STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375549	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Adams Parc	6006 SE Adams Blvd Bartlesville, OK 74006

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 51849 Based on record review and interview, the facility failed to ensure restorative therapy was provided to a resident with limited ROM for one (#18) of one sampled resident reviewed for therapy services. The ADON reported 42 residents resided at the facility. Findings: A Restorative Nursing policy dated 12/2019, read in part, the facility believes that each resident will be provided with the opportunity to regain skills and abilities lost due to illness and disability. Therefore, each resident will be evaluated at move in, return from another health care facility, and after a significant change in condition for the potential benefit of participating in a restorative nursing program. Resident #18 had diagnoses which included difficulty walking and muscle weakness. A care plan focus, dated 10/11/21, documented the resident had an ADL self-care performance deficit. An associated care plan intervention, dated 01/03/25, documented the resident was to be in a restorative program for maintenance. A physician order, dated 01/10/25, documented Resident #18 was to continue restorative services two to three times a week to maintain strength, endurance and independence. On 01/22/25 at 10:44 a.m., PT #1 stated all residents were screened when admitted to the facility, transitioned from skilled to long term care, or when the need was identified for a current resident. They stated Resident #18 was to have been receiving restorative services since 01/10/25, but had not. On 01/23/25 at 9:44 a.m., PT #1 stated they had contacted RT #1 and they confirmed they had not performed any restorative services with Resident #18. PT #1 further stated there was a lapse in communication which had caused the omission of the services and training for RT #1 was required.

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