

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Boyce Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 East Highway Holdenville, OK 74848	

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</p> <p>Based on record review and interview, the facility failed to complete quarterly MDS assessments timely for one (#26) of sixteen sampled residents reviewed for MDS assessments.</p> <p>The MDS coordinator reported 48 residents resided in the facility.</p> <p>Findings:</p> <p>Res #26's record documented an annual assessment dated [DATE].</p> <p>The resident's record did not contain an assessment since the annual in November 2024.</p> <p>On 02/10/25 at 2:07 p.m., the MDS coordinator reported the MDS assessments should have been completed.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</p> <p>Based on record review and interview, the facility failed to ensure MDS assessments were coded accurately for two (#26 and #29) of sixteen sampled residents whose MDS assessments were reviewed.</p> <p>The MDS coordinator reported 48 residents resided in the facility.</p> <p>Findings:</p> <p>1. Res #26 admitted to the facility with diagnoses which included schizoaffective disorder, post traumatic stress disorder, and persistent mood disorder.</p> <p>An annual assessment, dated 11/07/24, documented the resident had weight loss.</p> <p>A review of the resident's record documented the resident had a weight gain of 1.69% in six months and 0.42% in one month.</p> <p>On 02/10/25 at 2:15 p.m., the MDS coordinator reported weight loss should not have been documented on the annual assessment.</p> <p>2. Res #29 admitted to the facility on [DATE] with diagnoses which included end stage renal disease and dependence on renal dialysis.</p> <p>An admission assessment, dated 12/20/24, did not code Resident #29 had received dialysis on admission or while a resident of the facility.</p> <p>On 02/10/25 at 1:12 p.m., the MDS coordinator stated Resident #29 received dialysis on Monday, Wednesday, and Fridays.</p> <p>On 02/10/25 at 1:13 p.m., the MDS coordinator stated Resident #29 had received dialysis prior to admission and during their stay.</p> <p>On 02/10/25 at 1:14 p.m., the MDS coordinator stated Resident #29's admission assessment had not been properly coded.</p> <p>46216</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</p> <p>Based on record review and interview, the facility failed to ensure residents were bathed according to physician orders for two (#3 and #29) of three sampled residents reviewed for bathing.</p> <p>The MDS coordinator reported 48 residents resided in the facility.</p> <p>Findings:</p> <p>A Shower/Tub Bath policy, revised 10/2020, documented the purpose of the procedure was to promote cleanliness, provide comfort to the resident, and to observe the condition of the resident's skin.</p> <p>1. Res #3 admitted to the facility with diagnoses which included schizophrenia, hypotension, and pain in thoracic spine.</p> <p>A physician's order, dated 04/19/24, documented bathing two times weekly and PRN.</p> <p>The resident's record documented the resident missed three of four opportunities for a shower from 01/10/25 to 01/25/25.</p> <p>On 02/09/25 at 2:42 p.m., the resident reported they did not get showers like they were supposed to.</p> <p>On 02/10/25 at 3:07 p.m., the ADON reported the showers or refusals were not being documented, so they could not say if the resident had a shower during that time.</p> <p>46216</p> <p>2. Res #29 admitted to the facility on [DATE] with diagnoses which included need for assistance with personal care and muscle wasting and atrophy.</p> <p>A physician's order, dated 12/14/24, documented bathing two times weekly and PRN.</p> <p>On 02/09/25 at 3:02 p.m., Resident #29 reported they had not received a bath in two weeks.</p> <p>Resident #29's record review for 12/14/24 through 02/10/24 documented no baths/showers were given 12 out of 17 opportunities.</p> <p>On 02/10/24 at 1:54 p.m., the MDS coordinator stated they had no other documentation of showers/baths.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>46216</p> <p>Based on observation, record review, and interview, the facility failed to ensure RN coverage for eight consecutive hours seven days per week.</p> <p>The MDS coordinator identified 48 residents resided in the facility.</p> <p>Findings:</p> <p>A PBJ Staffing Report, dated 07/01/24 through 09/30/24, documented no RN hours on 08/17/24, 08/18/24, 09/01/24, 09/09/24, 09/14/24, 09/15/24, 09/28/24, and 09/29/24.</p> <p>A facility Time Detail Report, did not document RN coverage for eight consecutive hours on 08/31/24, 09/01/24, 09/14/24, 09/15/24, 09/28/24, 09/29/24, 10/15/24, 10/16/24, 10/19/24, 10/25/24, 10/26/24, 11/01/24, 11/10/24, 11/15/24, 11/16/24, 11/23/24, 11/24/24, 11/28/24, 11/29/24, 11/30/24, 12/13/24, 12/28/24, 12/29/24, 12/30/24, 12/31/24, 01/01/25 - 01/12/25,</p> <p>01/16/25, and 01/17/25.</p> <p>On 02/11/25 at 9:05 a.m., the administrator stated they had no further documentation for RN coverage on the dates above.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>43023</p> <p>Based on record review and interview, the facility failed to ensure a PRN order for an antianxiety medication had a 14 day stop date for one (#26) of five sampled residents reviewed for unnecessary psychotropic medications.</p> <p>The MDS coordinator reported 48 residents resided in the facility.</p> <p>Findings:</p> <p>Res #26 admitted with a diagnosis of anxiety.</p> <p>A physician's order, dated 06/27/24, documented lorazepam (a benzodiazepine) 1 mg. Special Instructions: Give one tablet (1 mg) by mouth every 12 hours as needed for anxiety. The order did not document a stop date.</p> <p>On 02/10/25 at 2:15 p.m., the corporate nurse consultant reported the PRN order should have had a 14 day stop date.</p>		