

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/06/2026
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to ensure staff utilized personal protective equipment during the provision of catheter care for 1 (#3) of 6 sampled residents reviewed for incontinent care. The DON identified six residents had indwelling urinary catheters. Findings: On 07/01/26 at 5:08 a.m., Resident #3 was observed to have an indwelling urinary catheter in place. CNA #7 was observed wearing gloves to drain the catheter tubing while the resident was seated on the toilet. CNA #7 then placed the urine filled container onto the edge of the sink. CNA #7 was observed to wipe Resident #3's buttock. Using the same soiled gloves, CNA #7 was observed to place a clean brief and pull up the resident's pants. CNA #7 transferred Resident #3 to their recliner. CNA #7 was observed to comb Resident #3's hair. CNA #7 was observed to doff soiled gloves and throw them in the trash. CNA #7 was not observed to change gloves between clean and dirty tasks and was not observed to utilize a gown. CNA #7 was not observed to wash or sanitize their hands after providing incontinent care. A policy titled Catheter Care, Urinary, dated 08/2022, read in part, Preparation 1. Review the resident's care plan to assess for any special needs of the resident. 2. Assemble the equipment and supplies as needed. Equipment and supplies .Personal protective equipment .gowns, gloves, mask, . as needed).A physician's order for Resident #3, dated 07/28/25, read in part, Enhanced Barrier Precautions: Must wear gown and gloves, (mask if warranted) during high contact resident care activity . every shift.A quarterly assessment for Resident #3, dated 06/04/26 showed the resident had a BIMS score of 9 which indicated moderate cognitive impairment, and an indwelling urinary catheter.A care plan for Resident #3, dated 06/04/26, showed the resident had an indwelling urinary catheter. The intervention read in part, Enhanced Barrier Precautions: Must wear gown and gloves, (mask if warranted) during high contact resident care activity, (dressing, bathing, showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting.)On 07/01/26 at 5:20 a.m., CNA #7 stated they were supposed to change toilet tissues after each wipe and change their gloves. On 07/01/26 at 5:35 a.m., LPN #1 stated they did not know when infection control training had been completed.On 07/01/26 at 11:45 a.m., the IP stated they conducted rounds and assisted with wound care. The IP stated they completed continuing education with staff and staff also completed training. The IP stated hands must be washed with soap and water if they were visibly soiled. The IP stated staff could use alcohol-based hand gel after changing their gloves. The IP stated a gown and gloves were to be worn during urinary catheter care.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, record review, and interview, the facility failed to ensure a resident had fluids at bedside for 1 (#30) of 3 sampled residents reviewed for hydration. The administrator identified 88 residents resided in the facility. Findings: On 06/30/26 at 9:50 a.m., no fluids were observed in Residents #30's room. On 07/02/26 at 8:51 a.m., Resident #30 was observed to have a clear, small, plastic cup in their hand with water. A 5-day scheduled assessment for Resident #30, dated 04/08/26, showed a BIMS score of 14, which indicated the resident's cognition was intact for daily decision making. The assessment showed the resident was independent in their ability to eat and drink. On 06/30/26 at 9:50 a.m., Resident 30 stated they drank from the bathroom sink because they did not want to bother staff. They stated staff did not pass ice or water. On 07/02/26 at 8:56 a.m., CNA #2 stated they were to pass ice and water with hourly rounds and at 10:00 a.m. and 2:00 p.m. On 07/02/26 at 9:02 a.m., CNA #4 stated Resident #30 had a maroon cup in their room for fluids. On 07/02/26 at 9:07 a.m., CNA #2 stated they did not see a maroon cup for fluids in Resident #30's room. On 07/02/26 at 9:30 a.m., the DON stated staff were to offer residents fresh ice and water at 10:00 a.m., 2:00 p.m., 8:00 p.m., during meals, and with all resident assistance. On 07/02/26 at 9:31 a.m., the DON stated it was not acceptable for residents to drink from the bathroom sink. They stated Resident #30 was not on a fluid restriction.		