

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 04/09/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>35749</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified of insulin being held for 1 (#19) of 5 sampled residents reviewed for notification.</p> <p>LPN #3 identified eight residents received insulin.</p> <p>Findings:</p> <p>A quarterly resident assessment, dated 11/22/24, showed Resident #19 had diagnosis which included diabetes mellitus and BIMS score of 14 (cognition intact).</p> <p>Resident #19's physicians order, dated 01/17/25, showed Lantus insulin (medication to control blood sugar) 50 U, subcutaneous daily. Hold for FSBS below 120.</p> <p>A MAR, dated March 2025, showed the Lantus insulin had not been administered on 03/03/25, 03/09/25, 03/11/25, 03/14/25, 03/21/25, 03/28/25 and on 03/29/25 due to the resident not eating breakfast. There was no documentation Resident #19's physician had been notified.</p> <p>On 04/08/25 at 12:21 p.m., LPN #1 stated they would hold insulin if a resident was not eating their meal or if their blood sugar was below 120. They stated they would notify the physician and document it in the progress notes. LPN #1 stated there was no documentation the physician had been notified when the insulin had been held.</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
---	-------	-----------

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 04/09/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>35749</p> <p>Based on observation, record review, and interview, the facility failed to ensure nail care was provided for a dependent resident for 1 (#18) of 16 sampled residents reviewed for ADLs.</p> <p>The administrator identified 37 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #18's significant change assessment, dated 02/10/25, showed diagnoses of congestive heart failure, BIMS was 15 (cognition intact), and they required substantial assistance for personal hygiene.</p> <p>On 04/07/25 at 12:54 p.m., Resident #18 was observed to have jagged fingernails and a brown substance under their fingernails.</p> <p>An undated document titled Nursing Care Standard for Orderlies and Aides, showed fingernails were to be clean and trimmed.</p> <p>On 04/07/25 at 12:57 p.m., Resident #18 was asked if staff provided nail care. They stated staff had not provided nail care in the past week.</p> <p>On 04/07/25 at 1:05 p.m., CNA #1 was asked when nail care was provided. They stated on shower days or when they were long and dirty. CNA #1 stated Resident #18's fingernails looked bad and needed done.</p>

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 04/09/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>35749</p> <p>Based on record review and interview, the facility failed to ensure:</p> <p>a. BP monitoring for a PRN antihypertensive medication for 1 (#3); and</p> <p>b. medications were available for 1 (#11) of 5 sampled residents reviewed for medications.</p> <p>The administrator identified 37 residents resided in the facility. LPN #3 identified three residents had orders for clonidine.</p> <p>Findings:</p> <p>1. Resident #3's quarterly resident assessment, dated 11/18/24, showed a diagnosis of hypertension and a BIMS score of five (severe cognitive impairment).</p> <p>A physician's order, dated 12/23/24, showed to administer clonidine (antihypertensive agent) tablet 0.1 mg three times a day as needed for SBP (the maximum blood pressure during contraction of the heart) greater than 160.</p> <p>A January 2025 MAR, showed Resident #3's BP had not been monitored three times daily on 01/01/25 - 01/31/25.</p> <p>A February 2025 MAR, showed Resident #3's BP had not been monitored three times daily on 02/01/25 - 02/28/25.</p> <p>A March 2025 MAR, showed Resident #3's BP had not been monitored three times daily on 03/01/25 - 03/31/25.</p> <p>An April 2025 MAR, showed Resident #3's BP had not been monitored three times daily on 04/01/25 - 04/08/25.</p> <p>2. Resident #11's physician's orders, dated 02/06/25, showed Rexulti 1 mg (antipsychotic) once daily, levothyroxine 75 mcg (thyroid agent) daily, and midodrine 5 mg (antihypotensive) three times daily.</p> <p>A February 2025 MAR, showed Rexulti was unavailable for administration on 02/07/25, 02/08/25, and 02/09/25.</p> <p>A physician's order, dated 02/11/25, showed metoprolol tartrate tablet 50 mg (beta-blocker) twice daily.</p> <p>An admission resident assessment, dated 02/12/25, showed Resident #11 had diagnoses which included psychosis, disorder of thyroid, and atrial fibrillation, and BIMS of 5 (severe cognitive impairment).</p> <p>(continued on next page)</p>		

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 04/09/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A physician's order, dated 03/11/25, showed midodrine 5 mg (antihypotensive) three times daily before meals.</p> <p>A March 2025 MAR, showed:</p> <ul style="list-style-type: none"> a. levothyroxine was unavailable for administration on 03/17/25 and 03/18/25, b. metoprolol was unavailable for administration on 03/15/25, 03/16/25, 03/17/25, and 03/18/25, and c. midodrine was unavailable for administration on 03/05/25, 03/12/25, 03/15/25, and 03/16/25. <p>On 04/08/25 at 11:26 a.m., CMA #2 was asked what the policy was for medication administration. They stated they looked at the MAR, popped the medication out, administered it to the resident, and then sign them out. CMA #2 was asked what the process was for re-ordering medications. They stated they went through the medication carts twice a week and re-ordered any medication with less than 12 pills left. CMA #2 stated if they re-ordered a medication by 10:00 a.m., it would be delivered to the facility the same day around 4:00 p.m. They stated if a medication was not available, they would mark it as not available and order it. CMA#2 stated Resident #11's Rexulti had to be re-sent to the pharmacy because the pharmacy did not receive it. They stated they were probably out of the levothyroxine, metoprolol, and midodrine. CMA #2 was asked how staff knew when to administer Resident #3's clonidine. They stated per their BP and the parameters. CMA #2 was asked when they monitored Resident #3's BP. They stated it should be every shift.</p> <p>On 04/08/25 at 11:46 a.m., the DON was asked how staff knew when to administer PRN clonidine to Resident #3. They stated by checking the BP every shift. The DON was asked to locate every shift BPs. They stated it should be documented every shift in the EMR. The DON was unable to locate Q shift BPs.</p>		