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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>375582 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>12/10/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Place Healthcare and Rehab |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1530 NE Grand Blvd<br>Oklahoma City, OK 73117 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record review and interview, the facility failed to ensure medications were administered according to the physician orders for 1 (#8) of 3 residents sampled for medication administration. The administrator identified 55 residents resided in the facility. Findings: An Administering Medications policy, revised April 2019, read in part, Medications are administered in a safe and timely manner, and as prescribed. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. A physicians' order, dated 03/15/25, showed atorvastatin calcium tablet (statin) 40 mg, give one tablet at bedtime. A physicians' order, dated 03/15/25, showed gabapentin capsule (anti-convulsant) 300 mg, give one capsule three times a day. A physicians' order, dated 05/06/25, showed carvedilol tablet (beta blocker) 3.125 mg, give two times a day. A physicians' order, dated 05/27/25, showed Zyprexa tablet (anti-psychotic) 10 mg, give one tablet at bedtime. A physicians' order, dated 06/24/25, showed buspirone HCl tablet (anti-anxiety) 5 mg give three times a day. A physicians' order, dated 06/24/25, showed mirtazapine tablet (anti-depressant) 7.5 mg, give one tablet at bedtime. A physicians' order, dated 07/14/25, showed doxepin HCl tablet (anti-depressant) 3 mg, give one tablet at bedtime. A physicians' order, dated 07/15/25, showed Singulair tablet (leukotriene receptor antagonist) 10 mg, give one tablet at bedtime. A physicians' order, dated 08/27/25, showed hydrocodone-acetaminophen tablet (opioid) 10-325 mg, give one tablet three times a day. Resident #8's quarterly assessment, dated 09/03/25, showed residents cognition was intact, with a brief interview for mental illness score of 14. A physicians' order, dated 09/16/25, showed carafate tablet (anti-ulcer) 1 gram, give one tablet four times a day. A September 2025 MAR showed blanks on 09/03/25 for the following: a. atorvastatin calcium tablet 40 mg; b. doxepin HCl tablet 3 mg; c. mirtazapine tablet 7.5 mg; d. Singulair tablet 10 mg; e. Zyprexa tablet 10 mg; and f. carvedilol tablet 3.125 mg. A September 2025 MAR showed blanks on 09/25/25 for the following: a. buspirone tablet 5 mg; b. gabapentin capsule 300 mg; c. carafate tablet 1 gram; and d. hydrocodone-acetaminophen tablet 10-325 mg. There was no explanation for the missed doses in the medical record. On 11/05/25 at 11:15 a.m., certified medication aide #1 stated blanks on the MAR meant either not in facility or not given. They stated it did not appear the above medications were given as ordered. On 11/05/25 at 11:55 a.m., the ADON stated the process for passing medications was to use the PIG (punch, initial, give) method per order time and policy. They stated staff were to ensure they signed it out. On 11/05/25 at 11:57 a.m., the ADON stated according to the MAR the medications above had not been given.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>375582               |
|   |           | If continuation sheet<br>Page 1 of 1 |