

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER The Oaks Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Clayton Avenue Poteau, OK 74953	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>45913</p> <p>Based on record review and interview, the facility failed to provide a written summary/findings of a grievance investigation for a resident/resident representative for one (#1) of one sampled residents whose grievances were reviewed.</p> <p>The administrator identified 99 people who residedd in the facility</p> <p>Findings:</p> <p>The Filing Grievances/complaints procedure which is posted on a bulletin board in the common area by the nursing station, read in part, The resident, or person filing the grievance and/or compliant on behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems .A written summary of the report will also be provided to the resident</p> <p>The Grievances/Complaints, Filing policy, revised April 2017, read in part, .The resident, or person filing the grievances and/or complaint on behalf of the resident, will be informed verbally and in writing of the findings of the investigation and the actions that will be taken to correct any identified problems .</p> <p>A Grievance/Complaint Report was completed for Res #1 on 05/30/24 in response to Res #1's POA filing a grievance. The documented resolution of grievance/complaint was a phone conversation with Res #1's POA. No written summary of the investigation with any corrective action taken was provided to Res #1's POA.</p> <p>A Grievance/Complaint Report was completed for Res #1 on 06/18/24 in response to Res #1's POA filing a grievance. The documented resolution of grievance/complaint was One-to-one discussion. No written summary of the investigaion with any corrective action taken was provided to Res #1's POA.</p> <p>On 07/10/24 at 2:05 p.m., Res #1's POA reported they had not received a written response to any grievance they have filed on behalf of Res #1.</p> <p>On 07/10/24 at 3:30 p.m., the administrator reported they did not provide a written summary of a grievance instigation to Res #1's POA. The administrator reported they verbally followed up with Res #1's POA and felt that was an appropriate response.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45913</p> <p>Based on record review and interview, the facility failed to report an allegation of abuse to OSDH for one (#3) of one sampled resident whose record was reviewed for abuse.</p> <p>The administrator identified 99 residents who resided in the facility.</p> <p>Findings:</p> <p>The Abuse Policy, undated, read in parts, All suspected abuse will be investigated and reported to the appropriate agencies.</p> <p>The Abuse Investigation and Reporting policy, revised July 2017, read in part, All alleged violations involving abuse .will be reported by the facility Administrator .to the State licensing/certification agency responsible for surveying/licensing the facility .</p> <p>On 04/12/24 an in-service was conducted on the facility's Abuse Policy for all facility staff.</p> <p>On 07/10/24 at 3:34 p.m. CNA #1 reported they heard a rumor about some inappropriate behavior between CNA #2 and Res #3. CNA #1 reported the incident occurred in April and had to do with CNA #1's breasts and Res #3, but did not provide any details.</p> <p>On 07/10/24 at 3:50 p.m., CNA #3 reported hearing the aides talk about a situation of inappropriate behavior involving CNA #2 and Res #3. CNA #3 reported they immediately reported the rumor to the administrator and the DON sometime in April. CNA #3 reported the incident was concerning Res #3 and CNA #2's breasts but did not provide any details.</p> <p>On 07/10/24 at 4:05 p.m., the DON reported the rumor regarding CNA #2 and Res #3 was brought to the attention of administration sometime in April. The DON reported the administrator looked into the situation at that time.</p> <p>On 07/10/24 at 4:30 p.m., the administrator reported a situation of inappropriate behavior involving CNA #2 their breasts and Res #3 was reported to them in April. The administrator reported they looked into the situation by questioning Res #3, CNA #2 and other employees and residents to determine if the situation was a rumor or an allegation. The administrator reported they did not turn in a report to OSDH because they weren't sure the situation was a true allegation of abuse versus just a rumor. The administrator reported they didn't feel their attempt to determine whether or not the inappropriate behavior was an allegation versus a rumor was a true investigation. The administrator reported they did in-service all facility staff on their abuse policy at the time the inappropriate behavior was reported to them.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>45913</p> <p>Based on record review and interview, the facility failed to investigate an allegation of abuse for one (#3) of one sampled resident whose record was reviewed for abuse.</p> <p>The administrator identified 99 residents who resided in the facility.</p> <p>Findings:</p> <p>The Abuse Policy, undated, read in parts, All suspected abuse will be investigated and reported to the appropriate agencies.</p> <p>The Abuse Investigation and Reporting policy, revised July 2017, read in part, All reports of resident abuse . shall be promptly reported .and thoroughly investigated by facility management .</p> <p>The Abuse, Neglect, Exploitation and Misappropriation Prevention Program policy, revised April 2021, read in part, Identify and investigate all possible incidents of abuse .</p> <p>On 04/12/24 an in-service was conducted on the facility's Abuse Policy for all facility staff.</p> <p>There was no documented investigation regarding Res #3 and CNA #2.</p> <p>On 07/10/24 at 3:34 p.m. CNA #1 reported they heard a rumor about some inappropriate behavior between CNA #2 and Res #3. CNA #1 reported the incident occurred in April and had to do with CNA #1's breasts and Res #3, but did not provide any details.</p> <p>On 07/10/24 at 3:50 p.m., CNA #3 reported hearing the aides talk about a situation of inappropriate behavior involving CNA #2 and Res #3. CNA #3 reported they immediately reported the rumor to the administrator and the DON sometime in April. CNA #3 reported the incident was concerning Res #3 and CNA #2's breasts but did not provide any details.</p> <p>On 07/10/24 at 4:05 p.m., the DON reported the rumor regarding CNA #2 and Res #3 was brought to the attention of administration sometime in April. The DON reported the administrator looked into the situation of inappropriate behavior at that time.</p> <p>On 07/10/24 at 4:30 p.m., the administrator reported a situation of inappropriate behavior involving CNA #2 their breasts and Res #3 was reported to them in April. The administrator reported they looked into the situation by questioning Res #3, CNA #2 and other employees and residents to determine if the situation was a rumor or an allegation. The administrator reported they did not turn in a report to OSDH because they weren't sure the situation was a true allegation of abuse versus just a rumor. The administrator reported they didn't feel their attempt to determine whether or not the inappropriate behavior was an allegation versus a rumor was a true investigation. The administrator reported they did in-service all facility staff on their abuse policy at the time the inappropriate behavior was reported to them. The administrator reported they did not have any documentation regarding the situation of inappropriate behavior between Res #3 and CNA #2.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45913</p> <p>Based on record review and interview, the facility failed to ensure care plans were updated with physician's orders for one (#1) of six sampled residents whose physician's orders were reviewed.</p> <p>The administrator identified 99 residents who resided in the facility.</p> <p>Findings:</p> <p>Res #1 had diagnoses which included dementia and stage 3 chronic kidney disease.</p> <p>A physician's progress note from Urologic Specialist, faxed to the facility on [DATE], documented an order for the facility to ensure the resident is drinking water, No coke/tea.</p> <p>Res #1's care plan was not revised with the physician's order from Urologic Specialist</p> <p>On 07/11/24 at 11:05, the DON reported Res #1's care plan was noted updated with the order from Urologic Specialist. The DON was not sure why the order was overlooked.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45913</p> <p>Based on record review and interview, the facility failed to ensure physician's orders were implemented for one (#1) of six sampled residents whose physician's orders were reviewed.</p> <p>The administrator identified 99 residents who resided in the facility.</p> <p>Findings:</p> <p>Res #1 had diagnoses which included dementia and stage 3 chronic kidney disease.</p> <p>A physician's progress note from Urologic Specialist, faxed to the facility on [DATE], documented an order for the facility to ensure the resident is drinking water, No coke/tea.</p> <p>The order was not written or implemented for Res #1.</p> <p>On 07/11/24 at 11:05 a.m., the DON reported the order from Urologic Specialist was not written or implemented. The DON was not sure why this was overlooked.</p>