

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Emerald Care Center Midwest		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 Parklawn Drive Midwest City, OK 73110	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>41318</p> <p>Based on record review and interview, the facility failed to implement their abuse policy for three (#4, 13, and #14) of four sampled residents reviewed for abuse.</p> <p>The DON identified 63 residents resided in the facility.</p> <p>Findings:</p> <p>An Abuse policy, dated 01/2024, documented residents must not be subject to abuse by anyone. It documented, in response to abuse, the facility must report it immediately to the Administrator, other officials in accordance with State law, and State Survey and Certification agency. It documented, when suspicion of abuse occurs, an investigation is immediately conducted.</p> <p>1. Resident #4 had diagnoses which included anxiety disorder.</p> <p>An Annual assessment, dated 08/21/23, documented Resident #4's cognition was intact.</p> <p>A Witness Statement, dated 11/07/23, documented Resident #4 told CNA #5 on 11/06/23 a staff member yelled at Resident #4 on 11/03/23.</p> <p>A Resolution Form, dated 02/15/24, documented Resident #4 reported the housekeeping supervisor was verbally abusive. The resolution from staff read in part, .All residents .who were cognitive have been interviewed. No negative findings .Advised [housekeeping supervisor] to be careful [with] this [resident] who tends to be problematic [with] others . There was no documentation the allegation had been reported to state agencies.</p> <p>On 03/06/24 at 8:25 a.m., Resident #4 stated the housekeeping supervisor was rude and hateful to them last week. They stated they reported in to the DON.</p> <p>On 03/06/24 at 10:08 a.m., CNA #5 stated abuse allegations were reported to the charge nurse and DON immediately. They were asked about their witness statement from November 2023. CNA #5 stated they weren't sure if they had reported it immediately, but didn't think so. They stated they didn't know why there was a delay in reporting.</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/06/24 at 10:41 a.m., the DON was asked about the resolution form from 02/15/24 regarding Resident #4 and the allegation of verbal abuse. She stated it had been turned over to the Administrator and they didn't feel it was abuse. She stated she was told not to complete a state reportable.</p> <p>On 03/07/24 at 10:45 a.m., the DON was asked about the witness statement from CNA #5 from November 2023. She stated it wasn't reported until the 7th (the next day) and they started an investigation. She stated the Administrator, abuse coordinator, should have been notified immediately.</p> <p>2. Resident #13 had diagnoses which included hypertension.</p> <p>A Resolution Form, dated 02/26/24, documented Resident #13 stated the therapy person was being rough. There was no documentation this allegation was reported to state agencies or was investigated.</p> <p>A Five day assessment, dated 02/28/24, documented Resident #13's cognition was intact.</p> <p>On 03/06/24 at 11:00 a.m., the ADON stated they spoke with the director of therapy regarding the complaint of roughness. She stated she wasn't sure what the director did regarding the complaint. She stated no other residents were asked. She stated she thinks she spoke with the nurse. The DON stated the abuse policy was not followed.</p> <p>3. Resident #14 had diagnoses which included aftercare of joint replacement.</p> <p>A Resolution Form, dated 02/24/24, documented Resident #14 stated a CNA was rough with them and accused the CNA of pulling on them too hard. There was no documentation this allegation was reported to state agencies.</p> <p>A Five day assessment, dated 02/27/24, documented Resident #14's cognition was intact.</p> <p>On 03/06/24 at 10:55 a.m., the DON stated a state reportable was not completed because they didn't feel the allegation was abuse.</p>