

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Lawton Post Acute & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Northwest Fort Sill Blvd Lawton, OK 73507	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30875</p> <p>Based on observation, record review, and interview, the facility failed to establish consistent protocol and follow facility policy for BiPAP therapy for two (#3 and #4) of two sampled residents reviewed for BiPAP therapy.</p> <p>The RN/DON identified two residents with BiPAP therapy.</p> <p>Findings:</p> <p>The CPAP/BiPAP Cleaning policy, dated May 2022, read in part, It is the policy of this facility to clean CPAP/BiPAP equipment in accordance with current CDC guidelines and manufacturer recommendations in order to prevent the occurrence or spread of infection. The policy also read, Respiratory therapy equipment can become colonized with infectious organisms and serve as a source of respiratory infections. The policy also read, Clean mask frame daily after use with CPAP cleaning wipe or soap and water. Dry well. Cover with plastic bag or completely enclosed in machine storage when not in use. Weekly cleaning activities (specify day of week): a. Wash headgear/straps in warm, soapy water and air dry. b. Wash tubing with warm, soapy water and air dry. Follow manufacturer instructions for the frequency of cleaning/replacing filters and servicing the machine. Only the supplier may service the machine.</p> <p>1. Resident #3's plan of care, date initiated 07/01/24, documented the resident had COPD. It documented the resident would display optimal breathing patterns daily through review date. It documented on 09/20/24 to change the O2 tubing on the 1st and 15th and place BiPAP at bedtime as directed per physician order located on TAR. It documented on 09/27/24 to alternate between O2 and BiPAP, wear BiPAP nightly and at least 4 hours during the day shift. The plan of care did not include BiPAP cleaning instructions.</p> <p>Resident #3's Physician Order, dated 09/18/24, documented BiPAP (PRE-SET) at bedtime.</p> <p>The physician orders did not indicate what to use to clean the BiPAP with, instructions for what parts of the BiPAP to clean, or the frequency of cleaning the machine.</p> <p>Resident #3's Physician Order, dated 09/27/24, documented to alternate between O2 and BiPAP, wear BiPAP nightly and at least 4 hours during the day shift every day and night shift for BiPAP.</p> <p>Resident #3's quarterly assessment, dated 12/20/24, documented the resident was</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Lawton Post Acute & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Northwest Fort Sill Blvd Lawton, OK 73507	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>cognitively intact with diagnoses which included chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, and systolic congestive heart failure.</p> <p>On 01/08/25 at 3:45 p.m., Resident #3 was lying in bed with their BiPAP in place with their eyes closed.</p> <p>On 01/13/25 at 1:22 p.m., the RN/DON was asked about Resident #3's orders to clean the BiPAP. They stated there were orders for oxygen and changing the nasal cannula, but there were no orders to clean the BiPAP. They reported they were going to purchase some Dawn soap and were updating the orders and to be consistent.</p> <p>On 01/13/25 at 2:38 p.m., the RT was asked about orders to clean the BiPAP. They reported they just entered the orders to clean the BiPAP. They stated they would specify Dawn soap and would talk with the resident about cleaning their machine.</p> <p>2. Resident #4's plan of care, dated 01/06/25, documented CPAP/BiPAP therapy. It documented the resident would adhere to the CPAP/BiPAP regimen. It documented to educate resident/representative on the importance of CPAP/BiPAP therapy. The plan of care did not include BiPAP cleaning instructions or the frequency of use.</p> <p>Resident #4's comprehensive assessment, dated 01/08/25, documented the resident admitted to the facility on [DATE] with cognitive impairment and diagnoses which included cancer, heart failure, and COPD.</p> <p>Resident #4's Physician Orders, dated 01/13/25, documented to clean all removable parts of the BiPAP (water container, face mask, and tubing) with mild soap and water, and allow to air dry every week and as needed if soiled. The physician order was entered into the computer on the day of survey and was to start on 01/19/25.</p> <p>On 01/13/25 at 8:40 a.m., a distilled bottle of water, dated 01/05/25, was observed next to Resident #4's BiPAP machine.</p> <p>On 01/13/25 at 1:16 p.m., the RN/DON was asked when was the order written to clean Resident #4's BiPAP machine. They stated it was written today and revised today. They were asked about the facility policy. They stated they were to use the manufacturers suggestion. They were asked what type of soap to use and did they have wipes for the machine. They stated the order stated to use mild soap and they were not sure if they had wipes. They were asked if the order indicated the frequency of the BiPAP machine. They stated there was a frequency when to clean the machine, but there was no frequency when to use the BiPAP machine.</p>		