| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375496 | A. Building<br>B. Wing | 01/30/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Maple Lawn Nursing and Rehabilitation | 800 Arapaho Avenue<br>Hydro, OK 73048 |

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 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | 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.<br><br>Based on record review and interview, the facility failed to designate an RN to serve as the DON on a full-time basis.The administrator identified 39 residents resided in the facility.Findings:An untitled and undated document showed no designated RN as the DON. On 01/21/26 at 12:27 p.m., during entrance conference the administrator stated the facility had not had a DON for about two weeks.On 01/23/26 at 9:23 a.m., RN #1 stated they had put in their resignation in December 2025 and had stayed on until mid-January 2026. They stated they were tired of being a boss. They stated their last day as DON was 01/16/26.On 01/23/26 at 8:16 a.m., the administrator stated the position was posted on a job website and they had reached out to some RNs currently employed to offer the position to them. |

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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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives an accurate assessment.<br><br>Based on observation, record review, and interview, the facility failed to ensure a resident who was not in restraints was not coded for restraints on their MDS assessment for 1 (#18) of 1 sampled resident reviewed for restraints.The MDS coordinator identified six residents had bed rails. Findings:On 01/21/26 at 1:59 p.m., Resident #18 was observed with a quarter bed rail on each side of the head of their bed.An undated Certifying Accuracy of the Resident Assessment policy, read in part, All personnel who complete any portion of the Resident Assessment (MDS) must sign and certify the accuracy of that portion of the assessment.A physician's order, dated 03/27/24, showed Resident #18 could use bed canes (another name for a bed rail]) for repositioning.A care plan, initiated 03/27/24, showed Resident #18 could use bed canes for repositioning.A quarterly resident assessment, dated 11/12/25, showed Resident #18 had diagnoses which included anxiety and epilepsy. The assessment showed the resident's cognition was intact with a brief interview for mental status score of 15. The assessment coded the use of daily bed rails as restraints.On 01/21/26 at 1:59 p.m., Resident #18 stated they used the bed rails for repositioning.On 01/21/26 at 2:31 p.m., the MDS coordinator stated the restraints on the facility matrix were for residents who had any kind of bed rails for positioning. They stated they marked all repositioning bed rails on the MDS assessments as restraints.On 01/29/26 at 1:06 p.m., the ADON stated Resident #18 had grab bars they used for repositioning and transfer assistance.On 01/29/26 at 1:27 p.m., the MDS coordinator stated the facility called the bed rails canes. They stated since the rails did not restrict Resident #18's movement, they were not considered restraints based on the definition on the MDS assessment. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on record review and interview, the facility failed to follow physician's order for obtaining weights for 1 (#1) of 1 sampled resident reviewed for dialysis.The administrator identified one resident resided received dialysis. Findings: An undated Weights policy, read in part, The nursing staff will measure resident weights on admission. If no weight concerns are noted at this point, weights will be measured monthly thereafter or according to the doctors orders.An undated Face sheet showed Resident #1 had diagnosis which included stage 3 chronic kidney disease.A physician's order, dated 10/14/21, showed Resident #1 was to be weighed daily, and notify primary care physician if greater than three pounds weight gain in 24 hours.A Weight Variance Report, dated 07/01/25 through 01/31/26, did not show weights for 12/04/25, 12/07/25, 12/09/25, 12/13/25, 12/14/25, 12/16/25, 12/19/25, 12/20/25, 12/27/25, 12/28/25, 01/03/26, 01/04/26, 01/06/26, 01/07/26, 01/08/26, 01/11/26, 01/13/26, 01/18/26, 01/25/26, 01/26/26, and 01/27/26.On 01/29/26 at 10:09 a.m., the ADON stated Resident #1 was on daily weights due to dialysis, chronic kidney disease, and fluid restrictions.On 01/29/26 at 10:12 a.m., the ADON stated Resident #1 had not been weighed according to physician orders.On 01/29/26 at 10:17 a.m., the administrator stated their expectation for daily weights would be to weigh the resident between 5:00 a.m. and midnight. |

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| F 0698<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe, appropriate dialysis care/services for a resident who requires such services.<br><br>Based on record review and interview, the facility failed to ensure a physician's order was obtained for dialysis for 1 (#1) of 1 sampled resident reviewed for dialysis.The administrator identified one resident received dialysis.Findings:An undated Management and Care of the Hemodialysis Resident policy, read in part, All hemodialysis residents will have physician orders for care and monitoring.Orders will be obtained to reflect where the dialysis will take place, to check for thrill and bruit each shift, and to monitor for bleeding upon return from dialysis.Obtain orders for the days of dialysis, where the dialysis will take place and to monitor upon return.An undated Face sheet showed Resident #1 had diagnosis which included stage 3 chronic kidney disease.A Care Plan, dated 11/05/25, read in part, I will be going out of facility every Monday, Wednesday, and Friday for dialysis.A review of Resident #1's physician orders for January 2026 showed no order for Resident #1 to have dialysis, or where the dialysis was to take place.On 01/29/26 at 9:57 a.m., the ADON stated there was no physician's order for Resident #1 to have dialysis.On 01/29/26 at 10:16 a.m., the administrator stated they would assume there would be an order for dialysis. They stated the MDS coordinator would better be able to answer that.On 01/29/26 at 10:21 a.m., the MDS coordinator stated there should be an order on the medication administration record. |

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| F 0883<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement policies and procedures for flu and pneumonia vaccinations.<br><br>Based on record review and interview, the facility failed to ensure a pneumococcal immunization was offered to a resident for 1 (#5) of 5 sampled residents reviewed for immunizations.The administrator identified 39 residents resided in the facility. Findings:An undated Pneumococcal Vaccine policy, read in part, All residents will be offered the pneumococcal vaccine to aid in preventing infections and pneumonia.An INFLUENZA, PNEUMONIA AND COVID VACCINE INFORMATION AND CONSENT FORM, dated 03/07/23, showed Resident #5's representative gave verbal consent for the resident to receive the pneumococcal vaccine.Resident #5's immunization record was reviewed. There was no documentation Resident #5 had been offered a pneumococcal vaccine.On 01/30/26 at 9:07 a.m., the infection preventionist stated they were not sure why Resident #5 did not receive the pneumococcal vaccine.On 01/30/26 at 9:21 a.m., the infection preventionist stated pneumococcal immunizations were offered to all residents upon admission with consent. |