STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375582	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Place Healthcare and Rehab	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46653 Based on record review and interview, the facility failed to determine if residents wished to formulate an advanced directive for 3 (#27, 46 and #49) of 13 sampled residents whose advance directive acknowledgements were reviewed. The DON identified 50 residents resided in the facility. Findings: An undated Advanced Directives policy, read in part, Upon admission, identify if the resident has an advance directive and if not, determine if the resident wishes to formulate an advance directive. 1. Resident #27 was admitted on [DATE]. Their advance directive was not signed, nor did it indicate whether or not they had or wanted an advance directive. 2. Resident #46 was admitted on [DATE]. Their advance directive was signed, but did not indicate whether or not they had or wanted an advance directive. 3. Resident #49 was admitted on [DATE]. Their advance directive was signed, but did not indicate whether or not they had or wanted an advance directive. On 02/12/25 at 2:47 p.m., the business office manager stated at admission they discussed the advance directive with the residents and representatives and then upload the advance directive and acknowledgement into the computer. They stated, If the resident doesn't know, or wants to talk to their family about it, i just leave it blank. The business office manger stated, Yes, at that point in time the form would be correct to document that they have no advance directives currently. 49701

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

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 02/14/2025
NAME OF PROVIDER OR SUPPLIER Park Place Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 NE Grand Blvd Oklahoma City, OK 73117	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 49701 Based on observation, record review, and interview, the facility failed to provide safe flooring in the common area where all halls connect to other common areas. The DON identified 50 residents resided in the facility and 35 residents whom were mobile with or without an assistive device in the facility. Findings: On 02/12/25 at 1:17 p.m., the facility was observed shaped like a wagon wheel, the halls were the spokes, and the nurses station was in the middle common area. Two of the floor slats were observed to be completely pulled away from the floor in the common area surrounding the nurses station. Maintenance was observed gluing down the two slats and holding them down with boxes waiting on the glue to dry. Multiple other floor slats were observed to have also previously been glued back down. Corners of floor slats were sticking up causing a potential tripping or injury hazard for all mobile residents, staff, or visitors. Maintenance was observed gluing down out of place slats on three different occasions throughout the survey. An undated facility Safe Environment policy, read in part, facility will maintain a safe, comfortable, and homelike environment .the facility will be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. On 02/12/25 at 1:54 p.m., resident council members expressed their concerns of falling due to the floor. They stated even in a wheelchair it was causing trouble for them. On 02/12/25 at 3:44 p.m., the administrator stated the floor had been spot fixed three or four times prior. They provided documentation of bids obtained in January to replace flooring. They acknowledged the floor was a potential injury hazard.

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 02/14/2025
NAME OF PROVIDER OR SUPPLIER: Park Place Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE: 1530 NE Grand Blvd Oklahoma City, OK 73117	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 46653 49701 Based on observation, record review, and interview, the facility failed to ensure medication carts were secured when not in use for two of two medication carts observed. The DON identified 50 residents resided in the facility. Findings: 02/10/25 at 4:44 p.m., the medication cart for hall 100 and 200 was observed by the nursing station (in the center of the building) to be unlocked and unattended with keys still in the lock. On 02/13/25 at 7:55 a.m., the medication cart on hall 600 was observed to be unlocked with no staff around. On 02/13/25 at 9:37 a.m., the medication cart on hall 600 was observed to be unlocked with no staff around. A Medication Storage policy, dated 01/08/24, read in part, All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. 02/10/25 at 4:46 p.m., LPN #2 stated leaving the medication cart unlocked and unattended was against policy. They stated, I'm sorry, it is my fault. On 02/13/25 at 8:01 a.m., LPN #1 stated, I am not supposed to leave the cart unlocked and I did. On 02/13/25 at 9:39 a.m., certified medication aide #1 stated, I am supposed to keep the cart locked at all times because there is controlled substances. On 02/14/25 at 1:11 p.m., the administrator stated the policy was for medication carts to be locked unless they were within sight of the nurse or medication aide.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49701 Based on observation, record review, and interview, the facility failed to ensure infection control was maintained and EBP were followed during medication administration to a resident with a PEG tube for one of one observation. The facility matrix identified 12 residents required enhanced barrier precautions. Findings: On 02/13/25 at 8:33 a.m., LPN #1 was observed providing crushed medications through a PEG tube to a resident that required EBP. LPN #1 washed their hands and wore gloves, but did not wear a gown while providing care to the indwelling device. An Enhanced Barrier Precautions policy, copyright date 2025, read in part, Many residents in nursing homes are at increased risk of becoming colonized and developing infections with multi-drug resistant organisms . This facility utilizes Enhanced Barrier Precautions .as a strategy to decrease transmission of CDC [Centers for Disease Control and Prevention]-targeted and epidemiologically important MDROs when Contact Precautions do not apply .Enhanced Barrier Precautions: An infection control intervention designed to reduce transmissions of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high contact care activities that provide opportunities for transfer of MDROs to staff hands and clothing .Indications .Wounds and/or indwelling medical devices even if the resident is not know to be infected or colonized with an MDRO .Indwelling devices include, but are not limited to, feeding tubes. On 02/13/25 at 2:29 p.m., LPN #1 stated EBP included a gown, gloves, and a mask. They stated they were supposed to wear them if the equipment was on the door or when patients had an infection. They stated they were not wearing a gown while providing medication through a PEG tube. On 02/13/25 at 3:42 p.m., the DON stated the policy was for staff to wear gowns and gloves for anyone with an open wound or an indwelling device. They stated the rooms were marked with directions and when it was to be applied. They stated the supplies were outside the doors.