

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375545	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Town of Vici Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 619 Speck Vici, OK 73859	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETES HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41872</p> <p>Based on record review and interview, the facility failed to develop a comprehensive care plan for one (#4) of four sampled residents reviewed for care plans.</p> <p>Facility census was 43.</p> <p>Findings:</p> <p>Resident #4 was admitted to the facility on [DATE] and had diagnoses which included, pain, and high blood pressure.</p> <p>The clinical health record did not contain documentation a comprehensive care plan had been completed.</p> <p>On 06/25/24 at 9:03 a.m., LPN #1 was asked if Resident #4 had a comprehensive care plan. They stated it had not been completed they only had the care plan reference sheet.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41872</p> <p>Based on record review and interview, the facility failed to ensure staff used a mechanical lift for one (#3) of four sampled residents reviewed for the use of mechanical lifts.</p> <p>On 06/09/24 CNA #4 attempted a one person transfer with Resident #3 without using the mechanical lift and was lowered to the floor. Resident #3 required the assistance of two staff with the use of a maxi lift for transfers per the care plan. An X-ray was completed two days later when the resident continued to complain of pain and had swelling and warmth to their leg. The X-ray documented Resident #3 had an oblique fracture of the left distal femur.</p> <p>The census was 43. The DON identified 18 residents in the facility that required the use of a mechanical lift.</p> <p>Findings:</p> <p>An undated Fall Prevention Program policy read in part Implement fall protocol intervention to reduce falls .</p> <p>A No-Lift Policy read in part All staff will be responsible for utilizing mechanical lifting devices, transferring devices, proper body mechanics to lift, transfer, and/or pivot non-ambulatory residents as indicated. Employees should avoid manually lifting any resident, except in life threatening situations .</p> <p>CNA #5 had signed the no lift policy on 03/27/23.</p> <p>CNA #4 had signed the no lift policy on 01/22/24.</p> <p>A physician order, dated 09/28/21, documented to administer acetaminophen 325 milligrams two tablets by mouth every six hours as needed for pain or fever.</p> <p>An undated, Care Plan Reference Sheet, documented all transfers required two staff and to use the maxi lift.</p> <p>Resident #3s care plan, dated 04/10/24, read in part Staff assist [with] all ADL's Totally dependent on staff for bed mobility, dressing [and] transfers. x2 staff assist using maxi lift for all transfers Able to voice wants/needs. Refuses showers at times .cont. [with] POC</p> <p>A quarterly assessment, dated 04/13/24, documented Resident #3 was dependent on staff for toileting, showers, dressing, putting on footwear and required two or more staff for transfers.</p> <p>An initial Oklahoma State Department of Health Incident Report Form, dated 05/09/24, read in part On 5/9/24 res had fallen to the floor and was c/o pain to left leg lift sling was not in use at that time and hasn't used lift twice prior. On 05/11/2024 res was continuing to c/o pain x-ray obtained and res was then mediflighted out.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>The May MAR documented on 05/09/24 at 3:35 p.m., Acetaminophen 325 mg two tabs was administered for leg pain rated at 5-6.</p> <p>A Nursing Falls note, dated 05/09/24 at 4:01 p.m., read in part It was reported to this nurse by CMA that resident was lowered to the floor in shower room. Assisted back to shower chair by two staff. Resident has c/o left leg pain to lower leg below the knee. After being assisted to bed resident c/o pain to left thigh. Throughout [sic] the night resident also complained of muscle spasms to legs. [Physician name withheld] notified</p> <p>A physician order, dated 05/09/24 at 4:00 p.m., documented to administer Flexeril (cyclobenzaprine)10 milligrams one tablet by mouth every six hours as needed for muscle spasms.</p> <p>The May MAR documented on 05/09/24 at 6:50 p.m.,Cyclobenzaprine 10 mg one tablet was administered for complaints of aching and leg pain.</p> <p>The May MAR documented on 05/09/24 at 11:18 p.m., Acetaminophen 325 mg two tabs was administered for unspecified pain.</p> <p>Resident #3s care plan, updated 05/09/24, read in part .Staff lowered resident to floor in shower room d/t leg giving out when staff pulling up pants after shower. Prevention-x2 assist using maxi lift for all transfers. Dressing/undressing [with] x2 staff only while sitting or lying. Totally dependent on staff [and] unable to bare weight</p> <p>A Nursing Falls note, dated 05/10/24 at 8:23 a.m., read in part Focused assessment RT recent fall 5-9. Res in wc att watching tv in [their] room, denies pain, no non-verbal pain cues notes, no bruising, redness noted on assessment, CL in reach.</p> <p>A Nursing Daily Note, dated 05/10/24 at 9:20 a.m., read in part Staff was in room with Res when [they] stated owww without being touched, then stated to CNA Tell them i want stronger meds res shows no non-verbal pain cues, offered prn Tylenol, res declined stating I want something stronger [physician name withheld] notified</p> <p>The May MAR documented on 05/10/24 at 9:35 a.m., Acetaminophen 325 mg two tabs and Cyclobenzaprine 10 mg one tablet was administered for muscle spasms and headache.</p> <p>A Nursing Daily Note note, dated 05/10/24 at 8:22 p.m., read in part Resident c/o pain to the left leg at about mid thigh to [their] knee. Visible swelling and warm to the touch. Resident stated it popped yesterday and it has been hurting since. [The Resident] stated [their] pain is 10/10 on the pain scale. [Physician name withheld] notified</p> <p>A physician order, dated 05/10/24 at 8:50 p.m., documented to administer Norco five milligrams every six hours by mouth as needed for pain.</p> <p>A Nursing Daily Note note, dated 05/10/24 at 8:59 p.m., read in part [Physician name withheld] notified of left leg swelling with new orders received to get mobile xray of left hip and knee and norco 5mg po q6 prn pain</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A Nursing Falls note, dated 05/10/24 at 11:40 p.m., read in part Focused assessment rt recent fall. Res is in bed with eyes open and resp unlabored at this time. no s/s of pain or discomfort at this time. [xray company name withheld] called and said they would be here in am to get xray .</p> <p>A Radiology Interpretation, dated 05/11/24, read in part Left Knee 2 views: Distal femur shows oblique fracture without displacement .</p> <p>A Nursing Falls note, dated 05/11/24 at 6:30 a.m., read in part Focused assessment rt recent fall, 5-9 res in bed att watching tv in [their] room, denies pain, no non-verbal pain cues noted. no bruising, redness noted on assessment, CL in reach.</p> <p>The May MAR documented on 5/11/24 at 10:17 a.m., Cyclobenzaprine 10 mg one tablet was administered for complaints of muscle pain in legs.</p> <p>A Nursing Daily Note, dated 05/11/24 at 10:39 a.m., read in part x-ray shown to [physician name withheld] of left leg, new orders from [physician name] send to ER for tx/eval. EMS contacted for transport .</p> <p>A Nursing Daily Note, dated 05/11/24 at 11:29 a.m., read in part [Physician name withheld] notified of x-ray results showing oblique fx of distal femur (left)</p> <p>A Nursing Daily Note, dated 05/11/24 at 11:39 a.m., read in part Res transferred to ems bus .[family member] notified by .(EMS) of transport via air evac. splint and traction placed onto left leg by ems. X-ray report sent with ems, per ems pedal pulse was diminished per [EMS name withheld], prior to traction and splint, after placement pedal pulses were more palatable (sic)</p> <p>On 06/25/24 at 10:58 a.m., CNA #4 was asked to describe the incident with Resident #3. They stated they were assigned to showers and had more added to them. They had tried to use the lift. It was stopping and they switched batteries but it was not working correctly so they transferred the resident with out help or the lift. CNA #4 stated they lowered Resident #3 to the floor and pulled the emergency call light. CNA #5 came into the room then went to tell the nurse. CNA #5 returned and told CNA #4 to finish the shower and when they got the resident back to their room the nurse would assess them. They were asked if they and CNA #5 had put Resident #3 into the shower chair completed the shower then took the resident to their room. They stated, Yes. They were asked how was Resident #3 put into bed. They stated LPN #2 helped them put the resident back to bed. They did not use the lift to transfer the resident back to their bed. CNA #4 stated Resident #3 complained their leg felt like a pulled muscle. CNA #4 was asked if they were aware of the no lift policy. They stated Yes. They were asked if they had signed the no lift policy. They stated Yes.</p> <p>On 06/25/24 at 10:39 a.m., the DON was asked what Resident #3's care plan state regarding transfer. They stated to use the maxi lift. They were asked about the no lift policy and they stated mechanical lifts should be used, staff should not be lifting the residents. They were asked if Resident #3 had been educated on the risks of refusing and the no lift policy. They stated they there were unsure.</p> <p>On 06/25/24 the DON provided a copy of a Behavior Monitoring note, dated 01/16/24 at 11:36 a.m., read in part, Res is refusing to take a shower unless staff picked [the resident] up to transfer to shower chair and back without lift. explained this is a no lift facility. [the resident] refused.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	On 06/25/24 at 11:20 a.m., the Administrator was asked what they knew regarding the incident with Resident #3. They stated CNA #4 had told them Resident #3 had refused the lift and CNA #4 had transferred Resident #3 by themselves. They were asked if they were aware the resident was refusing the maxi lift for transfers. They stated they were not aware the resident had been refusing to use the lift.