DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES			PRINTED:2/23/2015 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/23/2014		
NAME OF PROVIDER OF SU	375117 DDI IED	STREET ADDRESS	CITY STATE ZID		
NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP OAK HILL CARE CENTER 1100 WEST GEORGIA UONES, OK 73049					
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state survey	agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST BE PRI MATION)	ECEDED BY FULL REGULATORY		
F 0221	Keep each resident free from physical restraints, unless needed for medical treatment.				
Level of harm - Actual harm	Based on clinical record review, s facility failed to ensure a resident	'S HAVE BEEN EDITED TO PROTECT CONFIDEN staff interviews and review of facility policies and proc was free from restraints without a medical reason for t resident's units with the use of duct tase for one (#3) of	edures, it was determined the he use of the restraint. Mitten		
Residents Affected - Few	reviewed for the use of restraints, potential to affect three residents procedure, titled Restraint, docun and deemed unsuccessful. 2. Con possible) for the use of the restraint legally responsible party may sig the resident/family. 6. The use/re 7. A Monthly Restraint Assessme use of the restraint must be docur two (2) times per year. Resident # 05/02/14, documented, severe co- bowel and bladder. He required e order, dated 11/20/12, documented (every) HS (hour of sleep) 10 pm (certified nursing assistant) (initi them. CNA reported to this nurse reddened bruises to B (both) wris his safety. Also we did not use m resident projor to leaving last nigh on both hands c (with) purple duc and noted red bruises on B (both) documented, was reported to of 1 responsible for resident (resident written statement by CNA #1, da night/Sun (Sunday) MORN (mor and smearing it on the wall (and) reoccurring on this night. The nui which had been used with prior in The CNA (certified nursing assis would not stop digging in his reci 07/21/14 at 12:24 p.m., the admin acceptable. He stated, No. At 1:5 was the proper application of a re and not holding. She was then assl Order new ones. She then stated = negatives. At 4:00 p.m., the direct mitten restraints. She stated they hand mittens being monitored as tape to secure hand mittens in pla it. At 3:45 p.m., LPN #2 was asks stated, No. At 3:51 p.m., LPN #3 restraints. She stated, No, Velcro utilize duct tape and/or tape to se staff were to utilize duct tape and 1) Hire only people with no	resident's wrist with the use of duct tape for one (#3) of Improper use of duct tape resulted in actual harm to the who utilized restraints as identified by the facility. Finc nented, Procedure 1. Document alternative measures to plete the Initial Restraint Assessment. 3. Obtain inform nt. If the resident is mentally or physically incapable of n the consent form.Potential risks and benefits of restra lease of the restraint shall be documented every shift or net will be completed to determine the continued need f nented in the resident's Care Plan. 9. Restraint reductio 63 was admitted to the facility with [DIAGNOSES REI gnitive impairment for daily decision making skills. Th xtensive assistance with transfers, dressing, hygiene, at d, Attempt to use hand mit for prevention of res (resid . A nurse's note, dated 03/02/14, documented, Upon 1s us omitted) founds (sic) resident c (with) duck (sic) tap . This nurse gently removed duck (sic) tape and mitten- t. Pt (patient) was assessed for further injury.appears ca ittens on pt (patient) (at) all yesterday (3/1/14). And we to 40 3/02/14, documented, Pt (k (sic) tape wrapped tightly around them. This nurse re wrists. A document, dated 03/03/14, titled Report of N and mittens taped on with duck (sic) tape. Nurse (nam #3). Bruising to both wrist was found due to tighters of the (name omitted) (and) she was aware that 1 had used ted on the tape of nursing was aware that 1 had used ristrator was asked if the eff the use of duct tape to secure 5 p.m., the director of nursing was asked if the use of d straint. She stated, No, not at all. She stated the Velcro sed what would be a good intervention for hand mittens the felt the benefits to utilizing duct tape to secure the F tor of nursing was asked if there was documentation of did not think the use hand mittens was a restraint. Ther restraints. On 07/23/14 at 12:23 p.m., the primary care ce was the proper use of a restraint. He stated, Nothing di staff were to utilize duct tape and/or any other tape was asked if staff were	e resident. This had the lings: A facility policy and restraints that have been utilized ned consent from the resident (if f signing the consent, then a int use should be explained to n the Restraint Release Record. for the use of the restraint. 8. The ns shall be attempted at least DACTED]. A quarterly assessment, dated e resident was always incontinent of d bathing. A physician's telephone lent) picking at wounds on 6-2 off q t rounds this morning the CNA e wrapped tightly around s. Pt (patient) was noted c (with) alm and denies feeling afraid for e idi not place mittens on patient) noted c (with) mittens emoved duck (sic) tape and mittens lursing Practice Incident, e omitted) was last nurse to of been of tape and use of mittens. A seident #3) (on Sat (Saturday)) lace because he was digging in feces lid it to prevent it from duct tape instead of paper tape LPN #1, dated 03/05/14, documented, e he was able to remove them and he wrists, it was moveable. On wrists, it was moveable. On state to secure hand mittens uct tape to secure hand mittens uct tape to secure hand mittens is to be used with duct tape on t to use of when we of hand e was notocumentation of the physician was asked if use of duct is to be used with duct tape on t to secure mitten restraints. He other tape to secure mitten was asked if staff were to 3:55 p.m., LPN #4 was asked if		
Level of harm - Minimal		stigate any acts or reports of abuse, neglect or			
harm or potential for actual harm	**NOTE- TERMS IN BRACKET Based on clinical record review,	S HAVE BEEN EDITED TO PROTECT CONFIDEN staff interviews and review of policies and procedures,	it was determined the facility		
Residents Affected - Few	failed to report allegations of abu abuse. This had the potential to a Abuse-Resident Rights, documen of the residents' property by certi Administrator and or Director of was admitted to the facility with cognitive impairment for daily de required extensive assistance with 11/20/12, documented, Attempt t (hour of sleep) 10 pm A nurse's n assistant) (initials omitted) found this nurse. This nurse gently rem (both) wrist. Pt (patient) was asse did not use mittens on pt (patient last night. An incident report, dat purple duck (sic) tape wrapped ti B (both) wrists. A document, date	se to the nurse aide registry for one (#3) of three sampl fect all 97 residents who resided in the facility. Findin ted, The facility shall report allegations of resident ab fied or licensed personnel to the appropriate certifying i Nursing will be responsible for reporting to the appropri DIAGNOSES REDACTED]. A quarterly assessment, cision making skills. The resident was always incontin in transfers, dressing, hygiene, and bathing. A physician o use hand mitt for prevention of res (resident) picking ote, dated 03/02/14, documented Upon 1st rounds this (sic) resident c (with) duck (sic) tape wrapped tightly wed duck (sic) tape and mittens. Pt (patient) was noted seed for further injury.appears calm and denies feeling (at) all yesterday (3/1/14). And we did not place mitte ed 03/02/14, documented, .Pt (patient) noted c (with) m ghtly around them. This nurse removed duck (sic) tape ed 03/03/14, titled Report of Nursing Practice Incident,	ed residents reviewed for gs: A facility policy, titled use, neglect, or misappropriation body or licensing board. The riate state officials. Resident #3 dated 05/02/14, documented, severe ent of bowel and bladder. He 's telephone order, dated at wounds on 6-2 off q (every) HS morning the CNA (certified nursing around them. CNA reported to c (with) reddened bruises to B afraid for his safety. Also we ns on resident prior to leaving hittens on both hands c (with) and mittens and noted red bruises on documented, .was reported to of		
LABORATORY DIRECTOR'S REPRESENTATIVE'S SIGNA		TITLE	(X6) DATE		

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.

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TATEMENT OF DEFICIENCIES NDD PLAN OF CORRECTION (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING (X3) DATE SURVEY COMPLETED AME OF PROVIDER OF SUPPLIER (X1) PROVIDER / SUPPLIER (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED AME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP	DEPARTMENT OF HEALTH CENTERS FOR MEDICARE (PRINTED:2/23/2015 FORM APPROVED OMB NO. 0938-0391
AME OF PROVIDER OF SLOPPLIER STREET ADDRESS, CITY, STATE, ZIP INVEST GEORGIA DONES, DK 73499 INVEST GEORGIA DONES, DK 73499 or information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X) ID PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEPITITYNG INFORMATION) Internet of the state survey agency. F0225 Internet of the state survey agency. (X) ID PREFIX TAG Residents Affected - Fevr Ham Statistics of the anal state of the state survey agency. 76 225 (A) ID PREFIX TAGE (A) ID REAL STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DEPICIPATION (INFORMATION) 76 225 (A) ID REAL STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED DE VIEL REGULATORY OR LSC DEPICIPATION (INFORMATION) (A) ID REAL STATEMENT OF DEPICIENCIES (EACH DEPICIES)) F0226 (C) ID AND THE TERKING IN BRACKETS HAVE BEEN EDTED TO PROTECT CONFIDENTIAL TY** Based on clinical record review, staff interviews and review of policies and procedures. A train state state of the state of the facility fifth and the of the state of	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	CLIA IDENNTIFICATION	À. BUILDING	(X3) DATE SURVEY COMPLETED
AK HILL CARE CENTER IDIM VEST GEORGIA or information on the nursing borne's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) 10 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TABLE DESCIDENTIALING) F 0225 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR TIME of the dust tage on (resident #3) (ns) (ns) (souday) MOK (norming) 3/1-3/2 on the 10-6 shift) (is (so) tage. Nurse (name omitted) was last nurse to of been responsible for resident framm or potential for actual harm or potential ple to most and the locat tage on (resident #3) (ns) (souday) MOK (norming) 3/1-3/2 on the 10-6 shift) (is (so) tage. Nurse (name omitted) was last nurse to of been responsible for resident frammed to Souday). Advoct (souday) MOK (norming) 3/1-3/2 on the 10-6 shift) (so tage harm shift) for nanceuring on this nafting. The musse (name tage on his mittens. A vritten statement hy LPN #1, dated 03/6/14, documented. The Vall (soute) for no rescurring on this nafting. The musse (name tage on his mittens. A vritten statement hy LPN #1, dated 03/6/14, documented. The Vall (soute) for name tage tage registry (rest atala, No He was then asked why she has aked why she tage ato no tresident #3/10 No To 2000 FOLL (SOUTE)	JAME OF PROVIDER OF SU		STREET ADDR	ESS CITY STATE ZIP
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Level of harm - Minimal harm or potential for actual to the potential to affect all 97 residents who resided in the facility. Findings: A facility policy, tiled Abuse-Resident Rights, documented, .The facility shall report allegations of resident abuse, neglect, or misappropriation of the resident's properties the certifying body or ficensing board. The Administrator and or Director of Nursing will be responsible for reporting to the appropriate state officials. Resident #3 was admitted to the facility with [ILGIKONSES REDACTED]. A quarterly assessment, dated 05/02/14, documented, severe cognitive impairment for daily decision making skills. The resident was always incontinent of bowel and bladder. He required extensive assistance with transfers, dressing, hygiene, and bathing. A physician's telephone order, dated 11/20/12, documented, Attempt to use hand mit for prevention of res (resident) picking at wounds on 6-2 off q (every) HS (hour of sleep) 10 pm A nursés note: (with) duck (sic) tape and mittens. Pt (patient) was noted c (with) reddened bruises to B (both) wrist. Pt (patient) was assessed for further injury appears calm and denies feeling afraid for his safety. Also we did not use mittens on pt (patient) (at) 30/30/14, ducumented, Juar peroted to of hand mittens on pt (patient) (at) 30/30/14, the duce to for these and mittens on resident was laway incontinent, was reported to of hand mittens taped on with duck (sic) tape and mittens. Pt (with) mittens on both hands c (with) purple duck (sic) tape wrapped tightly around them. This nurse general advection, documented, was reported to of hand mittens taped on with duck (sic) tape. Nurse removed duck (sic) tape and mittens and noted red bruises on B (both) wrists. A document, dated 03/03/14, tittle	harm or potential for actual harm Residents Affected - Few	(resident #3). Bruising to both wi dated 03/04/14, documented, I di 3/1-3/2 on the 10-6 shift) to keep bed. He did this multiple times th omitted) (and) she was aware tha keep on his mittens. A written sta tape to hold mittens on (resident assessed the tape and it was not ti asked why there was no notificati department of human services alr was then asked if the facility had had not been reported to the nurse	ist was found due to tightness of tape and use of mi d put the duct tape on (resident #3) (on Sat (Saturda his mittens in place because he was digging in fece e night before and I did it to prevent it from reoccu I had used duct tape instead of paper tape which h tement by LPN #1, dated 03/05/14, documented, T #3), because he was able to remove them and he wo ight around his wrists, it was moveable. On 07/21/1 on the nurse aide registry for an allegation of abuse eady sent the notification to the nurse aide registry reported the CNA to the nurse aide registry. He state a ide registry. He stated, Only thing I can think of	ittens. A written statement by CNA #1, ay) night/Sun (Sunday) MORN (morning) es and smearing it on the wall (and) rring on this night. The nurse (name ad been used with prior incidents to he CNA (certified nursing assistant) used Juld not stop digging in his rectum. I 4 at 12:24 p.m., the administrator was e done for CNA #1. He stated that the during a previous investigation. He ted, No. He was then asked why she is that she was new.
Residents Affected - Few a buse. This had the potential to affect all 97 residents who resided in the facility. Findingis: A facility policy, titled Abuse-Resident Rights, documented,. The facility shall report allegations of resident abuse, neglect, or misappropriation of the residents' property by certified or licensed personnel to the appropriate certifying body or licensing board. The Administrator and or Director of Nursing will be responsible for reporting to the appropriate state officials. Resident #3 was admitted to the facility with IDIAGNOSES REDACTED . A quarterly assessment, dated 05/02/14, documented, severe cognitive impairment for daily decision making skills. The resident was always incontinent of bowel and bladder. He required extensive assistance with transfers, dressing, hygiene, and bathing. A physician's telephone order, dated 11/20/12, documented, Attempt to use hand mitt for prevention of res (resident) picking at wounds on 6-2 off q (every) HS (hour of sleep) 10 pm A nurse's note, dated 03/02/14, documented Upon 1st rounds this morning the CNA (certified nursing assistant) (initials omitted) founds (sic) resident c (with) duck (sic) tape wrapped tightly around them. CNA reported to this nurse. This nurse gently removed duck (sic) tape and mittens on resident prior to leaving last night. An incident report, dated 03/02/14, documented, c (with) mitters on noth hands c (with) purple duck (sic) tape wrapped tightly around them. This nurse removed duck (sic) tape and mittens and noted red bruises on B (both) wrists. A documented, if up the duct tape on (resident #3) (on Stat (Saturday) night/Sun (Sudawy) MORK (morning) 3/1-3/2 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 1 did it to prevent if from reoccurring on this night/Sun (Sudawy) MORK (morning) 3/1-3/2 on the 10-6 shift) to keep his mittens in place because he was digging in feces and smearing it on the wall (and)	Level of harm - Minimal harm or potential for actual	resident property. **NOTE- TERMS IN BRACKET Based on clinical record review, s	TS HAVE BEEN EDITED TO PROTECT CONFIL staff interviews and review of policies and procedure	DENTIALITY** res, it was determined the facility
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ORM CMS-2567(02-99) Event ID: YL1011 Facility ID: 375117 If continuation sheet	FORM CMS-2567(02-99)			