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

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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		STREET ADDRESS, CITY, STATE, ZI	P CODE
Wewoka Healthcare Center		1400 West First Street Wewoka, OK 74884	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	and neglect by anybody. 39772 A past noncompliance Immediate of the facility's failure to ensure a regregary (a staff member's husband and sor On 07/29/21, the Oklahoma State I related to the facility's failure to produce I was retrecurrence. LPN #2, the charge nuture call medical assistance for the resignation of the declined to call medical assistance investigation of the incident. The active suspended 07/24/21, during the County of the Incident Report Form to the Okto Protective Services, the physician, The facility filed Notification of Nurse Misappropriation of Property for the conducted head to toe assessment mental abuse by staff or their famil updated their abuse policy, conduct examples of abuse, reporting resid reporting up the chain of command services to residents. Based on interview and record revision of the staff or their same services to residents.	moved effective 07/27/21 after the facil rse who allowed her family members to dent, was suspended and subsequentl incident. The business office manager for the resident, was suspended 07/23 dministrator, who submitted the initial InDO's investigation of the incident. The clahoma State Department of Health. To local law enforcement, and the Oklahose Aide/Nontechnical Service Worker Are business office manager. The facility so of non-cognitive residents, questioned y members, interviewed cognitive resideted 1:1 staff training from 07/23/21 three the maltreatment is the law, reporting a lift necessary to include the governing lift necessary to include the facility failed the residents who were reviewed for abusiness who were r	to exist effective 07/22/21 related ty failed to prevent staff and visitors ly abusing resident #1. ence of the past noncompliance IJ ity put measures in place to prevent to enter the facility, and declined to y terminated 07/23/21, during the who witnessed the incident, and 8/21, during the corporate COO's incident Report Form 07/23/21, was COO submitted an addendum to the facility notified DHS: Adult in about the facility notified DHS: Adult in about the corporate codes, when the corporate codes, and residents regarding physical or dents who witnessed the incident, bough 07/26/21 which covered all allegations of abuse immediately, body, and provided counseling

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:

Facility ID: 375303

If continuation sheet Page 1 of 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	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 .			
	,	included schizoaffective disorder, nicoti episode manic severe with psychotic fea		
	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 .			
		23/21, documented the resident's cogni delusions, verbal and other behavioral s		
		22/21 at 18:00 (6:00 p.m.), electronical e. Stated he scratched himself. Refused		
		23/21 at 08:50 (8:50 a.m.), electronical c] under left eye, may need stitches, vo		
	A nursing progress note, dated 07/ Dr [name withheld] notified send to	23/21 at 08:59 (8:59 a.m.), electronical [name withheld] ER .	ly signed by RN #1, documented, .	
	An Initial Incident Report Form, dated 07/23/21, documented, .Incident Type .Certain Injuries .Administrates 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. The form documented the administrator as the reporting party.			
	A resident witness statement, dated 07/23/21 at 11:00 a.m., documented resident #1 was in front of nurse's station screaming about cigarettes. The statement documented resident #1 did not touch at 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. statement documented the younger man went into resident #1's room where a commotion and curs heard. The statement documented the younger man came out of resident #1's room with blood on I and his t-shirt. The document stated resident #1 asked for 911 to be called. The statement docume police came but did not check on resident #1, they just wrote on a paper, stood by the front desk, a left.			
	(continued on next page)			

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	LPN #2's witness statement, dated the phone the evening of 07/22/21 her. The statement documented he mom like that again. The statement the resident off of him. Cook #1's witness statement, dates someone throwing away his cigare quit talking to her like that, she wouresident #1 told LPN #2 to quit thre husband and son showed up at the and CMA #1 let them in. The states was that disrespected his mom. The statement documented there was you the face. The statement documented residents with face. The statement documented residents with the direction of resident room and slammed the door. The statement documented LPN #2's son was curpointed in the direction of resident room and slammed the door. The statement documented LPN #2's syou will not talk to my mama like the later and requested an ambulance manager were told of resident #1's ambulance. A resident witness statement, date went into resident #1's room and similar would on his face. The state documented the short guy cursed the mess with me. An emergency room record, dated crying-consolable, and restless. Referency room record document 5 cm long, sustained one day ago, repair of 0.5 cm avulsed laceration sutures. The emergency room record mess the mergency room record document stures. The emergency room record mess with record and sutures.	when resident #1 came up by the nurser husband and son came to the facility to documented that her son said he new do 07/23/21 at 1:10 p.m., documented residents. The statement documented that Luld get her husband and son up there. The statement documented that Luld get her husband and son up there. The statement documented that Lead get her husband and son up there. The statement documented that LPN #2's son where statement documented that LPN #2's son where statement documented LPN #2 took yelling and cursing and LPN #2's son cled LPN #2's son [name withheld] pushed in the statement documented LPN #2 let him resing wanting to know where he was. The statement documented yelling and compon came out of resident #1's room with last. The statement documented both LPN request for an ambulance and they be do 07/23/21, documented she was comincted they documented they told him to say telling resident #1 not to mess with him o7/23/21, documented resident #1's be esident complained of pain in left eye 1's ed a laceration to inner aspect of left eyes bleeding small amount. The emergency to left lower eyelid. Skin closed with 1 ord documented CT of the head/brain work of the pain record documented data was reviewed the statement documented CT of the head/brain work of the pain record documented data was reviewed the statement documented CT of the head/brain work of the pain record documented data was reviewed the pain record documented data was re	she was talking to her husband on e's station and started cursing at and said if you ever talk to my er touched resident #1, he just got esident #1 was upset about PN #2 told resident #1 he better The statement documented that id. The statement documented that id. The statement documented the ement documented that LPN #2 as cursing asking where the one her son to resident #1's room. The harged at resident #1 hitting him in ed resident #1 down in the hall. The saying that was not right. PN #2's son [name withheld] came in the facility. The statement he statement documented LPN #2 LPN #2's son went to resident #1's motion could be heard. The blood on his shirt and hand yelling at #1 came out of his room a little #2 and the business office th stated they were not calling an out of her room and two guys ed resident #1 came out of his room of he fell. The statement anymore, I will go to jail do not sehavior was anxious, 0 out of 10 on pain scale. The yebrow and left lower eyelid 0.5 to 2. By room record documented wound 1-0 Dermabond using Simple vithout contrast and CT maxillofacial

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	evening of 07/22/21. She stated ye had thrown away his cigarettes. Sh more cigarettes with his own mone for a smoke break. She stated resident to calm down. She stated LPN #2 to told him that her husband and son stated LPN #2's husband and son office manager she better get out he cursing asking where the person we resident #1's room. She stated LPN husband. She stated LPN #2's son hand and shirt. She stated LPN #2's call an ambulance because he we and the police. She stated the resident fell of the reported to her the resident fell. She completed her shift on Thursday (0 to all entry doors, reassigned licens policy, and initiated staff 1:1 individence of the original of the police. She stated resident what happened to him. She stated day (07/23/21) at 11:50 a.m., CNA #2 to the DON. She stated she asked resident told her LPN #2's son hit her resident told her he asked to be taked administrator that resident #1 told the resident fell. CNA #2 stated the conditions of the policy at 12:08 p.m., CNA #2 incident that occurred at the facility incident that occurred at the facility incident that occurred at the facility	was asked if she was aware of an incides. She stated about 6:15 p.m., resident e stated the resident had asked the buy. Resident became angry when he wastent knocked book off medication cart. Ited LPN #2 was on the phone and the did the resident he better quit talking to livere going to come down there if he kild show up at the facility. Cook #1 state then went to the kitchen to call 911 as that was talking bad to his mom. She was son [name withheld] went into the pushed the resident to the ground, the son commented it was not his blood. It was bleeding from the face. Cook #1 statent was taken to the emergency roing the informed the surveyor that the administration of 07/22/21. She stated the administration of the information of the stated LPN #2 did not work in the face of the information of	t #1 became upset because staff siness office manager to buy him as told he didn't have any cigarettes. She stated the administrator told resident was loud in the ner like that, stating that she had ept talking to her like that. She ted she informed the business. She stated LPN #2's son was e stated LPN #2 showed her son e resident's room with LPN #2's are was blood on LPN #2's son's. She stated the resident asked her ated she called both an ambulance mom on Friday (07/23/21). Strator contacted her Friday ministrator told her it had been cility on Friday (07/23/21) but had ing (07/23/21) she changed codes ed residents, updated the abuse e protocol. Cident that occurred at the facility er that night. She stated the next ked why she asked the resident and was bleeding. She stated the er resident's door. She stated the no. CNA #2 stated she informed the ked to LPN #2 who told her maybe g (07/23/21). as asked if she was aware of the

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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.		

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F 0607	Develop and implement policies an	d procedures to prevent abuse, neglec	et, and theft.	
Level of Harm - Immediate jeopardy to resident health or	39772			
safety		leopardy (IJ) situation was determined their abuse policies and procedures.	to exist effective 07/22/21 related	
Residents Affected - Some				
	The past noncompliance IJ was removed effective 07/27/21 after the facility put measures in place to precurrence. LPN #2, the charge nurse who allowed her family members to enter the facility, declined to a 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 manage 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 administ 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 Oklah 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 the family 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 comma necessary to include the governing body, and provided counseling services to residents. Based on interview and record review, it was determined the facility failed to implement their abuse policy.		o enter the facility, declined to call aspended and subsequently at. The business office manager, sident, and failed to report the n of the incident. The administrator, 07/24/21, during the COO's dent Report Form to the Oklahoma rvices, the physician, local law of filed Notification of Nurse propriation of Property for the ted head to toe assessments of all abuse by staff or their family dated their abuse policy, conducted to of abuse, reporting resident porting up the chain of command if the sto residents.	
	a. protect and prevent resident #1 f	from being verbally, mentally, and phys	ically 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.			
	The facility identified 36 residents who resided in the facility.			
	Findings:			
	(continued on next page)			

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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	protect our occupants from maltreal It recognizes resident rights to be fincluding neglect, physical abuse, it to the administrator. All alleged or so an Incident and Accident Report for the allegation involves physical abuse employee who fails to report actual upon discovery will be subject to discovery will be subject to discovery will be usuresident, or visitors in the same management of the same management	and Procedure, dated 07/23/21, documented, which means adult abuse .phys ree from physical or mental abuse .All amental abuse, sexual abuse .verbal abuse suspected incidents must be reported a term will be completed .within 24 hours of the completed abuse are .you must report within 2 hours of the or suspected abuse, neglect, or misage sciplinary action up to and including term at the completed abuse or neglect alleged anner as for alleged, suspected, or actual included schizoaffective disorder, nicotic episode manic severe with psychotic feature and decline anticipated .In the complete and decline anticipated .In the complete and the resident's cognitation and decline anticipated .In the complete and an antipsychotic medication seven and an antipsychotic medication seven are days of the seven day look back period an antipsychotic medication seven are also (6:00 p.m.), electronical experimental and other behavioral set and the scratched himself. Refused 23/21 at 08:50 (8:50 a.m.), electronical are left eye, may need stitches, voices we seed 07/23/21, documented, . Incident Tycut on his left jaw. Resident has been initiated. Physician, family member notific dministrator as the reporting party.	allegations of maltreatment, use .must be reported immediately according to state and federal law . of the incident's discovery .When notification of incident .Any appropriation of property immediately rmination .reporting and ally committed by a family member, all employee abuse situations . all employee abuse situa

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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	nurse's station screaming about cig The statement documented a white an older man and a younger man was statement documented the younge heard. The statement documented and his t-shirt. The document state police came but did not check on re left. LPN #2's witness statement, dated the phone the evening of 07/22/21 her. The statement documented he mom like that again. The statemen the resident off of him. Cook #1's witness statement, dated someone throwing away his cigare quit talking to her like that, she wor resident #1 told LPN #2 to quit thre husband and son showed up at the and CMA #1 let them in. The state was that disrespected his mom. Th statement documented there was y the face. The statement documente statement documented residents w CMA #1's witness statement, dated to facility beating on the door. The documented LPN #2's son was cur pointed in the direction of resident room and slammed the door. The s statement documented LPN #2's sy you will not talk to my mama like th later and requested an ambulance. manager were told of resident #1's ambulance. A resident witness statement, date went into resident #1's room and sl with a wound on his face. The state	d 07/23/21 at 11:00 a.m., documented garettes. The statement documented reference betruck pulled up in front of the main envere banging on the door and LPN #2 is cursing wanting to know where they are man went into resident #1's room whethey younger man came out of resident direction that it is resident #1 asked for 911 to be called esident #1, they just wrote on a paper, o7/23/21 at 11:30 a.m., documented the when resident #1 came up by the nurser husband and son came to the facility at documented that her son said he new that the statement documented that Laid get her husband and son up there. The statement documented LPN #2 is son where statement documented LPN #2 took welling and cursing and LPN #2's son clear LPN #2's son [name withheld] pushed in the statement documented LPN #2 let him sing wanting to know where he was. The statement documented LPN #2 let him sing wanting to know where he was. The statement documented yelling and compone came out of resident #1's room with lat. The statement documented both LPN request for an ambulance and they both do 07/23/21, documented she was coming that he door. The statement documented she was coming the documented they told him to say elling resident #1 not to mess with him the side of the statement documented she was coming the documented they told him to say elling resident #1 not to mess with him	esident #1 did not touch anyone. trance. The statement documented tet them in. The statement ti, I will take care of them. The ere a commotion and cursing was #1's room with blood on his hand d. The statement documented the stood by the front desk, and then she was talking to her husband on e's station and started cursing at and said if you ever talk to my er touched resident #1, he just got esident #1 was upset about PN #2 told resident #1 he better The statement documented that id. The statement documented the ement documented that LPN #2 as cursing asking where the one her son to resident #1's room. The harged at resident #1 hitting him in ed resident #1 down in the hall. The saying that was not right. PN #2's son [name withheld] came in the facility. The statement he statement documented LPN #2 LPN #2's son went to resident #1's motion could be heard. The blood on his shirt and hand yelling it #1 came out of his room a little #2 and the business office th stated they were not calling an ing out of her room and two guys are resident #1 came out of his room or he fell . The statement

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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 07/28/21 at 11:50 a.m., CNA #2 the evening of 07/22/21. She stated day (07/23/21) she asked resident what happened to him. She stated resident told her LPN #2's son hit heresident told her LPN #2's son hit heresident told her he asked to be taked to the DON. She stated she asked administrator that resident #1 told heresident fell. CNA #2 stated the On 07/29/21 at 12:08 p.m., CNA #7 incident that occurred at the facility and when she returned inside she here the blood to anyone. She stated no blood to anyone else. She stated no On 07/29/21 at 1:22 p.m., the administrator st she did not know what happened. To send the resident to the hospital. The about the incident on 07/22/21. She completed a state reportable, and investigation everything got blurry. happened to him. The administrator happened. She stated LPN #2 told have blood on his hand. She was a stated no, she had already submitted on 08/02/21 at 1:40 p.m., cook #1 07/22/21. She stated she reported resident had been pushed to the gr	R was asked if she was aware of the ind yes, a staff member had contacted he #1 what happened to him. She was as because he had a gash under his eye im. She stated she noticed blood on the ten to the hospital but LPN #2 told him the DON to contact the administrator. Here he had been hit. She stated she tall the ambulance was called Friday morning was interviewed by telephone. She was the evening of 07/22/21. She stated she toticed blood on resident #1's floor. She, the charge nurse was there. She was noticed blood on resident #1's floor. She, the charge nurse was there. She was noticed blood on resident #1's floor. She atted she charge nurse (RN #1) who in atted RN #1 told her she had been told fine administrator stated she instructed the administrator was asked, by the sure a stated an investigation as a certain in She stated she contacted LPN #2, on 07/2 her she did not do anything that her so tasked, by the surveyor, if she had submissed.	cident that occurred at the facility er that night. She stated the next ked why she asked the resident and was bleeding. She stated the resident's door. She stated the no. CNA #2 stated she reported it CNA #2 stated she informed the ked to LPN #2 who told her maybe g (07/23/21). The as asked if she was aware of the ne was outside on a smoke break he was asked if she had reported asked if she had reported the stated prior to her arrival at the facility informed her that resident #1 had a resident #1 fell but RN #1 stated IRN #1 to call an ambulance and veyor, if she had been contacted the COO, the corporate nurse, jury. She stated during the ident did not fall, something else 23/21 at 1:06 p.m., to ask her what on had talked to resident #1 but did nitted another state reportable. She ted the incident she witnessed on was asked how she knew the on push resident #1 to the ground.

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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 CURRU	NAME OF PROVIDER OR SUPPLIER		CIDELL ADDRESS SITV STATE AID CODE		
Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 1400 West First Street Wewoka, OK 74884	PCODE		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)		
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Timely report suspected abuse, ne authorities. 39772 A past noncompliance Immediate to the facility's failure to report an a required timeframe. On 07/29/21, the Oklahoma State I related to the facility's failure to report and terminated 07/23/21, during the adwho failed to report the abuse, was incident. The administrator, who su 07/24/21, during the COO's investigned Notification of Nurse Aide/Nor Misappropriation of Property for the conducted 1:1 staff training from Or report, reporting all allegations of a include the governing body. Based on interview and record revior abuse immediately, but not later Health (OSDH), and other officials. The facility identified 36 residents we find the subject to discovery will be subject to discovery will be subject to discovery will be use investigation procedures will be used in the procedure in the	glect, or theft and report the results of the department of Health verified the exister of abuse immediately. Moved effective 07/27/21 after the facilities, who failed to report the abuse, was ministrator's investigation of the incident as suspended 07/23/21, during the corporation of the initial Incident Report Forming ation of the incident. The COO submit the Department of Health. The facility not be business office manager. The facility of the suspended 07/26/21 which covered the business office manager. The facility of the suspended of the incident and the Oklahoma Board of the technical Service Worker Abuse, Negles to business office manager. The facility of the suspended of the incident, and reporting up the lew, it was determined the facility failed than two hours, to the administrator, Offor one (#1) of nine sampled residents	to exist effective 07/22/21 related and other officials, within the ence of the past noncompliance IJ its put measures in place to prevent is suspended and subsequently int. The business office manager, orate COO's investigation of the no7/23/21, was suspended ited an addendum to the Incident itified DHS: Adult Protective of Nursing for the LPN. The facility enct, Mistreatment or updated their abuse policy, dexamples of abuse and when to enchain of command if necessary to to ensure staff reported allegations its idlahoma State Department of who were reviewed for abuse. Intended, .We will endeavor to ical abuse, sexual abuse, neglect allegations of maltreatment, use .must be reported immediately incoording to state and federal law . In the incident's discovery .When intotification of incident .Any oppopriation of property immediately remination .reporting and the incident's discovery immediately remination .reporting and the incident and incident and incident .Any oppopriation of property immediately remination .reporting and the incident's discovery immediately remination .reporting and the incident's discovery and incident .Any oppopriation of property immediately remination .reporting and the incident's discovery immediately remination .reporting and the incident's discovery and incident's discovery with a succession of the inciden		

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		STREET ADDRESS, CITY, STATE, ZI	P CODE
Wewoka Healthcare Center	·	1400 West First Street Wewoka, OK 74884	FCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Resident #1 had diagnoses which i disorder, bipolar disorder, current et A care plan, dated 05/06/21, docum decreased psychosocial well-being more appropriate methods .to expresinteraction, attention. A quarterly assessment, dated 06/2 inattention, disorganized thinking, owith ADLs and he was ambulatory. A nursing progress note, dated 07/2 noted to have scratches on his face. A nursing progress note, dated 07/2 In DON office with gaqsh [sic] under about 7 p.m. An Initial Incident Report Form, dat was just notified the resident has a medical evaluation. Investigation in party. The form documented the accordance of the incident that occurred at the conor/23/21, she had been contact cut on his jaw. The administrator st she did not know what happened. The completed a state reportable, and investigation everything got blurry, happened to him. She was asked, no, she had already submitted one.	ncluded schizoaffective disorder, nicotivipisode manic severe with psychotic feature properties of the process of the psychotic feature process. Behavior has a behavior in the psychotic feature psychological process. Fluctuation and decline anticipated hierarchy in the psychological process. Fluctuation and decline anticipated hierarchy in the psychological psycho	ine dependence, major depressive atures, and Parkinson's disease. ior problem and is at risk for interventions: Assist to develop to provide opportunity for positive dition was severely impaired, symptoms, required supervision. It is signed by LPN #2, documented, and to allow this nurse to evaluate. It is gined by RN #1, documented, as beat up in his room last night. If it is a trial for positive in his room last night. If it is a trial for positive in his room last night. If it is a trial for positive in his room last night. If it is a trial for positive in his room last night. If it is a trial for positive in his room last night. If it is a trial for positive in his room last night. If it is a trial for po

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) 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, ZI 1400 West First Street Wewoka, OK 74884	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	Respond appropriately to all alleged violations.		
Level of Harm - Immediate jeopardy to resident health or safety	39772 A past noncompliance Immediate Jeopardy (IJ) situation was determined to exist effective 07/22/21 related		
Residents Affected - Some	resident was protected against furt	ident #1's alleged abuse was thorough her potential resident abuse.	iy and timely investigated and the
	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. 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. 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.		
	protect our occupants from maltrea It recognizes resident rights to be f to address abuse or neglect allege manner as for alleged, suspected, Resident #1 had diagnoses which	and Procedure, dated 07/23/21, document, which means adult abuse .physize from physical or mental abuse .inversity committed by a family member, resion actual employee abuse situations .	ical abuse, sexual abuse, neglect . estigation procedures will be used . ident, or visitors in the same ine dependence, major depressive

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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 BROWNER OF CUEST	FD.	CTREET ADDRESS SITE STATE TO	D CODE
NAME OF PROVIDER OR SUPPLIER Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZI 1400 West First Street Wewoka, OK 74884	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	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 . A quarterly assessment, dated 06/23/21, documented the resident's cognition was severely impaired,		
	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. 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. 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. 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's son was cursing asking where the person was that was talking bad to his mom. She stated LPN #2's son was cursing asking where the person was that was talking bad to his mom. She stated LPN #2's son was cursing asking where the		

			No. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) 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 con	tact 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)		ion)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	incident that occurred at the facility and when she returned inside she of the incident that occurred at the on 07/23/21, she had been contact cut on his jaw. The administrator st she did not know what happened. The about the incident on 07/22/21. She stated she concluded that the reside she contacted LPN #2, on 07/23/21 did not do anything that her son had	I was interviewed by telephone. She we the evening of 07/22/21. She stated so noticed blood on resident #1's floor. Inistrator was interviewed by telephone facility the evening of 07/22/21. She streed by the charge nurse (RN #1) who intated RN #1 told her she had been told. The administrator was asked, by the size stated no. She stated during the inverse estated in the stated to the stated t	he was outside on a smoke break a. She was asked if she was aware ated prior to her arrival at the facility afformed her that resident #1 had a resident #1 fell but RN #1 stated urveyor, if she had been contacted stigation everything got blurry. She hed to him. The administrator stated ed. She stated LPN #2 told her she bood on his hand.

			NO. 0936-0391	
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 con	tact 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				

			10. 0930-0391
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 con	l tact 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	On 08/02/21 a care plan policy was	s requested. By the end of the survey,	the policy had not been provided.
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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		STREET ADDRESS CITY STATE ZID CODE		
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 con	tact 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	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.			
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 39728	
Residents Affected - Some	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.			
	The facility reported 36 residents re	esided in the facility.		
	Findings:			
	Resident #5 was admitted to the facility on [DATE] with a diagnosis of schizoaffective disorder, bipolar type.			
	Physician's orders, dated 07/07/21, documented sertraline hcl 100 mg daily for depression, oxybutynin twice daily for mood, olanzapine 10 mg at bedtime for mood, and divalproex 100 mg two times daily for bipolar disorder. A review of the resident's July 2021 medication administration records indicated the medications were as ordered.			
	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.			
	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.			
	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.			
	2. Resident #8 was admitted to the facility on [DATE] with diagnoses which included, psychosis, dementia with behavior disturbance and type 2 diabetes mellitus.			
	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.			
	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.			
	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.			
	(continued on next page)			

			10. 0930-0391
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 con	l tact 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	On 08/02/21 a care plan policy was	s requested, none was provided.	
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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.		