

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/11/2024
NAME OF PROVIDER OR SUPPLIER  Chandler Therapy & Living Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  601 West 1st Street Chandler, OK 74834	

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 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>43023</p> <p>Based on record review and interview, the facility failed to follow physician's orders for one (#2) of three sampled residents reviewed for medications.</p> <p>The administrator identified 40 residents resided in the facility.</p> <p>Findings:</p> <p>Res #2 was admitted to the facility with diagnoses which included of anxiety disorder, hypertensive heart disease, and unspecified dementia.</p> <p>A physician's order, dated 08/07/24, documented to hold Ativan (benzodiazepine medication) for now and call if behaviors resume.</p> <p>A medication regimen review, dated August 2024, documented the resident was administered Lorazepam (Ativan) on 08/15/24 at 8 a.m. and 4 p.m., 08/16/24 at 8 a.m. and 4 p.m., 08/24/24 at 4 p.m., and 08/25/24 at 8 a.m. and 4 p.m. The resident's record did not contain documentation the order was resumed or the resident had any behaviors.</p> <p>On 10/11/24 at 2:02 p.m., the DON was shown the August 2024 medication administration record and asked if the facility had a physician's order to resume the lorazepam. They stated the medication hold probably fell off. The DON was unable to find an order to resume the lorazepam.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>43023</p> <p>Based on record review and interview, the facility failed to ensure a PRN order for an antianxiety medication had a 14 day stop date for one (#3) of three sampled residents reviewed for medications.</p> <p>The administrator identified 40 residents resided in the facility.</p> <p>Findings:</p> <p>Res #3 was admitted to the facility with diagnoses which included anxiety disorder, insomnia, unspecified dementia.</p> <p>A physician's order, dated 09/05/24, documented Xanax (benzodiazepine medication) Oral Tablet. Give 1 tablet by mouth every 8 hours for anxiety. The order did not document a stop date.</p> <p>On 10/11/24 at 2:02 p.m., the DON stated the medication should have had a stop date.</p>