

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  37E624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Callaway Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 West Lindsey Sulphur, OK 73086	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>34333</p> <p>Based on record review and interview, the facility failed to inform and provide written information to the resident or their representative regarding an advance directive for 3 (#9, 18, and #38) of 3 sampled residents reviewed for advance directives.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>The facility did not provide an advance directive policy.</p> <p>1. A physician order for Resident #9, dated 01/23/25, showed the resident was a full code status.</p> <p>A MDS assessment for Resident #9, dated 02/09/25, showed the resident was cognitively intact with a BIMS score of 15. The assessment showed the resident had diagnoses which include congestive heart failure, hypertension, renal insufficiency, diabetes mellitus, depression, and schizophrenia.</p> <p>A care plan for Resident #9, dated 02/09/25, showed the resident was a full code status and staff would follow the full code protocol.</p> <p>A review of Resident #9's hard chart and electronic medical record showed no documentation related to advance directive information.</p> <p>2. A MDS assessment for Resident #18, dated 01/15/25, showed the resident was severely impaired of cognition with a BIMS score of 04.</p> <p>A physician order for Resident #18, dated 01/23/25, showed the resident was a full code status.</p> <p>A review of Resident #18's hard chart and electronic medical record showed no documentation related to advance directive information.</p> <p>3. A physician order for Resident #38, dated 05/17/24, showed the resident was a full code status.</p> <p>(continued on next page)</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A MDS assessment for Resident #38, dated 02/09/25, showed the resident was cognitively intact with a BIMS score of 15. The assessment showed the resident had diagnoses which included depression, type 2 diabetes mellitus, hypertension, schizophrenia, anxiety, bipolar disorder, and history of traumatic brain injury.</p> <p>A care plan for Resident #38, dated 02/10/25, showed the resident chose to be a full code status and staff would follow full code protocol.</p> <p>A review of Resident #38's hard chart and electronic medical record showed no documentation related to advance directive information.</p> <p>On 04/23/25 at 2:09 p.m., the BOM reported the facility did not address advance directives with newly admitted residents or their representative. The BOM reported they did not have anything in place to offer information or education to current residents. The BOM reported they had a section in the admission packet that addressed resident rights, but no specific information related to advance directives.</p> <p>41873</p>		

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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>34333</p> <p>Based on observation, record review, and interview, the facility failed to provide a clean and homelike environment for the residents.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>On 04/21/25 at 2:15 p.m., a tour of the facility was conducted. Floors in the main lobby, hallways, dining room, and common areas were observed to have dirt and brown stains. A common area at the end of the womens hall was observed to have a fast-food sack of trash on the floor and the area smelled strongly of urine. In the same common area, a door was observed to have a plastic bag shoved into a hole where the door knob had previously been.</p> <p>On 04/24/25 at 8:18 a.m., the common area at the end of the womens hall was observed to still have the plastic bag shoved into the hole of the door where a door knob would be. [NAME] wrappers and a soiled brief/diaper was observed in the corner of the room beside a chair. The floor was noted with brown stains/spills.</p> <p>On 04/24/25 at 11:41 a.m., housekeeping staff were observed in the hallway of the womens hall near the common area. The brief/diaper and candy wrappers were observed to remain on the floor of the common area.</p> <p>On 04/24/25 at 12:40 p.m., the candy wrappers and brief/diaper were observed to remain in the back common area on the floor.</p> <p>On 04/28/25 at 12:49 p.m., candy wrappers and a crushed soda can were observed on the floor of the common area at the end of the womens hall.</p> <p>An undated facility policy titled, Cleaning of Common Areas, read in part, Ensure all common areas are clean and neat .All staff are responsible for seeing that the common areas are clean and neat .Any area will be cleaned if found to be dirty, even if it is not the scheduled day for cleaning that area.</p> <p>On 04/24/25 at 9:10 a.m., CNA #1 reported they were agency staff. CNA #1 reported the aides did a lot of the cleaning. CNA #1 reported housekeeping was in the facility Monday through Friday, but they never knew what hours they would be in the building, and reported the housekeeping staff were also agency. CNA #1 reported the aides emptied trash, cleaned bathrooms, and tried to sweep the floors when they had time. CNA #1 reported sometimes they had to stop cleaning to take care of a resident.</p> <p>(continued on next page)</p>		

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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>On 04/24/25 at 11:52 a.m., housekeeping staff #1 reported they were normally in the building Monday through Friday, but hours varied. They reported they were normally not in the building over the weekend. Housekeeping Staff #1 reported they knew the floors looked bad and thought a floor stripper would be available in a couple of weeks. They reported their plan was to come in at 5:00 a.m. every day to strip the floors before residents were up walking around, and reported not being trained yet on using the stripper. Housekeeping staff #1 reported they thought some of the stains were a build-up of dirt or wax and thought the stripper would help with the stained areas.</p> <p>On 04/28/25 at 2:43 p.m., the administrator reported all housekeeping staff were contracted through an agency. The administrator reported there was no housekeeping staff on the weekends, but CNAs helped with housekeeping duties. The administrator reported all areas of the facility, including common areas, should be cleaned and trash picked up routinely.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41873</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents received a shower as scheduled and requested for 1 (#9) of 1 sampled resident reviewed for activities of daily living assistance.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>On 04/22/25 at 12:05 p.m., Resident #9 was observed using a wet wipe to clean their body.</p> <p>An undated policy titled Shower/Tub Bath showed the purpose was to promote cleanliness and comfort, relax the resident, stimulate circulation, and facilitate observation of the residents's skin condition.</p> <p>A MDS assessment for Resident #9, dated 02/09/25, showed the resident was cognitively intact with a BIMS score of 15. The assessment showed the resident had diagnoses which included congestive heart failure, renal insufficiency, diabetes mellitus, depression, and schizophrenia.</p> <p>A progress note for Resident #9, dated 03/15/25 at 9:00 p.m., showed the resident refused a shower when asked by staff. The note showed the resident refused a shower before dinner as well.</p> <p>On 04/22/25 at 12:05 p.m., Resident #9 reported they were not a stinky person, but not having a shower made them feel yucky. Resident #9 reported they were supposed to get showers twice a week and reported they might get a shower every two weeks. Resident #9 reported they had complained several times and was told by staff they would get a shower scheduled. Resident #9 reported they had never been given a reason for the delay in showers, but stated they did not want to be scheduled at 8:00 p.m. when they were so tired.</p> <p>On 04/28/25 at 1:43 p.m., the ADON reported they were not aware of Resident #9 not getting showers as scheduled.</p> <p>On 04/28/25 at 1:44 p.m., the MDS coordinator reported on 03/15/25 it was documented Resident #9 refused their shower. The MDS coordinator reported they did keep shower sheets, but since the last DON left, they had not been able to find the shower sheets to show documentation of showers.</p> <p>On 04/28/25 at 2:09 p.m., CNA #2 reported Resident #9 did not refuse showers for them, but would not let some of the other staff give them a shower.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34333</p> <p>Based on record review and interview, the facility failed to:</p> <p>a. perform weekly blood pressure checks as ordered for 1 (#32); and</p> <p>b. follow hold parameters on blood pressure medication for 1 (#31) of 2 sampled residents reviewed for following physician orders.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>The ADON reported there was no policy for following physician orders or medication administration and hold parameters.</p> <p>1. A physician order for Resident #32, dated 05/30/24, showed to take and record the resident's blood pressure weekly on Mondays.</p> <p>A progress note for Resident #32, dated 11/20/24 at 1:52 p.m., showed the resident went to have surgery on their right eye. The note showed the resident's blood pressure was elevated and they were unable to do the surgery. The note showed the resident was sent to the emergency room for evaluation due to elevated blood pressure.</p> <p>A progress note for Resident #32, dated 11/20/24 at 5:54 p.m., showed the resident returned to the facility accompanied by a staff member. The note showed the resident had a new order for Prinivil (a blood pressure medication) 10 mg by mouth daily, and to take the resident's blood pressure twice daily and record for the primary care physician.</p> <p>A MDS assessment for Resident #32, dated 03/23/25, showed the resident had diagnoses which include type 2 diabetes mellitus, mood disorder, dementia, psychosis, and benign intracranial hypertension (high blood pressure). The assessment showed the resident was cognitively intact with a BIMS score of 15.</p> <p>A care plan for Resident #32, dated 04/22/25, showed the resident had hypertension. The care plan showed to administer medications as ordered and monitor for effectiveness and side effects. The care plan showed to monitor and record the blood pressure as ordered and to notify the physician of significant abnormalities.</p> <p>On 04/24/25 at 11:40 a.m., the MDS coordinator reported there was a gap in documentation from June 2024 to September 2024 for blood pressure monitoring, and then another gap from September 2024 to November 2024. The MDS coordinator reported it was about that time that the facility switched over to an electronic medical record. The MDS coordinator reported they were unable to find any documentation to show they were checking the resident's blood pressure weekly as ordered.</p> <p>41873</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. A physician's order for Resident #31, dated 06/06/24, showed Carvedilol (a blood pressure medication) 3.125 mg, give one tablet orally two times a day for hypertension and hold if systolic blood pressure is less than 120.</p> <p>A significant change assessment for Resident #31, dated 03/10/25, showed Resident #31's cognition was moderately impaired with a BIMS score of 09. The assessment showed the resident had a diagnosis of hypertension.</p> <p>A medication administration record for Resident #31, dated 04/01/25 through 04/30/25, showed Resident #31's systolic blood pressure readings were less than 120 and Carvedilol was administered on:</p> <ul style="list-style-type: none"> <li>a. 04/01/25 at 7:00 a.m. - 114/72,</li> <li>b. 04/02/25 at 7:00 a.m. - 119/67,</li> <li>c. 04/02/25 at 6:00 p.m. - 114/69,</li> <li>d. 04/04/25 at 6:00 p.m. - 118/77,</li> <li>e. 04/06/25 at 6:00 p.m. - 115/68,</li> <li>f. 04/09/25 at 7:00 a.m. - 118/83,</li> <li>g. 04/13/25 at 7:00 a.m. - 100/77,</li> <li>h. 04/14/25 at 6:00 p.m. - 114/77,</li> <li>i. 04/17/25 at 6:00 p.m. - 117/75,</li> <li>j. 04/20/25 at 6:00 p.m. - 114/65,</li> <li>k. 04/25/25 at 7:00 a.m. - 118/70,</li> <li>l. 04/25/25 at 6:00 p.m. - 107/70,</li> <li>m. 04/26/25 at 7:00 a.m. - 113/66,</li> <li>n. 04/27/25 at 7:00 a.m. - 117/65, and</li> <li>o. 04/28/25 at 7:00 a.m. - 117/63.</li> </ul> <p>On 04/28/25 at 2:31 p.m., CMA #1 reported the dose of blood pressure medication (Carvedilol 3.125 mg) given by CMA #2 this morning should not have been administered since the blood pressure reading of 117/63 was not within the written parameters.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/28/25 at 2:32 p.m., the ADON reviewed Resident #31's medication administration record for April 2025 and reported the medication Carvedilol 3.125 mg should have been held and not given for all the systolic blood pressure readings under 120. The ADON reported that was not a normal parameter for blood pressure readings and will get a parameter clarification from the doctor.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>34333</p> <p>Based on record review and interview, the facility failed to provide sufficient staff to ensure the highest practicable well-being of each resident.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>The PBJ Staffing Data Report, dated October 2024 through December 2024 showed no RN hours on</p> <p>10/09, 10/10, 10/11, 10/14, 10/15, 10/16, 10/17, 10/18, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26, 10/28, 10/29, 10/30, 10/31, 11/01, 11/02, 11/03, 11/04, 11/05, 11/06, 11/07, 11/08, 11/09, 11/10, 11/11, 11/12, 11/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24, 11/25, 11/26, 11/27, 11/28, 11/29, 11/30, 12/01, 12/02, 12/03, 12/04, 12/05, 12/06, 12/07, 12/08, 12/09, 12/10, 12/11, 12/12, 12/13, 12/14, 12/15, 12/16, 12/17, 12/18, 12/19, 12/20, 12/21, 12/22, 12/23, 12/24, 12/25, 12/26, 12/27, 12/28, 12/29, 12/30, and 12/31.</p> <p>The PBJ Staffing Data Report dated October through December 2024, showed the facility failed to have licensed nursing coverage 24 hours/day on 10/11, 10/13, 10/20, 10/24, 10/25, 10/26, 10/28, 10/29, 10/30, 10/31, 11/01, 11/02, 11/03, 11/04, 11/05, 11/06, 11/07, 11/08, 11/09, 11/10, 11/11, 11/12, 11/13, 11/14, 11/15, 11/16, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24, 11/25, 11/26, 11/27, 11/28, 11/29, 11/30, 12/01, 12/02, 12/03, 12/04, 12/05, 12/06, 12/07, 12/08, 12/09, 12/10, 12/11, 12/12, 12/13, 12/14, 12/15, 12/16, 12/17, 12/18, 12/19, 12/20, 12/21, 12/22, 12/23, 12/24, 12/25, 12/26, 12/27, 12/28, 12/29, 12/30, and 12/31.</p> <p>The Quality of Care Monthly Report, dated January 2025, showed 15 day shifts, 14 evening shifts, and 10 night shifts with insufficient direct care staff for the reported resident census.</p> <p>The Quality of Care Monthly Report, dated February 2025, showed 21 day shifts, 7 evening shifts, and 10 night shifts with insufficient direct care staff for the reported resident census.</p> <p>The Quality of Care Monthly Report, dated March 2025, showed 10 day shifts, 4 evening shifts, and 15 night shifts with insufficient direct care staff for the reported resident census.</p> <p>On 04/24/25 at 9:10 a.m., CNA #1 reported they were agency staff and reported the aides did a lot of the cleaning and housekeeping tasks. CNA #1 reported housekeeping staff were usually in the building Monday through Friday, but the aides did not always know what hours housekeeping would be in the building, and they were also agency. CNA #1 reported the aides emptied trash, cleaned bathrooms, and tried to sweep the floors when they had time. CNA #1 stated sometimes they had to stop cleaning to take care of a resident. CNA #1 reported when the resident census was high enough, they had more aides, but occasionally there was only one CNA per hall if there were call-ins.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/25 at 9:20 a.m., the administrator was asked to provide documentation to show RN coverage. The administrator reported the facility used almost all agency staff and currently all of their CNAs, CMAs, and licensed nurses were agency staff. The administrator reported their agency staff hours were turned in and included in their staffing reports. The administrator reported the DON had resigned and last worked on 04/14/25. The administrator reported the ADON was full-time core staff and the MDS coordinator was shared with a sister facility.</p> <p>On 04/28/25 at 2:35 p.m., the administrator reported they had better RN coverage when the DON was still employed and named four RNs who signed up to work as needed. The administrator reported one of the RNs had recently dropped down to PRN only and it varied from week to week on when the RNs would cover shifts. The administrator reported they had a schedule out for the RNs to sign up, but they did not have any core staff RNs who covered specific shifts each week.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>34333</p> <p>Based on record review and interview, the facility failed to have a registered nurse to serve as full time DON.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>An undated facility policy titled Registered Nurse showed the facility would ensure a registered nurse was available for supervision in the facility. The policy showed the facility must designate a registered nurse to serve as the director of nursing on a full-time basis.</p> <p>On 04/21/25 at 2:30 p.m., during the entrance conference, the ADON reported the facility did not currently have a DON. The ADON reported the facility did not have an RN acting in the capacity of the DON.</p> <p>On 04/24/25 at 9:20 a.m., the administrator reported the DON resigned the previous week.</p> <p>On 04/28/25 at 2:35 p.m., the administrator reported the previous DON last worked on 04/14/25.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41873</p> <p>Based on record review and interview, the facility failed to develop a water management program for Legionella.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>A maintenance air and water temperature log, dated 04/22/25 through 04/25/25, showed no testing for Legionella had been conducted.</p> <p>On 04/23/25 at 10:00 a.m., the administrator provided an information packet for Legionella water management. The packet contained no policy.</p> <p>On 04/28/25 at 10:31 a.m., the maintenance supervisor reported they were hired in March 2025. They reported they were trying to organize paperwork for the facility, but stated they do not have a detailed diagram of the facility and do not have a water management program in place. They reported they have not been trained on Legionella but was given a packet of information.</p> <p>On 04/28/25 at 10:50 a.m., the administrator reported no Legionella water management policy was available.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  37E624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Callaway Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 West Lindsey Sulphur, OK 73086	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<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>41873</p> <p>Based on on record review and interview, the facility failed to ensure the antibiotic stewardship program was implemented for 3 (#3, 18, and #21) of 3 sampled residents reviewed for antibiotic use.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>An undated facility policy titled Antibiotic Stewardship showed to implement protocols to optimize the treatment of infections by ensuring residents who required an antibiotic were prescribed the appropriate antibiotic. The policy showed to assess residents for any infection using standardized tools and criteria.</p> <p>1. A physician's order for Resident #3, dated 11/29/24, showed Bactrim double strength (an antibiotic) 800 mg -160 mg, give one tablet two times a day for an urinary tract infection.</p> <p>A physician's order for Resident #3, dated 02/27/25, showed Azithromycin (an antibiotic) 250 mg, give one tablet one time a day for a positive COVID test.</p> <p>An annual assessment for Resident #3, dated 02/27/25, showed antibiotic use for the resident. The assessment showed a diagnosis of dementia and the resident's cognition was severely impaired with a BIMS score of 03.</p> <p>2. An annual assessment for Resident #18, dated 01/15/25, showed the resident's cognition was severely impaired with a BIMS score of 04. The assessment showed a diagnosis of Alzheimer's disease.</p> <p>A physician's order for Resident #18, dated 02/04/25, showed Azithromycin 250 mg, give two tablets by mouth one time a day for a positive COVID test, and give one tablet by mouth one time a day for four days.</p> <p>A physician's order for Resident #18, dated 04/17/25, showed Azithromycin 250 mg, give two tablets by mouth one time a day for infection, and give one tablet by mouth one time a day for four days.</p> <p>3. A physician's order for Resident #21, dated 02/04/25, showed Azithromycin 250 mg, give two tablets by mouth one time a day for a positive COVID test on the first day, and give one tablet by mouth one time a day for four days.</p> <p>A quarterly assessment for Resident #21, dated 03/08/25, showed the resident's cognition was severely impaired with a BIMS score of 03. The assessment showed a diagnosis of Alzheimer's disease.</p> <p>A physician's order for Resident #21, dated 04/17/25, showed Azithromycin 250 mg, give 250 mg by mouth one time a day for infection for four days, and 500 mg for initial dose.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  37E624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Callaway Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 West Lindsey Sulphur, OK 73086	

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F 0881  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	On 4/28/25 at 11:46 a.m., the MDS coordinator reported the facility used the Loeb minimum criteria forms when initiating antibiotic therapy for residents. The MDS coordinator reported no forms were found for Residents #3, 18 and #21 or any other residents in the facility. The MDS coordinator reported the forms should have been completed and they did not know what the previous DON did with the forms or if they were used.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  37E624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Callaway Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 West Lindsey Sulphur, OK 73086	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>41873</p> <p>Based on record review and interview, the facility failed to designate a staff member to serve as the infection preventionist.</p> <p>The administrator reported 44 residents resided in the facility.</p> <p>Findings:</p> <p>An undated facility policy titled Infection Prevention and Control Program, read in part, The facility must establish an infection prevention and control program that must include .A system for preventing, identifying . and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment and following accepted national standards .'infection preventionist' .designated by the facility to be responsible for the infection prevention and control program.</p> <p>An undated staff roster showed no infection preventionist.</p> <p>On 04/21/25 at 2:23 p.m., the DON reported the facility was currently without an infection preventionist.</p>