STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(F1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER

<table>
<thead>
<tr>
<th>(X1) PROVIDER / SUPPLIER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF PROVIDER OF SUPPLIER</td>
<td>A. BUILDING</td>
</tr>
<tr>
<td>OAK HILL CARE CENTER</td>
<td>B. WING</td>
</tr>
<tr>
<td>STREET ADDRESS, CITY, STATE, ZIP</td>
<td>375117</td>
</tr>
</tbody>
</table>

NAME OF PROVIDER OF SUPPLIER

OAK HILL CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP

100 WEST GEORGIA JONES, OR 70469

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(F4) IF PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

DATE OF SURVEY 07/23/2014

NAME OF PROVIDER OF SUPPLIER

OAK HILL CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP

100 WEST GEORGIA JONES, OR 70469

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above and plans of correction 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 of survey.

Residents Affected - Few

Level of harm - Actual harm

Residents Affected - Few

Level of harm - Minimal harm or potential for actual harm

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER TITLE

REPRESENTATIVE’S SIGNATURE

(X6) DATE

If continuation sheet

Page 1 of 2

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided 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. Deficiencies are cited in an approved plan of correction in response to continuous monitoring.
For information on the nursing home’s plan to correct this deficiency, please contact the nursing home or the state survey agency.

**CORRECTION AND PLAN OF DEFICIENCIES**

**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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**(X4) ID PREFIX TAG**

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

**F 0225**

**Level of harm - Minimal harm or potential for actual harm**

**Residents Affected - Few**

(continued... from page 1)

hand mittens taped on with duck (sic) tape. Nurse (name omitted) was last nurse to of been responsible for resident (resident #3). Brusing to both wrist was found due to tightness of tape and use of mittens. A written statement by CNA #1, dated 03/04/14, documented, I did put the duct tape on (resident #3) (on Sat (Saturday) night/Sun (Sunday) MORN (morning) 3/1-32 on the 10-6 shift) to keep his mittens in place because he was digging in feces and smearing it on the wall (and) bed. He did this multiple times the night before and I did it to prevent it from reoccuring on this night. The nurse (name omitted) (and) she was aware that I had used duct tape instead of paper tape which had been used with prior incidents to keep on his mittens. A written statement by LPN #1, dated 03/05/14, documented. The CNA (certified nursing assistant) used tape to hold mittens on (resident #3), because he was able to remove them and he would not stop digging in his rectum. I assessed the tape and it was not tight around his wrists, it was moveable. On 07/21/14 at 12:24 p.m., the administrator was asked why there was no notification the nurse aide registry for an allegation of abuse done for CNA #1. He stated that the department of human services already sent the notification to the nurse aide registry during a previous investigation. He was then asked if the facility had reported the CNA to the nurse aide registry. He stated. No. He was then asked why she had not been reported to the nurse aide registry. He stated. Only thing I can think of is that she was new.

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**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING

B. WING

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**(X3) DATE SURVEY COMPLETED**

07/23/2014

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**STREET ADDRESS, CITY, STATE, ZIP**

110 WEST GEORGIA JONES, OK 73049

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**DATE OF CONSTRUCTION**

09/01/2002

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**NUMBER IDENTIFICATION / CLIA**

375117

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**Event ID:** YL1011

**If continuation sheet:**

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