

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Blue River Healthcare, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 East Main Tishomingo, OK 73460	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>34333</p> <p>Based on observation, record review, and interview, the facility failed to provide showers as scheduled for one (#29) of three residents reviewed for assistance with activities of daily living.</p> <p>The administrator reported a facility census of 48 residents.</p> <p>Findings:</p> <p>An Activities of Daily Living policy, dated March 2018, documented in part, .Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .Appropriate care and services will be provided for .hygiene (bathing, dressing, grooming) .</p> <p>Resident #29 was admitted with diagnoses which included diabetes mellitus, chronic kidney disease, and chronic pain.</p> <p>An MDS assessment, dated 07/15/24, documented resident #29 required assistance with activities of daily living. The assessment documented the resident was cognitively intact.</p> <p>Resident #29's care plan, dated 07/16/24, documented the resident had a self-care deficit and required assistance with activities of daily living.</p> <p>Shower sheets for resident #29 were reviewed for July and August 2024. The shower sheet for 07/06/24 documented self. The sheet for 07/25/24 documented, she didn't want one she was mad. The sheet for 07/30/24 documented, COVID quarantine. The sheet for 08/17/24 documented the resident received a shower. Shower sheets for previous months were reviewed and contained very inconsistent documentation related to which residents received showers as scheduled.</p> <p>Resident council minutes were reviewed. The minutes for 08/09/24 documented residents complained they were not getting showers in a timely manner. The minutes documented staff in-service training was conducted on 08/16/24 related to providing showers as scheduled.</p> <p>On 08/28/24 at 9:34 a.m., resident #29 was observed with oily/greasy hair and reported she thought her regular shower days were Tuesday, Thursday, and Saturday. The resident reported she wasn't feeling well the previous day so didn't get a shower as scheduled. The resident stated she couldn't remember exactly when she last had a shower.</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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 08/29/24 at 8:57 a.m., CNA #1 reported the aides try to document showers both in the computer and on the shower sheets. The CNA reported the aides have talked to corporate staff regarding the charting of showers in the EMR. The CNA stated the system doesn't provide an option to show when it's not the resident's shower day, and therefore it looks like the aides are charting done every day. The CNA stated some of the new staff aren't sure what to do so they just click on it every day whether it's the resident's shower day or not. The CNA reported they try to keep the paper shower sheets up to date so they're more accurate, but some of the new staff are still being trained.</p> <p>On 08/29/24 at 10:58 a.m., RN #1 reported staff had been in-serviced related to documentation of resident showers. The RN stated administrative staff would continue to make rounds and interview residents to ensure they were getting their showers as scheduled.</p>		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>34333</p> <p>Based on observation, record review, and interview, the facility failed to administer medications per physician orders for two (#11 and #41) of five residents reviewed for following physician orders.</p> <p>The facility reported two medication errors in the last 90 days.</p> <p>Findings:</p> <p>An Administering Medications policy, dated April 2019, documented in part, .Medications are administered in accordance with prescriber orders, including any required time frame .The individual administering the medication checks the label three (3) times to verify the .right time .before giving the medication .</p> <p>1. Resident #11 was admitted with diagnoses which included diabetes mellitus, polyarthritis, hypertension, hypothyroidism, acute kidney failure, anxiety, and chronic pain.</p> <p>An MDS assessment for resident #11, dated 06/03/24, documented the resident was moderately impaired with cognition. The assessment documented the resident required some assistance with activities of daily living.</p> <p>A Physician Order Report for resident #11, dated July and August 2024, documented to give Pepcid (famotidine) 20 mg, 1 by mouth daily, between 6:00 a.m. and 7:00 a.m., for gastro-esophageal reflux disease without esophagitis.</p> <p>On 08/26/24 at 8:23 a.m., ACMA #1 was observed to administer resident #11's morning medications. The medication Pepcid (famotidine) 20 mg was included with the other medications.</p> <p>2. Resident #41 was admitted to the facility with diagnoses which included Alzheimer's disease, hypotension, hypokalemia, Bipolar disorder, depression, anxiety, and pain.</p> <p>A physician's order for resident #41, dated 11/13/23, documented the resident was to receive Pantoprazole 40 mg, one by mouth, prior to breakfast between 6:00 a.m. and 7:00 a.m.</p> <p>Resident #41's care plan, dated 08/05/24, documented the resident was at risk for GI distress related to GERD.</p> <p>An MDS assessment for resident #41, dated 08/05/24, documented the resident was severely impaired with cognition and required assistance with activities of daily living.</p> <p>On 08/26/24 at 8:09 a.m., CMA #1 was observed to administer resident #41's morning medications. The medication Pantoprazole was given at the same time with other medications.</p> <p>(continued on next page)</p>		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 08/29/24 at 8:54 a.m., CMA #1 reported resident #41 often stayed up late so if the resident was still asleep, they held the early medication until the resident was up and gave it with the other morning medications. The CMA stated she understood Pantoprazole was supposed to be administered prior to breakfast and stated most of the time it was given as ordered.</p> <p>On 08/29/24 at 11:30 a.m., RN #1 reported she had just got the order changed for resident #11 to be given the Pepcid between 6:00 a.m. and 11:00 a.m. The RN stated both residents should have received their medications between 6:00 a.m. and 7:00 a.m. as ordered.</p>		