

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

Printed: 07/03/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>39772</p> <p>A past noncompliance Immediate Jeopardy (IJ) situation was determined to exist effective 07/22/21 related to the facility's failure to ensure a resident was free from abuse. The facility failed to prevent staff and visitors (a staff member's husband and son) from physically, verbally, and mentally abusing resident #1.</p> <p>On 07/29/21, the Oklahoma State Department of Health verified the existence of the past noncompliance IJ related to the facility's failure to protect and prevent resident abuse.</p> <p>The past noncompliance IJ was removed effective 07/27/21 after the facility put measures in place to prevent recurrence. LPN #2, the charge nurse who allowed her family members to enter the facility, and declined to call medical assistance for the resident, was suspended and subsequently terminated 07/23/21, during the administrator's investigation of the incident. The business office manager, who witnessed the incident, and declined to call medical assistance for the resident, was suspended 07/23/21, during the corporate COO's investigation of the incident. The administrator, who submitted the initial Incident Report Form 07/23/21, was suspended 07/24/21, during the COO's investigation of the incident. The COO submitted an addendum to the Incident Report Form to the Oklahoma State Department of Health. The facility notified DHS: Adult Protective Services, the physician, local law enforcement, and the Oklahoma Board of Nursing for the LPN. The facility filed Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property for the business office manager. The facility changed all exit door codes, conducted head to toe assessments of non-cognitive residents, questioned residents regarding physical or mental abuse by staff or their family members, interviewed cognitive residents who witnessed the incident, updated their abuse policy, conducted 1:1 staff training from 07/23/21 through 07/26/21 which covered examples of abuse, reporting resident maltreatment is the law, reporting all allegations of abuse immediately, reporting up the chain of command if necessary to include the governing body, and provided counseling services to residents.</p> <p>Based on interview and record review, it was determined the facility failed to ensure residents were free from abuse for one (#1) of nine sampled residents who were reviewed for abuse.</p> <p>The facility identified 36 residents who resided in the facility.</p> <p>Findings:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 375303	Facility ID: 375303 If continuation sheet Page 1 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A facility policy titled, Abuse Policy and Procedure, dated 07/23/21, documented, .We will endeavor to protect our occupants from maltreatment, which means adult abuse .physical abuse, sexual abuse, neglect . It recognizes resident rights to be free from physical or mental abuse .All allegations of maltreatment, including neglect, physical abuse, mental abuse, sexual abuse .verbal abuse .must be reported immediately to the administrator .Any employee who fails to report actual or suspected abuse, neglect, or misappropriation of property immediately upon discovery will be subject to disciplinary action up to and including termination .</p> <p>Resident #1 had diagnoses which included schizoaffective disorder, nicotine dependence, major depressive disorder, bipolar disorder, current episode manic severe with psychotic features, and Parkinson's disease.</p> <p>A care plan, dated 05/06/21, documented, .Focus: Behavior .has a behavior problem and is at risk for decreased psychosocial well-being .Fluctuation and decline anticipated .Interventions: Assist .to develop more appropriate methods .to express feelings appropriately .caregivers to provide opportunity for positive interaction, attention .</p> <p>A quarterly assessment, dated 06/23/21, documented the resident's cognition was severely impaired, inattention, disorganized thinking, delusions, verbal and other behavioral symptoms, required supervision with ADLs and he was ambulatory.</p> <p>A nursing progress note, dated 07/22/21 at 18:00 (6:00 p.m.), electronically signed by LPN #2, documented, . noted to have scratches on his face. Stated he scratched himself. Refused to allow this nurse to evaluate .</p> <p>A nursing progress note, dated 07/23/21 at 08:50 (8:50 a.m.), electronically signed by RN #1, documented, . In DON office with gaqsh [gash, sic] under left eye, may need stitches, voices was beat up in his room last night about 7 p.m .</p> <p>A nursing progress note, dated 07/23/21 at 08:59 (8:59 a.m.), electronically signed by RN #1, documented, . Dr [name withheld] notified send to [name withheld] ER .</p> <p>An Initial Incident Report Form, dated 07/23/21, documented, .Incident Type .Certain Injuries .Administrator was just notified the resident has a cut on his left jaw. Resident has been sent to the hospital for further medical evaluation. Investigation initiated. Physician, family member notified. Resident is his own responsible party . The form documented the administrator as the reporting party.</p> <p>A resident witness statement, dated 07/23/21 at 11:00 a.m., documented resident #1 was in front of the nurse's station screaming about cigarettes. The statement documented resident #1 did not touch anyone. The statement documented a white truck pulled up in front of the main entrance. The statement documented an older man and a younger man were banging on the door and LPN #2 let them in. The statement documented the younger man was cursing wanting to know where they at, I will take care of them. The statement documented the younger man went into resident #1's room where a commotion and cursing was heard. The statement documented the younger man came out of resident #1's room with blood on his hand and his t-shirt. The document stated resident #1 asked for 911 to be called. The statement documented the police came but did not check on resident #1, they just wrote on a paper, stood by the front desk, and then left.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>LPN #2's witness statement, dated 07/23/21 at 11: 30 a.m., documented she was talking to her husband on the phone the evening of 07/22/21 when resident #1 came up by the nurse's station and started cursing at her. The statement documented her husband and son came to the facility and said if you ever talk to my mom like that again. The statement documented that her son said he never touched resident #1, he just got the resident off of him.</p> <p>Cook #1's witness statement, dated 07/23/21 at 1:10 p.m., documented resident #1 was upset about someone throwing away his cigarettes. The statement documented that LPN #2 told resident #1 he better quit talking to her like that, she would get her husband and son up there. The statement documented that resident #1 told LPN #2 to quit threatening him and call them which she did. The statement documented the husband and son showed up at the facility, banging on the door. The statement documented that LPN #2 and CMA #1 let them in. The statement documented that LPN #2's son was cursing asking where the one was that disrespected his mom. The statement documented LPN #2 took her son to resident #1's room. The statement documented there was yelling and cursing and LPN #2's son charged at resident #1 hitting him in the face. The statement documented LPN #2's son [name withheld] pushed resident #1 down in the hall. The statement documented residents witnessed this incident and some were saying that was not right.</p> <p>CMA #1's witness statement, dated 07/23/21 at 3:30 p.m., documented LPN #2's son [name withheld] came to facility beating on the door. The statement documented LPN #2 let him in the facility. The statement documented LPN #2's son was cursing wanting to know where he was. The statement documented LPN #2 pointed in the direction of resident #1's room. The statement documented LPN #2's son went to resident #1's room and slammed the door. The statement documented yelling and commotion could be heard. The statement documented LPN #2's son came out of resident #1's room with blood on his shirt and hand yelling you will not talk to my mama like that. The statement documented resident #1 came out of his room a little later and requested an ambulance. The statement documented both LPN #2 and the business office manager were told of resident #1's request for an ambulance and they both stated they were not calling an ambulance.</p> <p>A resident witness statement, dated 07/23/21, documented she was coming out of her room and two guys went into resident #1's room and shut the door. The statement documented resident #1 came out of his room with a wound on his face. The statement documented they told him to say he fell . The statement documented the short guy cursed telling resident #1 not to mess with him anymore, I will go to jail do not mess with me.</p> <p>An emergency room record, dated 07/23/21, documented resident #1's behavior was anxious, crying-consolable, and restless. Resident complained of pain in left eye 10 out of 10 on pain scale. The emergency room record documented a laceration to inner aspect of left eyebrow and left lower eyelid 0.5 to 2. 5 cm long, sustained one day ago, bleeding small amount. The emergency room record documented wound repair of 0.5 cm avulsed laceration to left lower eyelid. Skin closed with 1 1-0 Dermabond using Simple sutures. The emergency room record documented CT of the head/brain without contrast and CT maxillofacial without contrast. The emergency room record documented data was reviewed, vital signs, nursing notes, radiologic studies, CT scan, and as a result, patient discharged .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 07/26/21 at 2:03 p.m., cook #1 was asked if she was aware of an incident that occurred at the facility the evening of 07/22/21. She stated yes. She stated about 6:15 p.m., resident #1 became upset because staff had thrown away his cigarettes. She stated the resident had asked the business office manager to buy him more cigarettes with his own money. Resident became angry when he was told he didn't have any cigarettes for a smoke break. She stated resident knocked book off medication cart. She stated the administrator told the resident to calm down. She stated LPN #2 was on the phone and the resident was loud in the background. She stated LPN #2 told the resident he better quit talking to her like that, stating that she had told him that her husband and son were going to come down there if he kept talking to her like that. She stated LPN #2's husband and son did show up at the facility. Cook #1 stated she informed the business office manager she better get out here then went to the kitchen to call 911. She stated LPN #2's son was cursing asking where the person was that was talking bad to his mom. She stated LPN #2 showed her son resident #1's room. She stated LPN #2's son [name withheld] went into the resident's room with LPN #2's husband. She stated LPN #2's son pushed the resident to the ground, there was blood on LPN #2's son's hand and shirt. She stated LPN #2's son commented it was not his blood. She stated the resident asked her to call an ambulance because he was bleeding from the face. Cook #1 stated she called both an ambulance and the police. She stated the resident was taken to the emergency roaignom on Friday (07/23/21).</p> <p>On 07/26/21 at 2:30 p.m., the COO informed the surveyor that the administrator contacted her Friday evening (07/23/21) regarding the incident on 07/22/21. She stated the administrator told her it had been reported to her the resident fell . She stated LPN #2 did not work in the facility on Friday (07/23/21) but had completed her shift on Thursday (07/22/21). The COO stated Friday evening (07/23/21) she changed codes to all entry doors, reassigned licensed nurses from other facilities, assessed residents, updated the abuse policy, and initiated staff 1:1 individual training re-educating them on abuse protocol.</p> <p>On 07/28/21 at 11:50 a.m., CNA #2 was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated yes, a staff member had contacted her that night. She stated the next day (07/23/21) she asked resident #1 what happened to him. She was asked why she asked the resident what happened to him. She stated because he had a gash under his eye and was bleeding. She stated the resident told her LPN #2's son hit him. She stated she noticed blood on the resident's door. She stated the resident told her he asked to be taken to the hospital but LPN #2 told him no. CNA #2 stated she reported it to the DON. She stated she asked the DON to contact the administrator. CNA #2 stated she informed the administrator that resident #1 told her he had been hit. She stated she talked to LPN #2 who told her maybe the resident fell . CNA #2 stated the ambulance was called Friday morning (07/23/21).</p> <p>On 07/29/21 at 12:08 p.m., CNA #1 was interviewed by telephone. She was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated she was outside on a smoke break and when she returned inside she noticed blood on resident #1's floor.</p> <p>(continued on next page)</p>		

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

Printed: 07/03/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 07/29/21 at 1:22 p.m., the administrator was interviewed by telephone. She was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated she was at the facility on 07/22/21 until approximately 6:15 p.m. She stated when she left everything was calm and the nurse was in the facility. She stated prior to her arrival at the facility on 07/23/21, she had been contacted by the charge nurse (RN #1) who informed her that resident #1 had a cut on his jaw. The administrator stated RN #1 told her she had been told resident #1 fell but RN #1 stated she did not know what happened. The administrator stated she contacted LPN #2, on 07/23/21 at 1:06 p.m., to ask her what happened. She stated LPN #2 told her she did not do anything that her son had talked to resident #1 but did have blood on his hand.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>39772</p> <p>A past noncompliance Immediate Jeopardy (IJ) situation was determined to exist effective 07/22/21 related to the facility's failure to implement their abuse policies and procedures.</p> <p>On 07/29/21, the Oklahoma State Department of Health verified the existence of the past noncompliance IJ related to the facility's failure to implement their abuse policies and procedures. The facility failed to protect and prevent resident abuse, immediately report abuse, and report to the appropriate agencies within the required timeframe.</p> <p>The past noncompliance IJ was removed effective 07/27/21 after the facility put measures in place to prevent recurrence. LPN #2, the charge nurse who allowed her family members to enter the facility, declined to call medical assistance for the resident, and failed to report the abuse, was suspended and subsequently terminated 07/23/21, during the administrator's investigation of the incident. The business office manager, who witnessed the incident, declined to call medical assistance for the resident, and failed to report the abuse, was suspended 07/23/21, during the corporate COO's investigation of the incident. The administrator, who submitted the initial Incident Report Form 07/23/21, was suspended 07/24/21, during the COO's investigation of the incident. The COO submitted an addendum to the Incident Report Form to the Oklahoma State Department of Health. The facility notified DHS: Adult Protective Services, the physician, local law enforcement, and the Oklahoma Board of Nursing for the LPN. The facility filed Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property for the business office manager. The facility changed all exit door codes, conducted head to toe assessments of non-cognitive residents, questioned residents regarding physical or mental abuse by staff or their family members, interviewed cognitive residents who witnessed the incident, updated their abuse policy, conducted 1:1 staff training from 07/23/21 through 07/26/21 which covered examples of abuse, reporting resident maltreatment is the law, reporting all allegations of abuse immediately, reporting up the chain of command if necessary to include the governing body, and provided counseling services to residents.</p> <p>Based on interview and record review, it was determined the facility failed to implement their abuse policy for one (#1) of nine sampled residents who were reviewed for abuse. The facility failed to:</p> <ul style="list-style-type: none"> a. protect and prevent resident #1 from being verbally, mentally, and physically abused; b. immediately report an allegation of abuse to the administrator; and c. report an allegation of abuse of a resident to Oklahoma State Department of Health (OSDH) within the required time frame. <p>The facility identified 36 residents who resided in the facility.</p> <p>Findings:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A facility policy titled, Abuse Policy and Procedure, dated 07/23/21, documented, .We will endeavor to protect our occupants from maltreatment, which means adult abuse .physical abuse, sexual abuse, neglect . It recognizes resident rights to be free from physical or mental abuse .All allegations of maltreatment, including neglect, physical abuse, mental abuse, sexual abuse .verbal abuse .must be reported immediately to the administrator .All alleged or suspected incidents must be reported according to state and federal law . An Incident and Accident Report form will be completed .within 24 hours of the incident's discovery .When the allegation involves physical abuse .you must report within 2 hours of notification of incident .Any employee who fails to report actual or suspected abuse, neglect, or misappropriation of property immediately upon discovery will be subject to disciplinary action up to and including termination .reporting and investigation procedures will be used .to address abuse or neglect allegedly committed by a family member, resident, or visitors in the same manner as for alleged, suspected, or actual employee abuse situations .</p> <p>Resident #1 had diagnoses which included schizoaffective disorder, nicotine dependence, major depressive disorder, bipolar disorder, current episode manic severe with psychotic features, and Parkinson's disease.</p> <p>A care plan, dated 05/06/21, documented, .Focus: Behavior .has a behavior problem and is at risk for decreased psychosocial well-being .Fluctuation and decline anticipated .Interventions: Assist .to develop more appropriate methods .to express feelings appropriately .caregivers to provide opportunity for positive interaction, attention .</p> <p>A quarterly assessment, dated 06/23/21, documented the resident's cognition was severely impaired, inattention, disorganized thinking, delusions, verbal and other behavioral symptoms, required supervision with ADLs, was ambulatory, received an antipsychotic medication seven days of the seven day look back period, and received an opioid three days of the seven day look back period.</p> <p>A nursing progress note, dated 07/22/21 at 18:00 (6:00 p.m.), electronically signed by LPN #2, documented, . noted to have scratches on his face. Stated he scratched himself. Refused to allow this nurse to evaluate .</p> <p>A nursing progress note, dated 07/23/21 at 08:50 (8:50 a.m.), electronically signed by RN #1, documented, . In DON office with gaqsh [sic] under left eye, may need stitches, voices was beat up in his room last night about 7 p.m .</p> <p>An Initial Incident Report Form, dated 07/23/21, documented, . Incident Type .Certain Injuries .Administrator was just notified the resident has a cut on his left jaw. Resident has been sent to the hospital for further medical evaluation. Investigation initiated. Physician, family member notified. Resident is his own responsible party . The form documented the administrator as the reporting party.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A resident witness statement, dated 07/23/21 at 11:00 a.m., documented resident #1 was in front of the nurse's station screaming about cigarettes. The statement documented resident #1 did not touch anyone. The statement documented a white truck pulled up in front of the main entrance. The statement documented an older man and a younger man were banging on the door and LPN #2 let them in. The statement documented the younger man was cursing wanting to know where they at, I will take care of them. The statement documented the younger man went into resident #1's room where a commotion and cursing was heard. The statement documented the younger man came out of resident #1's room with blood on his hand and his t-shirt. The document stated resident #1 asked for 911 to be called. The statement documented the police came but did not check on resident #1, they just wrote on a paper, stood by the front desk, and then left.</p> <p>LPN #2's witness statement, dated 07/23/21 at 11: 30 a.m., documented she was talking to her husband on the phone the evening of 07/22/21 when resident #1 came up by the nurse's station and started cursing at her. The statement documented her husband and son came to the facility and said if you ever talk to my mom like that again. The statement documented that her son said he never touched resident #1, he just got the resident off of him.</p> <p>Cook #1's witness statement, dated 07/23/21 at 1:10 p.m., documented resident #1 was upset about someone throwing away his cigarettes. The statement documented that LPN #2 told resident #1 he better quit talking to her like that, she would get her husband and son up there. The statement documented that resident #1 told LPN #2 to quit threatening him and call them which she did. The statement documented the husband and son showed up at the facility, banging on the door. The statement documented that LPN #2 and CMA #1 let them in. The statement documented that LPN #2's son was cursing asking where the one was that disrespected his mom. The statement documented LPN #2 took her son to resident #1's room. The statement documented there was yelling and cursing and LPN #2's son charged at resident #1 hitting him in the face. The statement documented LPN #2's son [name withheld] pushed resident #1 down in the hall. The statement documented residents witnessed this incident and some were saying that was not right.</p> <p>CMA #1's witness statement, dated 07/23/21 at 3:30 p.m., documented LPN #2's son [name withheld] came to facility beating on the door. The statement documented LPN #2 let him in the facility. The statement documented LPN #2's son was cursing wanting to know where he was. The statement documented LPN #2 pointed in the direction of resident #1's room. The statement documented LPN #2's son went to resident #1's room and slammed the door. The statement documented yelling and commotion could be heard. The statement documented LPN #2's son came out of resident #1's room with blood on his shirt and hand yelling you will not talk to my mama like that. The statement documented resident #1 came out of his room a little later and requested an ambulance. The statement documented both LPN #2 and the business office manager were told of resident #1's request for an ambulance and they both stated they were not calling an ambulance.</p> <p>A resident witness statement, dated 07/23/21, documented she was coming out of her room and two guys went into resident #1's room and shut the door. The statement documented resident #1 came out of his room with a wound on his face. The statement documented they told him to say he fell . The statement documented the short guy cursed telling resident #1 not to mess with him anymore, I will go to jail do not mess with me.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An emergency room record, dated 07/23/21, documented resident #1's behavior was anxious, crying-consolable, and restless. Resident complained of pain in left eye 10 out of 10 on pain scale. The emergency room record documented a laceration to inner aspect of left eyebrow and left lower eyelid 0.5 to 2.5 cm long, sustained one day ago, bleeding small amount. The emergency room record documented wound repair of 0.5 cm avulsed laceration to left lower eyelid. Skin closed with 1 1-0 Dermabond using Simple sutures. The emergency room record documented CT of the head/brain without contrast and CT maxillofacial without contrast. The emergency room record documented data was reviewed, vital signs, nursing notes, radiologic studies, CT scan, and as a result, patient discharged .</p> <p>On 07/26/21 at 2:03 p.m., cook #1 was asked if she was aware of an incident that occurred at the facility the evening of 07/22/21. She stated yes. She stated about 6:15 p.m., resident #1 became upset because staff had thrown away his cigarettes. She stated the resident had asked the business office manager to buy him more cigarettes with his own money. Resident became angry when he was told he didn't have any cigarettes for a smoke break. She stated resident knocked book off medication cart. She stated the administrator told the resident to calm down. She stated LPN #2 was on the phone and the resident was loud in the background. She stated LPN #2 told the resident he better quit talking to her like that, stating that she had told him that her husband and son were going to come down there if he kept talking to her like that. She stated LPN #2's husband and son did show up at the facility. Cook #1 stated she informed the business office manager she better get out here then went to the kitchen to call 911. She stated LPN #2's son was cursing asking where the person was that was talking bad to his mom. She stated LPN #2 showed her son resident #1's room. She stated LPN #2's son [name withheld] went into the resident's room with LPN #2's husband. She stated LPN #2's son pushed the resident to the ground, there was blood on LPN #2's son's hand and shirt. She stated LPN #2's son commented it was not his blood. She stated the resident asked her to call an ambulance because he was bleeding from the face. Cook #1 stated she called both an ambulance and the police. She stated the resident was taken to the emergency roiaognom on Friday (07/23/21).</p> <p>She was asked if she had been interviewed by staff regarding the incident. She stated the administrator interviewed her on Friday (07/23/21).</p> <p>On 07/26/21 at 2:30 p.m., the COO informed the surveyor that the administrator contacted her Friday evening (07/23/21) regarding the incident on 07/22/21. She stated the administrator informed her that a State reportable had been completed. She stated the administrator expressed the reportable and the witness statements did not appear to match. She stated the administrator told her it had been reported to her the resident fell . The COO stated she started her investigation of the incident the evening of 07/23/21. She stated she had completed interviewing residents but was still interviewing staff. She stated LPN #2 did not work in the facility on Friday (07/23/21) but had completed her shift on Thursday (07/22/21).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 07/28/21 at 11:50 a.m., CNA #2 was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated yes, a staff member had contacted her that night. She stated the next day (07/23/21) she asked resident #1 what happened to him. She was asked why she asked the resident what happened to him. She stated because he had a gash under his eye and was bleeding. She stated the resident told her LPN #2's son hit him. She stated she noticed blood on the resident's door. She stated the resident told her he asked to be taken to the hospital but LPN #2 told him no. CNA #2 stated she reported it to the DON. She stated she asked the DON to contact the administrator. CNA #2 stated she informed the administrator that resident #1 told her he had been hit. She stated she talked to LPN #2 who told her maybe the resident fell. CNA #2 stated the ambulance was called Friday morning (07/23/21).</p> <p>On 07/29/21 at 12:08 p.m., CNA #1 was interviewed by telephone. She was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated she was outside on a smoke break and when she returned inside she noticed blood on resident #1's floor. She was asked if she had reported the blood to anyone. She stated no, the charge nurse was there. She was asked if she had reported the blood to anyone else. She stated no.</p> <p>On 07/29/21 at 1:22 p.m., the administrator was interviewed by telephone. She was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated prior to her arrival at the facility on 07/23/21, she had been contacted by the charge nurse (RN #1) who informed her that resident #1 had a cut on his jaw. The administrator stated RN #1 told her she had been told resident #1 fell but RN #1 stated she did not know what happened. The administrator stated she instructed RN #1 to call an ambulance and send the resident to the hospital. The administrator was asked, by the surveyor, if she had been contacted about the incident on 07/22/21. She stated no. She stated she contacted the COO, the corporate nurse, completed a state reportable, and initiated an investigation as a certain injury. She stated during the investigation everything got blurry. She stated she concluded that the resident did not fall, something else happened to him. The administrator stated she contacted LPN #2, on 07/23/21 at 1:06 p.m., to ask her what happened. She stated LPN #2 told her she did not do anything that her son had talked to resident #1 but did have blood on his hand. She was asked, by the surveyor, if she had submitted another state reportable. She stated no, she had already submitted one.</p> <p>On 08/02/21 at 1:40 p.m., cook #1 was asked was asked if she had reported the incident she witnessed on 07/22/21. She stated she reported it to the business office manager. She was asked how she knew the resident had been pushed to the ground. She stated she saw LPN #2's son push resident #1 to the ground.</p> <p>During the survey, LPN #2, CMA #1, and the business office manager could not be reached for interview.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>39772</p> <p>A past noncompliance Immediate Jeopardy (IJ) situation was determined to exist effective 07/22/21 related to the facility's failure to report an allegation of abuse, to the administrator and other officials, within the required timeframe.</p> <p>On 07/29/21, the Oklahoma State Department of Health verified the existence of the past noncompliance IJ related to the facility's failure to report abuse immediately.</p> <p>The past noncompliance IJ was removed effective 07/27/21 after the facility put measures in place to prevent recurrence. LPN #2, the charge nurse, who failed to report the abuse, was suspended and subsequently terminated 07/23/21, during the administrator's investigation of the incident. The business office manager, who failed to report the abuse, was suspended 07/23/21, during the corporate COO's investigation of the incident. The administrator, who submitted the initial Incident Report Form 07/23/21, was suspended 07/24/21, during the COO's investigation of the incident. The COO submitted an addendum to the Incident Report Form to the Oklahoma State Department of Health. The facility notified DHS: Adult Protective Services, the physician, local law enforcement, and the Oklahoma Board of Nursing for the LPN. The facility filed Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property for the business office manager. The facility updated their abuse policy, conducted 1:1 staff training from 07/23/21 through 07/26/21 which covered examples of abuse and when to report, reporting all allegations of abuse immediately, and reporting up the chain of command if necessary to include the governing body.</p> <p>Based on interview and record review, it was determined the facility failed to ensure staff reported allegations of abuse immediately, but not later than two hours, to the administrator, Oklahoma State Department of Health (OSDH), and other officials for one (#1) of nine sampled residents who were reviewed for abuse.</p> <p>The facility identified 36 residents who resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled, Abuse Policy and Procedure, dated 07/23/21, documented, .We will endeavor to protect our occupants from maltreatment, which means adult abuse .physical abuse, sexual abuse, neglect . It recognizes resident rights to be free from physical or mental abuse .All allegations of maltreatment, including neglect, physical abuse, mental abuse, sexual abuse .verbal abuse .must be reported immediately to the administrator .All alleged or suspected incidents must be reported according to state and federal law . An Incident and Accident Report form will be completed .within 24 hours of the incident's discovery .When the allegation involves physical abuse .you must report within 2 hours of notification of incident .Any employee who fails to report actual or suspected abuse, neglect, or misappropriation of property immediately upon discovery will be subject to disciplinary action up to and including termination .reporting and investigation procedures will be used .to address abuse or neglect allegedly committed by a family member, resident, or visitors in the same manner as for alleged, suspected, or actual employee abuse situations .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0609</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Resident #1 had diagnoses which included schizoaffective disorder, nicotine dependence, major depressive disorder, bipolar disorder, current episode manic severe with psychotic features, and Parkinson's disease.</p> <p>A care plan, dated 05/06/21, documented, .Focus: Behavior .has a behavior problem and is at risk for decreased psychosocial well-being .Fluctuation and decline anticipated .Interventions: Assist .to develop more appropriate methods .to express feelings appropriately .caregivers to provide opportunity for positive interaction, attention .</p> <p>A quarterly assessment, dated 06/23/21, documented the resident's cognition was severely impaired, inattention, disorganized thinking, delusions, verbal and other behavioral symptoms, required supervision with ADLs and he was ambulatory.</p> <p>A nursing progress note, dated 07/22/21 at 18:00 (6:00 p.m.), electronically signed by LPN #2, documented, . noted to have scratches on his face. Stated he scratched himself. Refused to allow this nurse to evaluate .</p> <p>A nursing progress note, dated 07/23/21 at 08:50 (8:50 a.m.), electronically signed by RN #1, documented, . In DON office with gaqsh [sic] under left eye, may need stitches, voices was beat up in his room last night about 7 p.m .</p> <p>An Initial Incident Report Form, dated 07/23/21, documented, . Incident Type .Certain Injuries .Administrator was just notified the resident has a cut on his left jaw. Resident has been sent to the hospital for further medical evaluation. Investigation initiated. Physician, family member notified. Resident is his own responsible party . The form documented the administrator as the reporting party.</p> <p>The COO provided the surveyors an addendum to the Initial Incident Report Form submitted to the Oklahoma State Department of Health. A fax transmission report reflected 07/26/21 at 08:30 (8:30 a.m.). The COO stated she knew it was submitted late but she was busy with the investigation.</p> <p>On 07/29/21 at 1:22 p.m., the administrator was interviewed by telephone. She was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated prior to her arrival at the facility on 07/23/21, she had been contacted by the charge nurse (RN #1) who informed her that resident #1 had a cut on his jaw. The administrator stated RN #1 told her she had been told resident #1 fell but RN #1 stated she did not know what happened. The administrator was asked, by the surveyor, if she had been contacted about the incident on 07/22/21. She stated no. She stated she contacted the COO, the corporate nurse, completed a state reportable, and initiated an investigation as a certain injury. She stated during the investigation everything got blurry. She stated she concluded that the resident did not fall, something else happened to him. She was asked, by the surveyor, if she had submitted another state reportable. She stated no, she had already submitted one.</p> <p>During the survey, LPN #2, CMA #1, and the business office manager could not be reached for interview.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>39772</p> <p>A past noncompliance Immediate Jeopardy (IJ) situation was determined to exist effective 07/22/21 related to the facility's failure to ensure resident #1's alleged abuse was thoroughly and timely investigated and the resident was protected against further potential resident abuse.</p> <p>On 07/29/21, the Oklahoma State Department of Health verified the existence of the past noncompliance IJ related to the facility's failure to thoroughly and timely investigate abuse, and protect and prevent further potential resident abuse.</p> <p>The past noncompliance IJ was removed effective 07/27/21 after the facility put measures in place to prevent recurrence. LPN #2, the charge nurse who allowed her family members to enter the facility, declined to call medical assistance for the resident, and failed to report the abuse, was suspended and subsequently terminated 07/23/21, during the administrator's investigation of the incident. The business office manager, who witnessed the incident, declined to call medical assistance for the resident, and failed to report the abuse, was suspended 07/23/21, during the corporate COO's investigation of the incident. The administrator, who submitted the initial Incident Report Form 07/23/21, was suspended 07/24/21, during the COO's investigation of the incident. The COO submitted an addendum to the Incident Report Form to the Oklahoma State Department of Health. The facility changed all exit door codes, conducted head to toe assessments of non-cognitive residents, questioned residents regarding physical or mental abuse by staff or their family members, interviewed cognitive residents who witnessed the incident, updated their abuse policy, conducted 1:1 staff training from 07/23/21 through 07/26/21 which covered examples of abuse, reporting resident maltreatment is the law, reporting all allegations of abuse immediately, reporting up the chain of command if necessary to include the governing body, and provided counseling services to residents.</p> <p>Based on interview and record review, it was determined the facility failed to ensure an allegation of abuse was thoroughly and timely investigated and residents were protected against further potential abuse for one (#1) of nine sampled residents who were reviewed for abuse.</p> <p>The facility identified 36 residents who resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled, Abuse Policy and Procedure, dated 07/23/21, documented, .We will endeavor to protect our occupants from maltreatment, which means adult abuse .physical abuse, sexual abuse, neglect . It recognizes resident rights to be free from physical or mental abuse .investigation procedures will be used . to address abuse or neglect allegedly committed by a family member, resident, or visitors in the same manner as for alleged, suspected, or actual employee abuse situations .</p> <p>Resident #1 had diagnoses which included schizoaffective disorder, nicotine dependence, major depressive disorder, bipolar disorder, current episode manic severe with psychotic features, and Parkinson's disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A care plan, dated 05/06/21, documented, .Focus: Behavior .has a behavior problem and is at risk for decreased psychosocial well-being .Fluctuation and decline anticipated .Interventions: Assist .to develop more appropriate methods .to express feelings appropriately .caregivers to provide opportunity for positive interaction, attention .</p> <p>A quarterly assessment, dated 06/23/21, documented the resident's cognition was severely impaired, inattention, disorganized thinking, delusions, verbal and other behavioral symptoms, required supervision with ADLs and he was ambulatory.</p> <p>A nursing progress note, dated 07/22/21 at 18:00 (6:00 p.m.), electronically signed by LPN #2, documented, . noted to have scratches on his face. Stated he scratched himself. Refused to allow this nurse to evaluate .</p> <p>A nursing progress note, dated 07/23/21 at 08:50 (8:50 a.m.), electronically signed by RN #1, documented, . In DON office with gaqsh [sic] under left eye, may need stitches, voices was beat up in his room last night about 7 p.m .</p> <p>On 07/26/21 at 2:03 p.m., cook #1 was asked if she was aware of an incident that occurred at the facility the evening of 07/22/21. She stated yes. She stated about 6:15 p.m., resident #1 became upset because staff had thrown away his cigarettes. She stated the resident had asked the business office manager to buy him more cigarettes with his own money. Resident became angry when he was told he didn't have any cigarettes for a smoke break. She stated resident knocked book off medication cart. She stated the administrator told the resident to calm down. She stated LPN #2 was on the phone and the resident was loud in the background. She stated LPN #2 told the resident he better quit talking to her like that, stating that she had told him that her husband and son were going to come down there if he kept talking to her like that. She stated LPN #2's husband and son did show up at the facility. Cook #1 stated she informed the business office manager she better get out here then went to the kitchen to call 911. She stated LPN #2's son was cursing asking where the person was that was talking bad to his mom. She stated LPN #2 showed her son resident #1's room. She stated LPN #2's son [name withheld] went into the resident's room with LPN #2's husband. She stated LPN #2's son pushed the resident to the ground, there was blood on LPN #2's son's hand and shirt. She stated LPN #2's son commented it was not his blood. She stated the resident asked her to call an ambulance because he was bleeding from the face. Cook #1 stated she called both an ambulance and the police. She stated the resident was taken to the emergency roiaognom on Friday (07/23/21).</p> <p>On 07/26/21 at 2:30 p.m., the COO informed the surveyor that the administrator contacted her Friday evening (07/23/21) regarding the incident on 07/22/21. The COO stated LPN #2 did not work in the facility on Friday (07/23/21) but had completed her shift on Thursday (07/22/21).</p> <p>On 07/28/21 at 11:50 a.m., CNA #2 was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated yes, a staff member had contacted her that night. She stated the next day (07/23/21) she asked resident #1 what happened to him. She was asked why she asked the resident what happened to him. She stated because he had a gash under his eye and was bleeding. She stated the resident told her LPN #2's son hit him. She stated she noticed blood on the resident's door. She stated the resident told her he asked to be taken to the hospital but LPN #2 told him no. CNA #2 stated she informed the administrator that resident #1 told her he had been hit. She stated she talked to LPN #2 who told her maybe the resident fell . CNA #2 stated the ambulance was called Friday morning (07/23/21).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>On 07/29/21 at 12:08 p.m., CNA #1 was interviewed by telephone. She was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated she was outside on a smoke break and when she returned inside she noticed blood on resident #1's floor.</p> <p>On 07/29/21 at 1:22 p.m., the administrator was interviewed by telephone. She was asked if she was aware of the incident that occurred at the facility the evening of 07/22/21. She stated prior to her arrival at the facility on 07/23/21, she had been contacted by the charge nurse (RN #1) who informed her that resident #1 had a cut on his jaw. The administrator stated RN #1 told her she had been told resident #1 fell but RN #1 stated she did not know what happened. The administrator was asked, by the surveyor, if she had been contacted about the incident on 07/22/21. She stated no. She stated during the investigation everything got blurry. She stated she concluded that the resident did not fall, something else happened to him. The administrator stated she contacted LPN #2, on 07/23/21 at 1:06 p.m., to ask her what happened. She stated LPN #2 told her she did not do anything that her son had talked to resident #1 but did have blood on his hand.</p> <p>During the survey, LPN #2, CMA #1, and the business office manager could not be reached for interview.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39728</p> <p>Based on record review and interview, it was determined the facility failed to develop a baseline care plan for two (#5 and #8) of nine sampled residents whose care plans were reviewed.</p> <p>The facility identified 36 residents who resided in the facility.</p> <p>Findings:</p> <p>1. Resident #5 was admitted to the facility on [DATE] with a diagnosis of schizoaffective disorder, bipolar type.</p> <p>Physician's orders, dated 07/07/21, documented sertraline hcl 100 mg daily for depression, oxybutynin 5 mg twice daily for mood, olanzapine 10 mg at bedtime for mood, and divalproex 100 mg two times daily for bipolar disorder.</p> <p>A review of the resident's July 2021 medication administration record indicated the medications were given as ordered.</p> <p>An admission assessment, dated 07/13/21, documented the resident's cognition was intact. There was no other information documented in the assessment and it had been marked, incomplete.</p> <p>A search of the electronic medical record indicated no baseline care plan or comprehensive care plan had been completed for this resident. The charge nurse was asked if there was a care plan book or another place the resident's care plan would be located. She stated no, only in the electronic record.</p> <p>On 08/02/21 at 11:50 a.m., the COO was made aware there was no baseline or comprehensive care plan for resident #5 and the admission assessment had not been completed. She stated, The person doing MDS' and care plans is behind.</p> <p>2. Resident #8 was admitted to the facility on [DATE] with diagnoses which included, psychosis, dementia with behavior disturbance and type 2 diabetes mellitus.</p> <p>Physician's orders, dated July 2021, documented aricept 10 mg at bedtime for dementia, seroquel 25 mg at bedtime for mood, olanzapine 7.5 mg daily for mood, novolog 15 units before meals and levemir 35 units twice daily.</p> <p>An admission assessment, dated 07/05/21, documented the resident's cognition was moderately impaired and required supervision for ADLs. The resident was ambulatory without assistance.</p> <p>A search of the electronic medical record indicated no baseline care plan or comprehensive care plan had been completed for this resident. The charge nurse was asked if there was a care plan book or another place the resident's care plan would be located. She stated no, only in the electronic record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/02/21 a care plan policy was requested. By the end of the survey, the policy had not been provided. On 08/02/21 at 11:50 a.m., the COO was made aware no baseline or comprehensive care plans for resident #8 had been completed. She stated, The person doing MDS' and care plans is behind.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39728</p> <p>Based on record review and interview, it was determined the facility failed to ensure comprehensive care plans were developed for two (#5 and #8) of eight sampled residents whose care plans were reviewed.</p> <p>The facility reported 36 residents resided in the facility.</p> <p>Findings:</p> <p>1. Resident #5 was admitted to the facility on [DATE] with a diagnosis of schizoaffective disorder, bipolar type.</p> <p>Physician's orders, dated 07/07/21, documented sertraline hcl 100 mg daily for depression, oxybutynin 5 mg twice daily for mood, olanzapine 10 mg at bedtime for mood, and divalproex 100 mg two times daily for bipolar disorder.</p> <p>A review of the resident's July 2021 medication administration records indicated the medications were given as ordered.</p> <p>An admission assessment, dated 07/13/21, documented the resident's cognition was intact. There was no other information documented in the assessment and it had been marked, incomplete.</p> <p>A search of the electronic medical record indicated no baseline care plan or comprehensive care plan had been completed for this resident. The charge nurse was asked if there was a care plan book or someplace else the care plans were kept. She stated no, only in the electronic record.</p> <p>On 08/02/21 at 11:50 a.m., the COO was made aware there was no baseline or comprehensive care plans for resident #5 and the admission assessment had not been completed. She stated, The person doing MDS' and care plans is behind.</p> <p>2. Resident #8 was admitted to the facility on [DATE] with diagnoses which included, psychosis, dementia with behavior disturbance and type 2 diabetes mellitus.</p> <p>Physician's orders, dated July 2021, documented aricept 10 mg at bedtime for dementia, seroquel 25 mg at bedtime for mood, olanzapine 7.5 mg daily for mood, novolog 15 units before meals, levemir 35 units twice daily.</p> <p>An admission assessment, dated 07/05/21, documented the resident's cognition was moderately impaired and required supervision for ADLs. The resident was ambulatory without assistance.</p> <p>A search of the electronic medical record indicated no baseline care plan or comprehensive care plan had been completed for this resident. The charge nurse was asked if there was a care plan book or someplace else the care plans were kept. She stated no, only in the electronic record.</p> <p>(continued on next page)</p>		

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

Printed: 07/03/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2021
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West First Street Wewoka, OK 74884	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/02/21 a care plan policy was requested, none was provided. On 08/02/21 at 11:50 a.m., the COO was made aware no baseline or comprehensive care plans for resident #8 had been completed. She stated, The person doing MDS' and care plans is behind.		