

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Norman, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Rambling Oaks Drive Norman, OK 73072	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387</p> <p>Based on record review and interview, the facility failed to ensure dependent residents were showered for one (#3) of three sampled residents reviewed for ADLs.</p> <p>The administrator identified 39 residents resided in the facility.</p> <p>Findings:</p> <p>Res #3 admitted to the facility on [DATE] with diagnoses which included spinal stenosis, back pain, and dementia.</p> <p>Record review documented Res #3 did not receive a shower from 09/12/24 to 09/17/24.</p> <p>An admission MDS, dated [DATE], documented Res #3 was cognitively intact and required moderate assistance with hygiene/bathing.</p> <p>On 12/02/24 at 11:30 a.m., the DON stated Res #3 was to receive their showers on Tuesdays, Thursdays, and Saturdays.</p> <p>On 12/02/24 at 2:02 p.m., the DON stated they were unable to locate documentation Res #3 received a shower on 09/14/24.</p> <p>On 12/02/24 at 3:07 p.m., the DON stated Res #3 should have received their shower on 09/14/24.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387</p> <p>Based on observation, record review, and interview, the facility failed to ensure physician orders were followed for tube feeding administration and removal of a Foley catheter for one (#4) of three sampled residents reviewed for physician orders.</p> <p>The administrator identified 39 residents resided in the facility.</p> <p>Findings:</p> <p>A facility TUBE FEEDING policy, revised 04/2024, read in part, The physician or nurse practitioner should be notified if tube feeding amount not infused as ordered.</p> <p>Res #4 admitted to the facility on [DATE] with diagnoses which included rectal cancer.</p> <p>A physician order, dated 11/15/24, documented to provide catheter care every shift and PRN.</p> <p>A physician order, dated 11/17/24, documented to administer Jevity 1.5 Cal at 65 ml/hr via g-tube every shift for feeding.</p> <p>An admission MDS, dated [DATE], documented Res #4 was moderately cognitively impaired, had an indwelling catheter, and received greater than half of nutritional intake through a feeding tube.</p> <p>An office visit physician note, dated 11/27/24, read in part, Okay for trial of void with removal of Foley catheter per [their] skilled nursing facility with replacement of the indwelling urinary catheter if [they] are unable to void.</p> <p>A physician order, dated 11/27/24, documented to administer Jevity 1.5 Cal at 65 ml/hr via g-Tube every night shift for feeding. The order documented the feeding was to be on for 12 hours and off for 12 hours. The order was documented to start on 11/28/24.</p> <p>A MAR/TAR for November 2024 documented a blank for the PM administration of the Jevity on 11/27/24.</p> <p>A MAR/TAR for November 2024 documented Res #4 refused the tube feeding on 11/28, 11/29, and 11/30.</p> <p>A MAR/TAR for December 2024 documented Res #4 refused the tube feeding on 12/01.</p> <p>On 12/02/24 at 8:09 a.m., Res #4 was observed in their bed. A full bag of tube feeding formula was observed hanging from a pump pole near the bed. The bag was not labeled or dated. The connection end of the feeding was observed with an accumulation of dried and crusted formula. The resident stated the feeding had been discontinued. The resident was observed with a Foley catheter bag hanging from the bedside with approximately 100 ml of clear yellow urine in the collection bag. The resident denied concerns related to the catheter.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/02/24 at 10:10 a.m., Res #4 was again observed in their bed. The tube feeding formula was still at bedside untouched. The resident stated it had been discontinued a few nights ago because they were now eating solids.</p> <p>On 12/02/24 at 11:07 a.m., the ADON stated the physician was aware the resident was refusing their feeding. They stated as long as the resident consumed 80-100% of their meals the physician was okay with the refusal.</p> <p>On 12/02/24 at 12:45 p.m., Res #4 stated the catheter had not been removed for a voiding trial. They stated they were unaware the physician had ordered it.</p> <p>On 12/02/24 at 12:46 p.m., LPN #2 stated the Foley catheter had not been removed for a voiding trial. They stated there should be documentation in the progress notes regarding notification of the physician of refusal of the tube feeding. They stated there was not an order to hold or okay the refusal if Res #4's intake was 80% or greater.</p> <p>On 12/02/24 at 3:00 p.m., the DON stated the blank on the MAR/TAR indicated the tube feeding was not done. They stated there should have been documentation of physician notification in the progress notes related to the refusal of the tube feeding. They stated the Foley catheter should have been discontinued for a voiding trial.</p>