DON was made aware of my observations regarding Resident #1's call system. The DON was asked if the call system in place for Resident #1 would be adequate if the resident fell out of bed or experienced a cardiac, respiratory, or serious hypoglycemic or hyperglycemic event and was not able to repeatedly push the call button. The DON acknowledged it would not.</p>		