

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Checotah Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Southeast 2nd Street Checotah, OK 74426	

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 - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45913</p> <p>Based on observation, record review, and interview, the facility failed to implement their abuse policy regarding an allegation of abuse which has the potential to affect all residents.</p> <p>The director of nursing identified 29 residents who resided in the facility.</p> <p>Findings:</p> <p>The Reporting Resident Abuse policy, undated, documented in part, Should the allegations be true, the employee(s) will be terminated from employment. Records of the allegations will be filed in the accused employee's personnel record.</p> <p>An Incident Report Form, dated 06/02/24, documented Res #23 reported the evening the gospel singers were to perform at the facility, CNA #1 took them out on the front porch prior to the singing. Res #23 reported CNA #1 started cursing, saying God damn, fuck, and shit. Res #23 reported they could handle the F word, but the use of God damn was upsetting to them especially with gospel singers at the facility. Res #23 reported CNA #1 kept cursing and they had to tell CNA #1 to zip it. The resident reported CNA #1 has cursed in front of them before and reported CNA #1 walks down the hall cursing. The report also documented other staff reported to the DON, CNA #1 does curse while working in the facility. The DON documented the allegation of verbal abuse was substantiated and CNA #1 was terminated.</p> <p>There was no record of the allegation/disciplinary action documented in CNA #1's employee file. An employee roster, not titled or dated, which documents status changes of employees, did not document CNA #1 was terminated.</p> <p>An Incident Report Form, dated 06/27/24, documented CNA #1 who had been working in the dietary department since 06/25/24, was accused of being aggressive with residents. The investigation was not substantiated and the employee was allowed to continue to work. The form also documented CNA #1 was allowed to return to work after the 06/02/24 incident of substantiated verbal abuse after CNA #1 went through training on proper language use.</p> <p>The July nursing schedule documented CNA #1 started back working the nursing departments on 07/09/24.</p> <p>On 08/07/24 at 2:30 p.m., CNA #1 was observed to be passing ice to residents.</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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NAME OF PROVIDER OR SUPPLIER Checotah Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Southeast 2nd Street Checotah, OK 74426	

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 08/08/24 at 3:50 p.m., CNA #1 was observed to be working.</p> <p>On 08/08/24 at 2:00 p.m. several anonymous employees were interviewed and reported CNA #1 was to be terminated on 06/03/24 by the administrator. The employees reported CNA #1 was not terminated and did not go through any training prior to returning to work in the dietary department on 06/25/24.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Respond appropriately to all alleged violations.</p> <p>45913</p> <p>Based on record review, and interview, the facility failed to complete a investigation regarding an allegation of abuse which has the potential to affect all residents.</p> <p>The director of nursing identified 29 residents who resided in the facility.</p> <p>Findings:</p> <p>The Reporting Resident Abuse policy, undated, documented in part, The facility must complete an incident report form .and include when possible statements of any witnesses.</p> <p>An Incident Report Form, dated 06/02/24, documented Res #23 reported the evening the gospel singers were to perform at the facility, CNA #1 took them out on the front porch prior to the singing. Res #23 reported CNA #1 started cursing, saying God damn, fuck, and shit. Res #23 reported they could handle the F word, but the use of God damn was upsetting to them especially with gospel singers at the facility. Res #23 reported CNA #1 kept cursing and they had to tell CNA #1 to zip it. The resident reported CNA #1 has cursed in front of them before and reported CNA #1 walks down the hall cursing. The report also documented other staff reported to the DON, CNA #1 does curse while working in the facility. The DON documented the allegation of verbal abuse was substantiated and CNA #1 was terminated.</p> <p>An Incident Report Form, dated 06/27/24, documented CNA #1 was accused of being aggressive with residents. The investigation was not substantiated and the employee was allowed to continue to work.</p> <p>There was no documented witness statements, interviews, or investigation to review.</p> <p>On 08/08/24 at 2:00 p.m., several anonymous employees were interviewed and reported there were no witness statements or documentation of their interviews and investigation. They reported they did an investigation but did not document it.</p>