

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Ponca City Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North Waverly Ponca City, OK 74601	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide activities to meet all resident's needs.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure a resident who preferred individualized activities in their room was provided those activities for one (#53) of 8 sampled residents reviewed for activities.</p> <p>A facility room roster, dated 07/28/24, documented 79 residents resided in the facility.</p> <p>Findings:</p> <p>An Activities and Social Work, dated 11/2022, read in part, When the Care Planning Team develops the resident's activity and social care plan, the resident will be given an opportunity to choose when, where, and how he or she will participate in activities and social events.</p> <p>A review of the resident's medical record found no documentation of activities having been provided to Resident #53 in the months of April 2024 and May 2024.</p> <p>An annual minimum data set assessment, dated 03/22/24, documented Resident #53's cognition was intact.</p> <p>On 07/29/24 at 1:19 p.m., Resident #53 stated the staff had not provided them with one-to-one activities in their room. They stated they believed they did not receive activities in their room because they would be charged extra. They stated they would enjoy if someone would spend time with them doing an activity as they were unable to leave the room without much difficulty.</p> <p>On 07/30/24 at 12:32 p.m. the activities director stated they usually attempt to spend two times each week with those wanting visits. They stated they document resident participation in monthly progress notes in the residents' electronic medical record. They stated they did not know why those notes for #53 were not in the medical record and would go look for them.</p> <p>On 07/30/24 at 1:16 p.m., the activities director stated they had looked in the Resident #53's records and was unable to locate the activities documentation for April 2024 and May 2024. They stated they may not have clicked the save and lock button in the system after entering the information.</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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FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 375439	If continuation sheet Page 1 of 3

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46702</p> <p>Based on observation, record review, and interview, the facility failed to provide treatment and services to treat a contracture for one (#46) of one sampled resident reviewed for range of motion restorative care.</p> <p>The DON identified nine residents with contractures.</p> <p>Findings:</p> <p>The facility's Restorative Nursing Services policy, revised 06/2017, read in part, Residents will receive restorative nursing care as needed to help promote optimal safety and independence. The policy also read, Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care.</p> <p>1. Resident #46 was admitted on [DATE] with diagnoses which included esophagitis and Guillain-Barre syndrome.</p> <p>A annual MDS assessment, dated 07/13/24, documented Resident #46's cognition was intact and had range of motion impairments on the upper extremities and lower extremities on both sides.</p> <p>The Health Record did not document Resident #46 was receiving restorative services.</p> <p>On 07/29/24 at 1:20 p.m., Resident #46 was observed in bed. Resident #46 had contractures to both hands and legs. Resident #46 stated both hand and legs were contracted. Resident #46 was asked if they were receiving therapy or restorative care. Resident #46 stated they wanted restorative care and was not receiving it because they were not eligible due to being on Medicaid.</p> <p>On 07/31/24 at 12:55 p.m., CMA#1 was asked to discuss Resident #46's physical limitations and contractures. They stated Resident #46's hands were contracted and required a lift assist with transfers.</p> <p>On 07/31/24 at 12:59 p.m., LPN#3 was asked to discuss Resident #46's physical limitations or contractures. LPN#3 stated Resident #46 was contracted in their legs bilaterally and both hands. LPN #3 was asked what the policy was for a resident to receive restorative therapy. They stated when there is an order or the resident experienced weight loss, pain, a decline in ADL's , or experienced a fall, the resident would receive restorative care.</p> <p>On 07/31/24 at 1:06 p.m., the DON was asked how the facility determines a resident receives and/or needs restorative care. They stated every resident was evaluated and they try and get a restorative program if they qualify. The DON was asked if Resident #46 was a candidate for restorative care. The DON stated Resident #46 was candidate for restorative care and thought the resident had refused. The DON was asked to provide documentation of the refusal or restorative care Resident #46 was receiving. The DON stated resident #46 should of been receiving restorative care and there was no documentation of a refusal or restorative care being provided.</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>47453</p> <p>Based on record review and interview, the facility failed to ensure a physician order was completed for a gradual dose reduction for one (#34) of five sampled residents reviewed for unnecessary medications.</p> <p>The DON identified 53 residents received psychotropic medications.</p> <p>Findings:</p> <p>A Medication and Treatment Orders policy, revised July 2016, read in part,orders for medications and treatments will be consistent with principles of safe and effective order writing.</p> <p>A Tapering Medications and Gradual Drug Dose Reduction policy, revised July 2022, read in part, the residents who use psychotropic medications shall receive gradual dose reductions. The policy also read, in a effort to discontinue these drugs.</p> <p>Resident #34 had diagnoses which included Alzheimer's, depression, and cognitive communication deficit.</p> <p>A Medication Regimen Review, dated 07/16/24, documented Resident #34 received mirtazapine (Remeron) 30 mg at bedtime. Recommendation by pharmacist made to reduce mirtazapine (Remeron) to 15 mg at bedtime. Review was signed by physician on 07/18/24 to reduce mirtazapine (Remeron) to 15 mg at bedtime.</p> <p>A Medication Administration record, dated July 2024, documented Resident #34 continued to receive mirtazapine (Remeron) 30 mg at bedtime.</p> <p>On 07/31/24 at 7:59 a.m., the DON was asked what the facility policy was for adding or changing orders in a residents chart. They stated the nurse that takes the order or notes the order makes the changes in a residents chart. They were then asked to review a pharmacist recommendation on a medication regimen review for Resident #34 dated 07/16/24 for mirtazapine to be reduced to 15 mg every day at bedtime. They were then asked to review the medication administration record for July 2024 and asked if the order for mirtazapine was reduced per physician order signed on 07/18/24, they stated No it was not changed.</p>		