STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375574	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lodge at Brookline	5301 North Brookline Oklahoma City, OK 73112

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 48344 Based on observation, record review, and interview, the facility failed to ensure grievance forms were posted in the designated location per facility policy. The administrator identified 39 residents resided in the facility. Findings: On 11/26/24 at 2:20 p.m., a tour of the facility was conducted. Grievance information was posted at the entrance. It documented the grievance personnel, address, phone number, email, ombudsman's name and phone number, state survey agency phone number, and Adult Protective Services phone number. It documented the grievance forms could be found in a binder on the table in the front lobby. On 11/26/24 at 2:24 p.m., the front lobby table was observed with no grievance forms or binder. On 11/27/24 at 8:19 a.m., CNA #1 stated they did not know where the grievance forms were located. On 11/27/24 at 8:25 a.m., the social services director stated the forms were located in their office. They stated according to the grievance policy the forms should be on the table in the front lobby.

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 48344 Based on record review and interview, the facility failed to ensure a MDS was coded accurately for one (#5) of six sampled residents whose MDS assessments were reviewed. The administrator identified 39 residents resided in the facility. They identified one resident received noninvasive ventilator services. Findings: Resident #5 had diagnoses which included amyotrophic lateral sclerosis. Resident #5's significant change in status resident assessment, dated 09/26/24, did not code Resident #5 received noninvasive ventilator services. On 11/26/24 at 2:56 p.m., a noninvasive ventilator was observed on Resident #5's bedside table. The device was off. On 11/27/24 at 11:04 a.m., Resident #5 stated they were admitted to the facility with a noninvasive ventilator. On 11/27/24 at 11:31 a.m., the DON stated Resident #5 had the noninvasive ventilator since admit. On 11/27/24 at 11:46 a.m., the DON stated they were responsible for completing care plans and MDS's. On 11/27/24 at 1:12 p.m., the DON stated they had looked at Resident #5's significant change in status MDS assessment and the noninvasive ventilator was not coded.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 48344 Based on record review and interview, the facility failed to ensure a resident's care plan included the use of a noninvasive ventilator for one (#5) of two sampled residents reviewed for respiratory services. The administrator identified 16 residents received respiratory services. Findings: The Noninvasive Ventilation policy, dated 2023, read in part, It is the policy of this facility to provide noninvasive ventilation as per physician's orders and current standards of practice. Resident #5 had diagnoses which included amyotrophic lateral sclerosis. Resident #5's care plan, dated 10/02/24, did not document the use of a noninvasive ventilator. On 11/26/24 at 2:56 p.m., a noninvasive ventilator was observed on Resident #5's bedside table. The device was off. On 11/26/24 at 2:58 p.m., Resident #5 stated they used the noninvasive ventilator at bedtime. The resident stated they were admitted to the facility with the noninvasive ventilator. On 11/27/24 at 11:31 a.m., the DON stated Resident #5 had the noninvasive ventilator since admit. On 11/27/24 at 11:46 a.m., the DON stated they were responsible for completing care plans. They stated there was no care plan for the use of the noninvasive ventilator. They stated it should have been care planned.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 48344 Based on observation, record review, and interview, the facility failed to ensure a resident had a physician order for the use of a noninvasive ventilator for one (#5) of two sampled residents reviewed for respiratory services. The administrator identified 16 residents received respiratory services. Findings: The Noninvasive Ventilation policy, dated 2023, read in part, The facility will obtain an order for the use of a CPAP, BiPAP, AVAPS or [name withheld] device and settings from the practitioner. Resident #5 had diagnoses which included amyotrophic lateral sclerosis. On 11/26/24 at 2:56 p.m., a noninvasive ventilator was observed on Resident #5's bedside table. The device was off. On 11/26/24 at 2:58 p.m., Resident #5 stated they used the noninvasive ventilator at bedtime. The resident stated they were admitted to the facility with the noninvasive ventilator. On 11/27/24 at 11:31 a.m., the DON stated Resident #5 had the noninvasive ventilator since admit. A physician's order, dated 11/27/24, documented noninvasive ventilator on at night and off in the morning at bedtime related to amyotrophic lateral sclerosis. There was no physician order for the use and monitoring of the noninvasive ventilator prior to 11/26/24. On 11/27/24 at 11:40 a.m., the DON reviewed Resident #5's hospice record and electronic health records. They stated they could not locate a physician's order for the use and monitoring of the noninvasive ventilator prior to 11/26/24.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 48344 Based on observation and interview, the facility failed to ensure emergency call cord was available in a resident's bathroom for one (#2) of three sampled residents whose emergency bathroom call system was observed. The administrator identified 39 residents resided in the facility. Findings: The Call Lights: Accessibility and Timely Response policy, revised 10/21/24, read in part, The call system must be accessible to the resident at each toilet and bath or shower facility. The call system should be accessible to a resident lying on the floor. Resident #2 had diagnoses which included other abnormalities of gait and mobility. Resident #2's care plan for daily care, dated 10/01/24, documented the resident was able to use their call light to call for help. On 11/26/24 at 11:28 a.m., Resident #2 stated they fell in the bathroom and could not reach the emergency call system. On 11/26/24 at 11:31 a.m., Resident #2's bathroom had a red emergency switch by the side of the toilet. Resident #2 stated they had not been able to walk around and depended on a wheelchair for locomotion. A resident lying on the floor could not reach the switch on the wall. On 11/26/24 at 1:05 p.m., CNA #2 stated there was a call switch that had a string that a resident could use in the bathroom to call for help. On 11/26/24 at 1:06 p.m., CNA #2 stated Resident #2 can use their call light. On 11/26/24 at 1:13 p.m., CNA #2 observed the resident's bathroom. They stated the call switch did not have a string and a resident lying on the floor would not be able to reach the switch. On 11/26/24 at 1:18 p.m., the administrator stated the pull string in the bathroom should be on either side or in front of the toilet.