

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Lane Nursing & Ventilator Care		STREET ADDRESS, CITY, STATE, ZIP CODE 400 North Broadway Inola, OK 74036	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34270</p> <p>Based on observation and interview, the facility failed to ensure residents' dignity was maintained when they received care for two (#8 and #38) of three sampled resident reviewed for dignity.</p> <p>The ADON identified there were 43 residents who resided in the facility.</p> <p>Findings:</p> <p>1. Resident #8 had diagnoses which included anoxic brain damage and chronic respiratory failure.</p> <p>On 10/21/24 at 11:44 a.m., RT #1 was observed providing vent care to Resident #8. During the care RT #1 did not close the door, the curtain blocking the doorway, or the curtain between Resident #8 and their roommate Resident #29. After completion of the care RT #1 stated they always left the door open so they could hear if someone called them. They stated they left the curtain open because the resident's roommate liked to have it opened.</p> <p>On 10/21/24 at 1:25 p.m., Resident #29 stated it would not bother them at all if the curtain was closed while Resident #8 received care.</p> <p>2. Resident #38 had diagnoses which included encephalopathy and pressure ulcer of the sacral region, stage four.</p> <p>On 10/22/24 at 8:03 a.m, LPN #2 was observed providing peri-care to Resident #38. During the care the curtain between Resident #38 and their roommate was left open.</p> <p>On 10/22/24 at 8:20 a.m., LPN #2 was asked if anything could have been done different during the care. They stated they should have closed the curtain to maintain Resident #38's dignity.</p> <p>On 10/22/24 at 11:24 a.m., the ADON stated the resident's dignity should always be considered during any type of care. RT #1 and LPN #2 should have closed the doors and curtains.</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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure quarterly MDS assessments were completed for three (#13, 37, and #39) of fourteen sampled residents reviewed for MDS assessments.</p> <p>The ADON stated 43 residents resided at the facility.</p> <p>Findings:</p> <p>A facility policy MDS Completion and Submission Timeframe's, dated October 2010, read in part, Our facility will conduct and submit resident assessments in accordance with current federal and state submission time frame.</p> <p>A review of resident records for quarterly MDS assessments found that Residents #13, 37, and #39 assessments were past the creation and submission dates.</p> <p>On 10/22/24 at 12:48 p.m., MDS Coordinator #1 stated they had reviewed the records and found the quarterly MDS assessments for the three residents were indeed late. They stated the quarterly assessments had not been started and that was their mistake.</p> <p>On 10/22/23 at 1:53 p.m., the ADON stated all the MDS assessments needed to be done timely and the assessments not having been started was a violation of their policy.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>34270</p> <p>Based on observation, record reviewed, and interview, the facility failed to ensure a resident's use of devices for contractures to prevent worsening was care planned for one (#8) of two sampled residents reviewed for positioning.</p> <p>The ADON stated 43 residents resided at the facility.</p> <p>Findings:</p> <p>Resident #8 had diagnoses which included contracture and unspecified hand and coma.</p> <p>A review of Resident #8's care plan, dated 08/14/24, found no documentation regarding the presence or care for hand contractures.</p> <p>On 10/20/24 at 10:46 a.m., Resident #8's hands were observed to be contracted. No devices to protect the hands or prevent further worsening of contractures were observed.</p> <p>On 10/22/24 at 8:21 a.m., Resident #8 was observed to have rolled cloth inside both contracted hands.</p> <p>On 10/22/24 at 1:21 p.m., CNA #6 stated they do keep rolled cloths or carrots (term for a device to place in a persons contacted hand) in the hands of those with contractures. They stated they have to be removed periodically to prevent pain and prevent damage from moisture. They stated they did not know if the use of the devices were care planned.</p> <p>On 10/22/24 at 1:30 p.m., CMA #1 stated they do use carrots or rolled cloth to put in contracted hands. They stated they had taken out some over the weekend before the survey. They were not sure they were in the care plan and just did it from experience.</p> <p>On 10/22/24 at 2:05 p.m., the ADON stated they had reviewed the resident's care plan and physician orders and had found no documentation of the use of carrots for the contractures. They stated the staff did put them in to prevent progression and injury. They stated they are put in and taken out at intervals. They stated the care of the contracture should have been care planned.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42171</p> <p>Based on interview and record review, the facility failed to ensure weekly skin assessments were completed for one (#7) of five sampled residents reviewed for unnecessary medications.</p> <p>The ADON identified 43 residents resided in the facility.</p> <p>Findings:</p> <p>A Pressure Ulcer Risk Assessment policy, revised 10/10, read in part .Skin Assessment. Skin will be assessed for the presence of developing pressure ulcers on a weekly basis or more frequently if indicated . Nurses will conduct skin assessments at least weekly to identify changes .</p> <p>Resident #7 had diagnoses which included paraplegia and pressure ulcer of the sacral region.</p> <p>A physician's order, dated 11/18/19, documented skin assessments were to be completed every week on Thursday.</p> <p>A review of Resident #7's EHR documented weekly skin assessments 08/29/24 through 10/10/24.</p> <p>On 10/22/24 at 10:10 a.m., the ADON stated skin assessments for Resident #7 that were completed prior to 08/29/24 could not be located.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure RN coverage for eight consecutive hours, seven days per week.</p> <p>The ADON identified 43 residents resided in the facility.</p> <p>Findings:</p> <p>A PBJ Staffing Report, dated 04/01/24 through 06/30/24, did not document any RN hours for 04/06/24, 04/07/24, 04/20/24, 04/27/24, 04/28/24, 05/05/24, 05/11/24, 05/12/24, 05/18/24, 05/19/24, 05/26/24, 05/27/24, 06/01/24, 06/02/24, 06/08/24, 06/09/24, and 06/16/24.</p> <p>On 10/22/24 at 8:25 a.m., the interim administrator stated they did not have documentation of RN coverage for those dates.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure AIMS assessments were completed for a resident receiving an antipsychotic medication for one (#7) of five sampled residents reviewed for unnecessary medications.</p> <p>The ADON identified two residents received antipsychotic medications.</p> <p>Findings:</p> <p>An undated facility policy titled Monitoring of Anti-Psychotics read in part, .Upon initiation of antipsychotic medication therapy .and every three months thereafter, the Abnormal Involuntary Movement Scale (AIMS) or similar test is administered to the resident. The results, and actions taken in response to the results, are recorded in the resident's medical record .</p> <p>Resident #7 had diagnoses which included unspecified psychosis and anxiety disorder.</p> <p>A physician's order, dated 03/25/24, documented Resident #7 was to receive quetiapine fumarate (an antipsychotic medication) 12.5 mg by mouth every evening.</p> <p>A care plan, dated 09/13/24, documented Resident #7 was receiving an antipsychotic medication and AIMS assessments should be completed according to the facility protocol.</p> <p>A review of Resident #7's EHR indicated an AIMS assessment had been completed on 08/28/24.</p> <p>On 10/22/24 at 11:45 am, the ADON stated no other AIMS assessments could be located for Resident #7.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34270</p> <p>Based on observation and interview, the facility failed to:</p> <p>a. ensure a LPN washed or disinfected their hands while providing wound care to one (#38) of two sampled residents reviewed for wound care; and</p> <p>b. have a waterborne pathogen plan.</p> <p>The ADON identified 43 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #38 had diagnoses which included, pressure ulcer of the sacrum, stage four.</p> <p>On 10/22/24 at 8:03 a.m., LPN #2 was observed providing wound care to Resident #38. During wound care LPN #2 was observed repeatedly changing gloves after each step of the process, but failed to wash or disinfect their hands between dirty and clean steps. This resulted in LPN #2 potentially contaminating each set of new gloves after removing the old gloves that came into contact with the resident's body, the wound, and each contaminated wound care product they had used.</p> <p>On 10/22/24 at 9:17 a.m., LPN #2 was asked how often they had washed or disinfected their hands during Resident #38's wound care. They stated, Not one time.</p> <p>On 10/22/24 at 11:53 a.m., the ADON stated during any type of care the staff member must remove their gloves, clean their hands, and replace their gloves before proceeding to the next step. They stated stated LPN #2 had not provided care properly and risked spreading infections. They stated that was not good practice.</p> <p>On 10/23/24 at 9:51 a.m., the administrator stated after searching records they did not believe there was a working waterborne pathogen plan in place. They stated they would contact the maintaince supervisor to be sure.</p> <p>On 10/23/24 at 10:13 a.m., the ADON stated there was no waterborne pathogen plan in place.</p>		