

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375582	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Park Place Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 NE Grand Blvd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to provide a SNF ABN to one (#25) of three residents reviewed for beneficiary notification.</p> <p>The Administrator identified four residents who had received skilled services in the facility in the past six months.</p> <p>Findings:</p> <p>Resident #25 admitted to Part A skilled services on 11/22/23 and discharged from Part A services on 11/30/23. Resident #25 remained in the facility.</p> <p>There was no documentation a SNF ABN was provided to Resident #25.</p> <p>On 04/16/24 at 10:25 a.m., MDS coordinator #1 stated they could not locate a SNF ABN for Resident #25.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48344</p> <p>Based on observation, record review and interview, the facility failed to ensure a Resident's wall was in good repair for one (#45) of 16 sampled residents reviewed for home like environment.</p> <p>The Administrator identified 46 residents resided in the facility.</p> <p>Findings:</p> <p>The Safe and Homelike Environment policy, revised 10/23, read in part, .Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment .</p> <p>Resident #45 had diagnoses which included cerebral infarction, abnormalities of gait, and mobility.</p> <p>On 04/15/24 at 3:17 p.m., Resident #45's wall had three deep scrapes by their head of the bed. Resident #45 was nonverbal.</p> <p>On 04/17/24 at 11:21 a.m., CNA #1 stated all maintenance needs were documented in the maintenance book. They stated they were aware of the deep scrapes in Resident #45's room since 02/24.</p> <p>On 04/17/24 at 11:22 a.m., CNA #1 stated they reported the deep scrapes on the wall to another staff. They stated they were not sure if the repair need was reported to maintenance. CNA #1 stated Resident #45's room is not homelike.</p> <p>On 04/17/24 at 11:27 a.m., Maintenance Supervisor observed Resident #45's room. They stated they were not aware the wall in the Resident's room needed repair.</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>34460</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record review and interview, the facility failed to provide showers for two (#4 and #15) of two sampled residents reviewed for ADL assistance.</p> <p>The DON identified 46 residents who required assistance with ADLs resided in the facility.</p> <p>Findings:</p> <p>The Resident Showers policy, revised 10/01/23, read in part, .It is the practice of this facility to assist residents with bathing to maintain proper hygiene .</p> <p>1. Resident #15 had diagnoses which included multiple sclerosis and morbid obesity.</p> <p>On 04/15/24 at 3:00 p.m., Resident #15 stated their last bath was on 04/08/24. They stated they sometimes miss their baths.</p> <p>A Care Plan, read in part, .I have an ADL self care performance deficit. I am at risk for fluctuation of ADL care and staff assist .</p> <p>Shower Sheets, dated February 24, 2024 - March 18, 2024 were reviewed, There was no documentation Resident #15 received a shower for a total of 22 days.</p> <p>On 04/19/24 at 11:49 a.m. , the DON stated there was no other documentation or shower sheets to provide. There was no supporting documentation the resident received a shower from February 24, 2024 - March 18, 2024.</p> <p>2. Resident #4 had diagnoses which included lack of coordination, muscle wasting, and atrophy.</p> <p>Resident #4's quarterly resident assessment, dated 01/07/24, documented Resident #4's cognition was intact and they required moderate assistance from another person for transfers during bathing.</p> <p>On 04/16/24 at 8:30 a.m., Resident #4 stated they do not get their baths as scheduled.</p> <p>Resident #4's bath schedule was Tuesday, Wednesday, and Thursday evenings.</p> <p>A review of Resident #4's February 2024 shower sheets documented the Resident had not received a bath, eight out of 13 opportunities. No bath was documented for 02/06/24, 02/10/24, 02/13/24, 02/17/24, 02/22/24, 02/24/24, 02/27/24, and 02/29/24.</p> <p>A review of Resident #4's March 2024 shower sheets documented the Resident had not received a bath, nine out of 14 opportunities. No bath was documented for 03/02/24, 03/05/24, 03/07/24, 03/12/24, 03/14/24, 03/16/24, 03/21/24, 03/26/24, and 03/28/24.</p> <p>A review of Resident #4's April 2024 shower sheets documented the Resident had not received a bath, three out of eight opportunities. No bath was documented for 04/02/24, 04/09/24, and 04/11/24.</p> <p>(continued on next page)</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>On 04/19/24 at 10:56 a.m., CNA #2 stated Resident #4's bath schedule was Tuesday, Wednesday, and Thursday on the 3 p.m. to 11 p.m. shift.</p> <p>On 04/19/24 at 11:08 a.m., CNA #2 stated all baths and refusals were documented on the shower sheets.</p> <p>On 04/19/24 at 11:10 a.m., CNA #2 reviewed Resident #4's shower sheets and EHR bath records. They stated the Resident did not receive a bath for all the days listed above.</p> <p>48344</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to complete ongoing assessments of a resident pre and post dialysis for one (#24) of one sampled resident reviewed for dialysis services.</p> <p>The Administrator identified 46 residents resided in the facility. Two Residents received dialysis services.</p> <p>Findings:</p> <p>The Hemodialysis policy, revised 10/01/23, read in part, .The facility will assure that each resident receives care and services for the provision of hemodialysis .Ongoing assessment and oversight of the resident before, during, and after dialysis treatment .</p> <p>A physician's order, dated 02/15/24 and 03/28/24 documented hemodialysis treatments to be provided three times a week on Monday, Wednesday, and Friday.</p> <p>The dialysis communication record for February 2024 was reviewed. There was no documentation the pre, during, and post dialysis assessments were completed for 02/16/24 and 02/26/24.</p> <p>The dialysis communication record for March 2024 was reviewed. There was no documentation the pre, during, and post dialysis assessments were completed for 03/01/24, 03/11/24, 03/13/24, 03/15/24, and 03/20/24.</p> <p>The dialysis communication record for April 2024 was reviewed. There was no documentation the pre, during, and post dialysis assessments were completed for 04/01/24, 04/03/24, 04/05/24, 04/08/24, 04/10/24, 04/12/24, and 04/15/24.</p> <p>On 04/17/24 at 12:33 p.m., LPN #1 stated dialysis residents were assessed pre and post dialysis. They stated the dialysis communication form was to be filled out pre, post dialysis, and by the dialysis center during dialysis.</p> <p>On 04/17/24 at 12:45 p.m., LPN #1 reviewed Resident #24's dialysis communication records and progress notes. They stated the pre, during, and post dialysis assessments were not completed for all the dates listed above.</p>		

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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>48344</p> <p>Based on record review and interview, the facility failed to administer medications as ordered for one (#24) of one sampled resident reviewed for dialysis.</p> <p>The Administrator identified 46 residents resided in the facility.</p> <p>Findings:</p> <p>The Medication Administration policy, revised 10/01/23, read in part, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician .</p> <p>Resident #24 had a diagnosis of hypertension.</p> <p>A physician's order, dated 03/28/24 documented hydralazine hcl give 10 mg by mouth three times a day for blood pressure, hold if systolic blood pressure is less than 110 or diastolic blood pressure is less than 60 or heart rate is less than 60.</p> <p>A physician's order, dated 03/28/24 documented carvedilol 25 mg give one tablet by mouth two times a day for blood pressure, hold if systolic blood pressure is less than 110 or diastolic blood pressure is less than 60 or heart rate is less than 60, administer with food.</p> <p>The April 2024 MAR documented the hydralazine was initialed as given for the 9:00 p.m. dose on:</p> <p>a. 04/13/24 with a blood pressure of 98/56, and</p> <p>b. 04/14/24 with a blood pressure of 73/64.</p> <p>The April 2024 MAR documented the carvedilol was initialed as given for the 7:00 p.m. to 11:00 p.m. dose on:</p> <p>a. 04/13/24 with a blood pressure of 98/56, and</p> <p>b. 04/14/24 with a blood pressure of 73/64.</p> <p>On 04/17/24 at 12:57 p.m., LPN #1 reviewed Resident #24's April 2024 MAR. They stated the hydralazine and carvedilol should not have been administered on the dates above due to the ordered parameters.</p> <p>On 04/17/24 at 1:11 p.m., the ADON reviewed Resident #24's April 2024 MAR. They stated the medications should have been held for the dates listed above. They stated staff should follow the ordered parameters.</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>34460</p> <p>Based on record review and interview, the facility failed to review a prn lorazepam after 14 days of use for one (resident #39) of five residents reviewed for psychotropic medications.</p> <p>Findings:</p> <p>The Use of Psychotropic Medication, policy, not dated, read in part, .PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days) .if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order .</p> <p>A Physician Order, dated 02/23/24, read in part, .Lorazepam Oral Tablet 0.5 mg, give 1 tablet by mouth every 8 hours as needed for anxiety, insomnia, restlessness .</p> <p>The Scheduling Details, dated 02/23/24, read in part, .end date: indefinite .</p> <p>A February MAR, prn Lorazepam 0.5 mg, 1 tablet PO every 8 hours as needed for anxiety, insomnia, restlessness, was given once.</p> <p>A March MAR, prn Lorazepam 0.5 mg, 1 tablet PO every 8 hours as needed for anxiety, insomnia, restlessness, was given twelve times.</p> <p>A April MAR, prn Lorazepam 0.5 mg, 1 tablet PO every 8 hours as needed for anxiety, insomnia, restlessness, was given eleven times.</p> <p>On 04/19/24 at 9:12 a.m., the DON stated prn anti-psychotic orders should be re-evaluated every 2 weeks.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48344</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to ensure dirty linen was transported in a manner to prevent cross contamination.</p> <p>The Administrator identified 46 residents resided in the facility.</p> <p>Findings:</p> <p>The Handling Soiled Linen policy, revised 10/23, read in part, .Linen should not be allowed to touch the uniform or floor .Used or soiled linen shall be collected .and placed in a linen bag or designated receptacle .</p> <p>On 04/17/24 at 6:38 a.m., CNA #3 walked by the nurse's station with pads and a trash bag in his gloved hands. CNA #3 set the pads briefly on the floor by the three blue bins and picked them up again. CNA #3 put the pads in the soiled room.</p> <p>On 04/17/24 at 6:39 a.m., CNA #3 stated they set the dirty pads on the floor.</p> <p>On 04/17/24 at 6:40 a.m., CNA #3 stated the dirty pads were supposed to be bagged during transport, but they did not have enough bags.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to ensure:</p> <p>a. an antibiotic stewardship program was implemented for one (#20) of five sampled residents reviewed for unnecessary medications; and</p> <p>b. ongoing antibiotic stewardship program monitoring in the facility.</p> <p>The Administrator identified 46 residents resided in the facility.</p> <p>Findings:</p> <p>The Antibiotic Stewardship Program policy, revised 10/01/23, read in part, .It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program .</p> <p>A physician's order, dated 09/22/23, documented azithromycin give 250 mg by mouth one time a day for cough for five days, give 500 mg first day then 250 mg the rest of four days.</p> <p>A physician's order, dated 09/23/23, documented azithromycin 250 mg give one tablet by mouth one time a day for productive cough for five Days.</p> <p>A physician's order, dated 03/02/24, documented doxycycline hyclate 100 mg give one tablet by mouth two times a day related to cellulitis of left lower limb.</p> <p>Antibiotic stewardship program surveillance binder was reviewed for 2023. There was no documentation for 08/23, 09/23, 10/23, 11/23, and 12/23.</p> <p>Antibiotic stewardship program surveillance binder was reviewed for 2024. There was no documentation for 01/24, and 02/24, and 03/24.</p> <p>There was no documentation Resident #20's antibiotic use was monitored in 09/23 and 03/24.</p> <p>On 04/17/24 at 11:34 a.m., the DON and the Infection Preventionist reviewed the antibiotic stewardship program surveillance for 2023 and 2024. The DON stated there was no monitoring done for the months listed above.</p>		