

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 12/05/2024
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 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>46653</p> <p>Based on record review and interview, the facility failed to implement QAPI for incident reporting of one (#1) of five sampled residents reviewed for abuse and neglect.</p> <p>The administrator identified 118 residents resided in the facility.</p> <p>Findings:</p> <p>An undated facility policy titled Abuse and Neglect, read in part, y. Administration will evaluate and analyze any occurrence and make any changes that would prevent the situation from recurring in the future.</p> <p>A facility Internal Investigations Guidelines policy, revised 09/01/17, read in part 19. Review at QAPI committee meetings for additional actions.</p> <p>An Incident Report, dated 11/20/24, of alleged sexual abuse the report had no QAPI or prevention plan documented.</p> <p>On 12/05/24 at 3:32 p.m. , the final incident report had no documentation QAPI or prevention programming had been completed or planned.</p> <p>On 12/05/24 at 3:33 p.m. , the administrator reported that no QAPI or prevention programming was completed or planned for the alleged incident abuse and neglect.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46653</p> <p>Based on observation and interview, the facility failed to ensure a medication cart was securely locked and attended to according to company policy and procedure.</p> <p>The administrator identified 118 residents resided in the facility.</p> <p>Findings:</p> <p>A Storage of Medications policy, dated 11/2020, read in part, 6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing drugs and biologicals are locked when not in use. Unlocked medications carts are not left unattended.</p> <p>On 12/05/24 at 10:59 a.m., medication cart #1 on hall 500 was found unlocked and unattended.</p> <p>On 12/05/24 at 11:05 a.m., LPN #1 reported medication carts were to be locked and attended to.</p>