

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2024
NAME OF PROVIDER OR SUPPLIER  Oak Hills Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 West Georgia Jones, OK 73049	

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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46702</b></p> <p>Based on record review and interview, the facility failed to ensure a resident was free from involuntary seclusion for one (#1) of three sampled residents who were reviewed for involuntary seclusion.</p> <p>The administrator identified 119 residents resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled Identifying Involuntary Seclusion and Unauthorized Restraint, dated April 2021, read in part, .Secluding or confining a resident against his or her will is prohibited .Behavioral issues that arise among residents are managed according to strategies documented in the care plan and approved by the IDT .Residents who reside on a secured or locked unit that restricts movements through the facility must meet clinical criteria for placement on the unit based on a comprehensive assessment .interventions are in place that meet the resident psychosocial needs .Documentation in the resident's clinical record, reflects .criteria for placement on the secured unit .whether placement on the unit is the least restrictive option .the impact to and or reaction of the resident .</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses which included paranoid schizophrenia, hypertension, and coagulation defect.</p> <p>A quarterly assessment, dated 01/14/24, documented Resident #1's cognition was intact.</p> <p>Resident #1's care plan, dated 01/30/24, did not document interventions which included being placed on a locked unit.</p> <p>A Social Service Progress Note, dated 2/20/24 at 1:59 p.m., read in part, .AIT received a call from nursing staff on Sunday night (02/18/24). AIT was informed resident was caught urinating outside. [Name of City withheld] community resident voiced that [they] were doing more than urinating. Resident denied allegations against [them] by the [individual in the community]. Resident was ticketed and returned to the facility. Resident's guardian notified. Resident was taken to 100 hall (locked unit). Resident understood concern for move and voiced [they] were not happy on this hall and does not feel [they] should be placed on the unit .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Social Service Progress Note, dated 02/20/24 at 3:58 p.m., read in part, .Resident has called police department today voicing we are holding [them] against [their] will. Resident requested to leave AMA . Resident voicing we cannot hold [them] on a locked unit that [they] are a free human .AMA form signed .</p> <p>A Against Medical Advice-Acknowledgment and Waiver, form dated 02/20/24, documented Resident #1 signed and discharged to the community with medical risk of homelessness.</p> <p>On 03/01/24 at 10:16 a.m., the AIT stated it was their idea to move Resident #1 to the 100 hall locked unit on 02/19/24 after speaking with the guardian of the resident.</p> <p>On 03/01/24 at 11:01 a.m., a family representative stated, Resident #1 left the facility AMA because they were angry about being placed on the locked 100 hall unit.</p> <p>On 03/05/24 at 10:56 a.m., the AIT was asked what was the clinical criteria from the IDT and physician to determine Resident #1 needed placement on the locked unit. They stated the decision to place Resident #1 on a locked unit was based upon Resident #1's behaviors. The AIT was asked what assessments were completed before placing Resident #1 on a locked unit. The AIT stated there was not an assessment completed. The AIT was asked to provide documentation to show the placement on the locked unit was a least restrictive approach. They replied,I don't have any documentation.</p> <p>On 03/05/24 at 11:05 a.m., the CNO stated, We should of got a psychological evaluation or order from the doctor.</p>		