

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Marlow Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 702 South 9th Marlow, OK 73055	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>34333</p> <p>Based on observation, record review, and interview, the facility failed to provide a warm and comfortable environment for one (#2) of three residents reviewed for a comfortable and homelike environment.</p> <p>The administrator reported 40 residents resided in the facility.</p> <p>Findings:</p> <p>A Safe and Homelike Environment policy, dated 2023, documented in part, .In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment .Comfortable and safe temperature levels .comfortable for the residents .If and when a resident prefers his or her room temperature be kept below 71 degrees .or above 81 degrees .the facility will assess the safety of this practice on the resident .</p> <p>Resident #2 had diagnoses which included cellulitis bilateral lower limbs, diabetes, chronic pain, osteoarthritis, polyneuropathy, and coronary artery disease.</p> <p>On 10/22/24 at 10:56 a.m., Resident #2 reported their room was too cold and had been for a long time. The resident stated they understood their medical conditions caused poor circulation, resulting in them being colder than normal, but would like their room to be warmer. The resident was observed to have a digital thermostat in their room that read 74 degrees at that time. The resident stated they currently had a blanket covering the air vent on the floor because the vent wouldn't close. The resident stated staff encouraged them to use more blankets to stay warm but stated this was uncomfortable on their legs.</p> <p>On 10/22/24 at 11:32 a.m., the administrator stated they had not been at the facility long but would check to see what had been done to make the resident's room warmer.</p> <p>On 10/22/24 at 11:55 a.m., the Ombudsman reported they had talked with Resident #2 and the previous administrator many times regarding their room being too cold. The Ombudsman stated he was aware staff encouraged the resident to use more blankets but this was uncomfortable for the resident.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/22/24 at 12:50 p.m., maintenance staff was observed to have a replacement air vent for Resident #2's room. Maintenance reported the old vent was completely covered with a blanket and boxes stacked on top, so they didn't think much air had been coming from the vent.</p> <p>On 10/23/24 at 12:15 p.m., the administrator reported Resident #2 had been offered a different room on several occasions but they had refused to change rooms. The administrator reported they would follow up with Resident #2 to see if there was improvement in the room temperature after the air vent was replaced, and would look into other options to make the room warmer for the resident.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>34333</p> <p>Based on record review and interview, the facility failed to review and revise care plans, and to include the resident or their representative in care plan meetings, for one (#2) of three residents reviewed for care plans.</p> <p>The administrator reported 40 residents resided in the facility.</p> <p>Findings:</p> <p>A Care Plans, Comprehensive Person-Centered policy, dated December 2016, documented in part, .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .The IDT includes .The resident and the resident's legal representative (to the extent practicable) .Participate in the planning process .Request meetings .Request revisions to the plan of care .</p> <p>Resident #2 had diagnoses which included cellulitis bilateral lower limbs, diabetes, chronic pain, osteoarthritis, polyneuropathy, and coronary artery disease.</p> <p>A care plan for Resident #2, dated 03/31/23, documented in part, .therapy will evaluate and treat as per orders from MD .Please see therapy individualized care plan for specific therapy goal and interventions . Role(s) - Restorative Nursing Assistant, Therapy . The care plan was not updated to indicate restorative therapy was not available.</p> <p>An occupational therapy progress note, dated 09/13/24, documented, Resident approached to discuss participating in Part B service for Physical therapy, due to his 6 month check since last therapy discharge. Resident adamantly declined stating, I have other stuff in the works with the VA for exercise. Acting DON notified of refusal of evaluation. EDU provided and he verbalizes understanding.</p> <p>On 10/22/24 at 10:56 a.m., Resident #2 reported they didn't have a care plan, or at least not an official care plan. The resident reported they didn't remember the last time they were included in a care plan meeting. The resident reported they had restorative therapy in the past and would like to have this service again. The resident stated they had told facility staff they wanted restorative therapy.</p> <p>An updated care plan for Resident #2, dated 10/22/24, did not address the resident's request to have restorative therapy.</p> <p>On 10/22/24 at 11:32 a.m., the administrator reported the facility did not have a restorative program and this service was not available to the residents. The administrator reported they had not been at the facility long, and reported they had not been having care plan meetings. The administrator stated they didn't know when care plan meetings had last been conducted and was not aware of any currently being scheduled.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>34333</p> <p>Based on observation, interview, and record review, the facility failed to provide showers as scheduled and/or requested for two (#1 and #3) of three residents reviewed for assistance with bathing and hygiene.</p> <p>The administrator reported 40 residents resided in the facility.</p> <p>Findings:</p> <p>An Activities of Daily Living (ADLs), Supporting policy, dated March 2018, documented in part, .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently .including appropriate support and assistance with .hygiene (bathing, dressing, grooming, and oral care) .</p> <p>1. On 10/22/24 at 2:05 p.m., Resident #1 was observed in their room lying in bed. The resident was observed to have facial hair and needed a shave. The resident was not sure when they had last had a shower or bath.</p> <p>Resident #1's Shower Sheets were reviewed for 09/11/24 through 10/17/24. The forms documented the resident refused a shower on 09/11, 09/13, 09/20, 09/23, and 09/25/24. The forms documented the resident received a shower on 09/16, 09/18, 09/27, 09/30, 10/08, 10/10, and 10/17/24. There were no shower sheets provided for 10/18/24 through 10/22/24.</p> <p>2. On 10/22/24 at 12:35 p.m., Resident #3 reported they were not getting showers as scheduled. The resident reported they were supposed to get a shower on Monday, Wednesday, and Friday. The resident reported they were given a shower the previous day but not as scheduled the previous week. The resident stated sometimes the facility had an extra shower aide but often they would get pulled from giving showers to work the floor.</p> <p>Resident #3's Shower Sheets were reviewed for 09/11/24 through 10/16/24. The forms documented the resident received a shower on 09/11, 09/13, 09/16, 09/18, 09/20, 09/23, 09/25, 09/27, 09/30, 10/02, 10/09, 10/11, 10/14, and 10/16. The forms documented the resident refused a shower on 10/04. There were no shower sheets provided for 10/17 through 10/22/24.</p> <p>On 10/22/24 at 11:28 a.m., CNA #1 reported the CNAs filled out a Shower Sheet every time they gave a bath or shower. The CNA stated they gave the forms to the charge nurse for review, and the charge nurse then gave them to the DON for review.</p> <p>On 10/22/24 at 2:49 p.m., CNA #2 reported staffing was usually adequate for the resident census. The CNA stated the aides assisted each other as needed to provide appropriate care for the residents.</p> <p>On 10/23/24 at 12:10 p.m., the administrator reported the CNAs should also be documenting showers and/or baths on the EMR, but showers should be given per the resident's care plan or as requested.</p>		