

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/17/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Broadway Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East Broadway Muskogee, OK 74403	
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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to provide a bed hold policy to a resident prior to transfer for one (#49) of one resident reviewed for hospitalization .</p> <p>The administrator reported the census was 71.</p> <p>Findings:</p> <p>A notification of Bed Hold policy, dated December 2018, read in part .When a resident/patient is discharged to a hospital, the facility will notify the resident/patient and responsible party of bed hold days remaining . Document communication in the medical records .</p> <p>Resident #49 had diagnoses which included anxiety disorder and anemia.</p> <p>A physician order, dated 02/07/24 at 11:45 a.m., documented the resident was to be sent to the hospital for evaluation and treatment.</p> <p>A review of Resident #49's health record did not document the resident, or their representative had been given notice of the bed hold policy at the time of transfer.</p> <p>On 02/15/24 at 11:38 a.m., the administrator stated they did not have documentation the resident or their representative had been provided with a copy of the bed hold policy at the time of transfer.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Broadway Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East Broadway Muskogee, OK 74403	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure a level II PASRR referral was made to the Oklahoma Health Care Authority for one (#15) of four residents who were reviewed for PASARR.</p> <p>The administrator reported the census was 71.</p> <p>Findings:</p> <p>A Policy titled PASRR Determination, dated November 2023, read in part .Level 2 screens are conducted when necessary to insure that a beneficiary requires nursing facility level of care and/or specialized services within the nursing facility .It is the responsibility of the NF to ensure a Level II is completed on a beneficiary that meets previous criteria .A yes answer to any of the six questions in Section E of the LTC-300R form . Requires a Screening for Level II PASRR .</p> <p>Resident #15 had diagnoses which included unspecified intellectual disabilities and anemia.</p> <p>A PASRR level 1 form, dated 12/08/23, documented the social worker from the hospital Resident #15 was admitted from contacted the OHCA regarding a 30-day PASRR exemption letter as the resident was being admitted for skilled care. The level I PASRR also documented in section E that Resident #15 had a diagnosis of mental retardation or a related condition.</p> <p>On 2/15/24 at 11:35 a.m., the administrator stated a Level II PASRR was not completed because of the 30-day exemption.</p> <p>A review of the resident's record documented the resident had been in the facility 46 days.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Broadway Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East Broadway Muskogee, OK 74403	
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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>46582</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident was assessed for the need and an informed consent was obtained prior to the use of shepherds hook bed rails for two (#14 and #38) of two residents reviewed for bed rails.</p> <p>The administrator identified six residents whose beds were equipped with a bed rail of any type.</p> <p>Findings:</p> <p>A Bed Mobility Assistive Devices/Bed Rails policy, dated July 2018, read in parts, .If a bed rail is determined to be the most effective intervention for resident positioning/safety, the following requirements must be met: Bed/Bedrail assessment .Review of risks and benefits of bed rails with the resident or resident representative .Obtain informed consent prior to installation .</p> <p>1. Res #14 had diagnoses which included heart failure, anxiety, and repeated falls.</p> <p>A physician order, dated 01/17/23, documented the resident may have a shepherd hook on bed for turning and repositioning.</p> <p>A quarterly assessment, dated 11/17/23, documented Res #14 was severely impaired in cognition, required supervision or touch assistance with bed mobility, and had not fallen.</p> <p>On 02/12/24 at 12:28 p.m., Res #14 was observed sitting on the side of the bed. A shepherd hook bed rail was observed on the upper left side of the bed closest to the wall. Res #14 stated they did not use the bed rail for transfers or positioning and did not know why it was there.</p> <p>2. Res #38 had diagnoses which included heart failure, muscle wasting, and depression.</p> <p>A physician order, dated 01/17/23, documented the resident may have a shepard hook on bed for turning and repositioning.</p> <p>An annual assessment, dated 11/03/23, documented Res #38 was intact in cognition, required substantial to maximum assistance with bed mobility, and did not ambulate.</p> <p>On 02/12/24 at 1:08 p.m., Res #38 was observed lying in bed. [NAME] hook bed rails were observed on both sides of the upper bed. Res #38 stated they had the bed rails for a while now to assist with turning left and right in the bed.</p> <p>On 02/15/24 at 11:24 a.m., the DON stated there was no documentation of an assessment of the appropriateness of the shepherds hook bed rails and no documentation of informed consent prior to installation for Res #14 and Res #38.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/17/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Broadway Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East Broadway Muskogee, OK 74403	
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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/15/24 at 11:33 a.m., the administrator stated an assessment for appropriateness and informed consent should have been obtained prior to installation of the shepherds hook bed rails for Res #14 and Res #38.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Broadway Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 East Broadway Muskogee, OK 74403	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>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.</p> <p>42171</p> <p>Based on observation and interview, the facility failed to ensure that expired medications were removed from the medication room.</p> <p>The administrator reported the census was 71.</p> <p>Findings:</p> <p>A Medication Storage in the facility policy, dated April 2018, read in part, .Outdated, contaminated, or deteriorated medications .are immediately removed from inventory .</p> <p>On 02/15/24 at 9:23 a.m., a tour of the medication storage room for halls A and B was conducted with RN #1. A medication card containing ondansetron 4 mg for Resident #8 was observed to have an expiration date of 01/17/24.</p> <p>On 02/15/24 at 9:25 a.m., RN #1 stated the expired medication should have been removed from the medication room.</p> <p>On 2/15/24 at 9:30 a.m., the DON stated expired medications should be disposed of.</p>		