

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 11/24/2025
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)		
F 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify the appropriate authorities when residents with MD or ID services has a significant change in condition. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the Oklahoma Health Care Authority was notified after a resident received a significant mental health diagnosis for 2 (#9 and #36) of 3 sampled residents reviewed for PASRR assessments. The DON identified 52 residents resided in the facility. Findings: The facility policy titled Member certification for long term care PASRR policy and procedure, revised date 09/01/17, read in part, A significant change in a resident's mental condition could trigger a Level II Resident Review. If such a change should occur in a resident's condition, it is the responsibility of the NF to notify the LOCEU of the need to conduct a resident review. 1. Resident #9's monthly physicians orders, dated 09/01/25, documented resident was admitted on [DATE] with diagnoses which included heart failure, other specified viral diseases, post-polio syndrome, chronic pain, chronic pancreatitis, anemia, renal failure, hypertension, diabetes mellitus, and hallucinations. Additional diagnosis of unspecified psychosis, with effective date of 03/03/25. On 09/24/25 at 10:22 a.m., the MDS coordinator was asked if a Level II PASRR was requested. They stated no. The MDS coordinator was asked if one should have been done. They stated, yes. 2. Resident #36's monthly physicians orders, dated 09/01/25, documented the resident was admitted on [DATE] with diagnoses which included Parkinson's disease, chronic obstructed pulmonary disease, anxiety, depression, hypertension, vascular dementia, hypothyroidism, diabetes mellitus, and hyperlipidemia. The monthly physician's orders, dated 09/01/25, showed Resident #36 with additional diagnoses of Puerperal psychosis and psychotic disorder with an effective start date of 01/03/23. On 09/29/25 at 9:35 a.m., the MDS coordinator was asked if a Level II PASRR was requested. They stated no, but there should have been one.		

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

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 11/24/2025
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to: a. administer medications per physician's orders for 1 (#2) of 5 sampled residents reviewed for unnecessary medications, and b. provide supervision for 1 (#58) of 1 sampled resident reviewed for illicit substance use. The DON identified 52 residents resided in the facility. 1. A behavior note, dated 01/16/25 at 4:56 p.m., showed at 11:30 a.m., Resident #58 was observed in the hallway, walking quickly, and hollering out loud to staff. The note showed the resident proceeded to a housekeeper and inquired about where the tissue box in their room was. The note showed prior to the resident's encounter with the housekeeper, the housekeeping staff had alerted nursing staff about a tissue box that contained what appeared to be a broken glass pipe with a white substance in it. The note showed the tissue box also contained a piece of foil, scissors, and a standard light bulb with a burned area on top of it. The note showed Administration was made aware and was given paraphernalia with what appeared to be an illicit drug substance. A Resident Sign Out sheet, dated before 03/05/25, was not provided by the facility for review. A Resident Sign Out sheet, dated 03/05/25 through 03/21/25, showed Resident #58 signed out on 03/13/25 at 12:31 p.m.; no reason for sign out or sign in time was documented. Resident #58's progress notes showed no documentation that the resident was assessed upon return to the facility for 03/13/25. A Substance Use Disorder policy, dated 03/27/25, showed that residents who leave the facility are assessed upon return for signs/symptoms of substance use and potential overdose. A progress note, dated 04/07/25 at 3:48 p.m., showed the Resident #58 liked to go out of the facility with a friend. A progress note, dated 04/07/25 at 4:08 p.m., showed a drug and alcohol policy signed by Resident #58. A Resident Sign Out sheet, dated 05/01/25 through 05/11/25, showed Resident #58 signed in on 05/04/25 at 6:33 p.m.; no sign-out time was documented. The sheet showed the resident signed in with a visitor and no reason was documented. Resident #58's progress notes showed no documentation that the resident was assessed upon return to the facility on [DATE]. A quarterly assessment, dated 06/17/25, showed Resident #58's cognition was moderately impaired with a BIMS score of 09. The assessment showed the resident was independent with activities of daily living. The assessment showed the resident had a diagnosis of cirrhosis of the liver. A care plan, dated 06/18/25, showed no goals or interventions related to illicit substance use. A Discharge summary, dated [DATE], showed Resident #58 discharged on 07/15/25 due to death in the facility with hospice services. (continued on next page)		

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 11/24/2025
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/24/25 at 9:42 a.m., an APS worker reported they had received a complaint related to Resident #58 being able to leave the facility and go to a convenience store where the resident would meet an unknown person and smoke marijuana. The APS worker reported that the complainant voiced a concern that the resident was not supervised for their safety. On 09/29/25 at 9:29 a.m., the DON reported that residents are allowed to sign out of the facility if they sign out and they let them know where they are going, for the residents' safety. The DON reported the resident should be assessed upon return to the facility. On 09/29/2025 at 9:48 a.m., the ADON reported that no incident report was completed for staff finding drug paraphernalia in Resident #58's room. The ADON reported that the staff did not contact the police, and the paraphernalia was taken from the resident. just took the drug paraphernalia away from the resident; they did not contact the police or do an incident report. On 09/29/2025 at 2:36 p.m., the MDS Coordinator reported they were not doing the care plans at the time of this incident, but they would have added illicit substance use to Resident #58's care plan. On 09/29/2025 at 3:44 p.m., the Administrator reported not being aware of the incident with the drug paraphernalia until the surveyor requested information about the incident. The Administrator reported that a new substance abuse disorder policy was put in place in March of 2025. The Administrator reported that Resident #58 should have been checked out and monitored after the drug paraphernalia was found in the resident's room. The Administrator reported the resident should have had blood work done. The Administrator reported that they should have been notified, and they are not aware of how the drug paraphernalia items were discarded. 2. The monthly physicians orders dated 09/01/25 documented that Resident #2 was admitted [DATE] with diagnoses which included: Type 2 Diabetes Mellitus, paraplegia, Urinary Tract Infection, recurrent clostridium difficile, obesity, chronic pain, major depressive disorder, osteoarthritis, necrotizing vasculopathy, hypertension, end stage renal disease, anemia, gout, mood disorder, dementia and gastroesophageal reflux disease. Resident #2 medications include: Volteran gel topically to legs twice daily. Sertraline 50mg orally daily, Lorazepam 1mg orally three times daily, Phos binder 667mg (2) caps orally three times daily, Fentanyl patch 12mcg replace patch every 72 hours, Midodrine 5mg orally three times daily. Hold if SBP greater than 120 Famotidine 10mg orally daily, Oxycodone 20mg orally three times daily, (continued on next page)		

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 11/24/2025
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Pregabalin 100mg orally three times daily, Apixaban 2.5mg orally twice daily, Donepezil 10mg orally daily and, Allopurinol 50mg, orally once daily on M, W, and F Trazodone 50mg orally daily at bedtime PRN MOM, Maalox, nitroglycerin, benadryl, narcan, zofran, and loperamide, fingerstick blood sugar as needed, and Narcan The significant change MDS dated [DATE] showed residents BIMS score was 12 The facility policy titled, Specific Medication Administration Procedures dated July 2015, read in part, obtain and record any vital signs or other monitoring parameters ordered prior to medication administration. Resident #2's medication administration record dated, 08/01/25, showed Midodrine tab 5mg give 1 tablet orally three times a day for hypotension hold for systolic blood pressure greater than 120 MM/HG. take BP. The August medication administration record showed errors as follows: - a.) 08/01/25, 8:00 a.m., B/P 124/66, midodrine given - b.) 08/07/25, 8:00 a.m., B/P 124/70, midodrine given - c.) 08/07/25, 2:00 p.m., B/P 124/70, midodrine given - d.) 08/07/25, 8:00 p.m., B/P 126/84, midodrine given - e.) 08/16/25, 8:00 p.m., B/P 121/61, midodrine given - f.) 08/24/25, 8:00 p.m., B/P 123/69, midodrine given - g.) 08/25/25, 8:00 a.m., B/P 122/64, midodrine given - h.) 08/26/25, 8:00 a.m., B/P 122/59, midodrine given - i.) 08/26/25, 2:00 p.m., B/P 122/59, midodrine given - j.) 08/30/25, 8:00 p.m., B/P 121/75, midodrine given The September physician's orders dated 09/01/25, showed Midodrine tab 5mg give 1 tablet orally three times a day for hypotension hold for systolic blood pressure greater than 120 MM/HG. take BP. The September medication administration record showed errors as follows: (continued on next page)		

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 11/24/2025
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	k.) 09/01/25, 8:00 a.m., B/P 127/65, midodrine given l.) 09/03/25, 8:00 a.m., B/P 130/62, midodrine given m.) 09/04/25, 2:00p.m., B/P 121/68, midodrine given n.) 09/04/25, 8:00 p.m., B/P 121/68, midodrine given o.) 09/06/25, 2:00 p.m., B/P 124/51, midodrine given p.) 09/07/25, 8:00 p.m., B/P 122/64, midodrine given q.) 09/10/25, 8:00 a.m., B/P 129/63, midodrine given r.) 09/12/25, 8:00 a.m., B/P 125/69, midodrine given s.) 09/21/25, 8:00 p.m., B/P 122/70, midodrine given t.) 09/22/25, 8:00 a.m., B/P 125/49, midodrine given On 09/24/25, at 01:17 p.m., the DON was asked what the policy for monitoring improvement with medication aides was, after being educated on medication errors. The DON stated they will find out and report back. No policy or practice was presented. The DON verified that the medication should have been held per physician's orders.		

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 11/24/2025
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)		
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on record review and interview, the facility failed to provide and document education related to COVID-19 immunizations for 5 (#2, 4, 22, 32, and #48) of 5 sampled residents reviewed for immunizations. The DON identified 17 residents declined the COVID-19 immunization. Findings: 1. Review of Resident #2's COVID 19 Vaccine Series form showed the resident declined the COVID-19 vaccination on 03/29/24. There was no documentation education regarding the COVID-19 vaccine was provided. 2. Resident #4's COVID 19 Vaccine Series form showed the resident declined the COVID-19 vaccine. The record did not contain documentation of a date of having declined the vaccine or education for the COVID-19 vaccine. 3. Resident #22's COVID 19 Vaccine Series form showed the resident declined the COVID-19 vaccine on 06/21/24. The record did not contain documentation of education for the COVID-19 vaccine. 4. Resident #32's COVID 19 Vaccine Series form showed the resident declined the COVID-19 vaccine on 09/18/24. The record did not contain documentation of education for the COVID-19 vaccine. 5. Resident #48's COVID-19 Vaccine Series form showed the resident declined the COVID-19 vaccine on 09/20/24. The record did not contain documentation of education for the COVID-19 vaccine. The facility's policy titled Infection Prevention & Control Manual, dated 10/10/24, read in part, Prior to offering COVID-19 vaccine, residents or residents' representative are provided with education (Fact Sheets) regarding benefits and risks and potential side effects associated with the vaccine, most common side effects at injection site is pain, swelling and redness. On 09/29/25, at 1:50 p.m., the IP stated the facility policy required staff to provide education regarding the COVID-19 vaccinations. The IP confirmed education was not provided to the residents regarding COVID-19 vaccinations.		

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 11/24/2025
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)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, it was determined the facility failed to ensure resident assessments accurately reflected the current status for 1 (#10) of 5 sampled residents reviewed for assessments. The DON identified 52 residents resided in facility. Findings: A facility policy titled MDS Completion and Submission Timeframes, revised date July 2017, read in part, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. A significant change assessment, dated 08/05/25, showed Resident #10 was originally admitted to facility on 10/31/24. The monthly physician's orders, dated 09/01/25, showed current diagnoses included atherosclerotic heart disease, hypokalemia, hypertension, chronic pain, emphysema, type 2 diabetes mellitus, anxiety, sciatica, nicotine dependence, heart failure, hyperlipidemia, stage 3 pressure ulcer of other site, and local infection of the skin and subcutaneous tissue. A progress note from a wound care company, dated 07/24/25, included wound assessments and diagnoses which included:a.) Wound #1, left heel, Chronic stage 3 pressure ulcer acquired on 12/26/24, and b.) Wound #2, right ankle, non-pressure chronic ulcer. A significant change assessment, dated 08/05/25, documented the resident was at risk for pressure ulcers. The assessment did not show a pressure ulcer or a venous ulcer. A care plan was updated with venous ulcer care on 08/19/25. On 09/24/25 at 12:05 p.m., the MDS coordinator was asked to verify Resident #10's assessment did not include a pressure ulcer or venous ulcer. The MDS coordinator stated it was checked as a diabetic foot ulcer.		

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 11/24/2025
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop and implement a care plan for illicit substance use for 1 (#58) of 1 sampled resident reviewed for illicit substance use. The DON identified 52 residents resided in the facility. Findings: A Comprehensive Person-Centered Care Plan policy, dated 12/01/16, showed the care plan should incorporate identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident. A behavior note, dated 01/16/25 at 4:56 p.m., showed at 11:30 a.m., Resident #58 was observed in the hallway, walking quickly, and hollering out loud to staff. The note showed the resident proceeded to a housekeeper inquiring about where the tissue box in their room was at. The note showed just prior to the resident's encounter with the housekeeper, the housekeeping staff alerted nursing staff about a tissue box that contained what appeared to be a broken glass pipe with a white substance in it. The note showed the tissue box also contained a piece of foil, scissors, and a standard light bulb with a burned area on top of it. The note showed administration was made aware and was given paraphernalia with what appeared to be an illicit drug substance. A quarterly assessment, dated 06/17/25, showed Resident #58's cognition was moderately impaired with a BIMS score of 09. The assessment showed the resident was independent with activities of daily living. The assessment showed the resident had a diagnosis of cirrhosis of the liver. A care plan, dated 06/18/25, showed no goals or interventions related to illicit substance use. A Discharge summary, dated [DATE], showed resident discharged from the facility due to death while on hospice services. On 09/29/25 at 9:48 a.m., the ADON reported no incident report was done related to drug paraphernalia. The ADON reported the drug paraphernalia was taken from the resident, and police were not contacted. On 09/29/25 at 3:44 p.m., the MDS Coordinator reported Resident #58's care plan should have included substance abuse after drug paraphernalia was found in the resident's room.		