

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Medical Park West Rehabilitation & Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Healthplex Drive Norman, OK 73072	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46582</p> <p>Based on record review and interview, the facility failed to:</p> <ul style="list-style-type: none"> a. monitor and intervene for the absence of bowel movements; and b. complete daily skilled nursing assessments for 1 (#1) of 3 residents sampled for quality of care. <p>The DON identified 85 residents who resided in the facility and 34 residents who received skilled services.</p> <p>Findings:</p> <p>Res #1 admitted to the facility on [DATE] with diagnoses which included stable burst fracture of the vertebrae, pulmonary fibrosis, and anxiety. Res #1 discharged from the facility on 02/27/25.</p> <p>A care plan, dated 02/19/25, showed Res #1 was at risk for problems with elimination. The care plan showed a goal of maintaining or improving Res #1's elimination status.</p> <p>A 5-day minimum data set assessment, dated 02/23/25, showed Res #1 was cognitively intact with a brief interview for mental status score of 15. The assessment showed Res #1 was continent of bowel and required supervision/touch assistance with toileting.</p> <p>An ADL sheet, dated 02/20/25 through 02/27/25, showed Res #1 had a bowel movement on 02/22/25. No additional bowel movements were documented.</p> <p>Daily skilled notes, dated 02/20/25 through 02/26/25, had no documentation of a daily skilled nursing assessments on 02/22/25, 02/23/25, and 02/26/25.</p> <p>On 03/19/25 at 9:00 a.m., RN #1 was asked how often nursing assessments should be completed on residents receiving skilled services. RN #1 stated a skilled assessment was a head-to-toe assessment of all body systems. They stated skilled nursing assessments should be completed at least once daily for all skilled residents.</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/19/25 at 12:30 p.m., CNA #1 stated the nurse aides documented all bowel movements on the ADL sheets for each resident. CNA #1 stated they monitored residents for bowel movement frequency and reported to the nurse daily whether their residents had a bowel movement.</p> <p>On 03/19/25 at 1:30 p.m., RN #1 stated the nurse aides documented bowel movements on the ADL sheets and the nurses monitored the frequency of the bowel movements. They stated all residents should have a bowel movement at least every three days. RN #1 stated an intervention should be implemented to aid in evacuation if a resident has gone 3 days or longer without having a bowel movement.</p> <p>On 03/19/25 at 1:35 p.m., the DON denied having a written policy for bowel movement monitoring. They stated the facility followed the best standard practices in monitoring for the frequency of bowel movements. The DON stated no bowel movement after three days required intervention. They stated Res #1 should have had an intervention implemented after going three days without having a bowel movement.</p> <p>On 03/19/25 at 1:40 p.m., the DON denied having a written policy for the frequency of skilled nursing assessments. They stated the facility's expectation was completion of a skilled nursing assessment daily on all skilled residents. The DON stated Res #1 should have had an assessment completed daily during their stay.</p>