

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  08/23/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>48344</p> <p>Based on record review and interview, the facility failed to ensure residents were free from abuse for one (#2) of three sampled residents reviewed for abuse.</p> <p>The Administrator identified 101 residents resided in the facility.</p> <p>Findings:</p> <p>The Abuse Prevention Program policy, revised 12/16, read in part, Our residents have the right to be free from abuse .Protect our residents from abuse by anyone including .other residents.</p> <p>The Abuse and Neglect Clinical protocol policy, revised 03/18, read in part, The facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect.</p> <p>Resident #2 had diagnoses which included autistic disorder, hemiplegia and hemiparesis.</p> <p>Resident #2's annual resident assessment, dated 08/15/24, documented Resident #2 had severe cognitive impairment.</p> <p>A Combined Initial and Final State Reportable Incident form, dated 08/19/24, documented an allegation of abuse/mistreatment. It documented Resident #1 put their arm around Resident #2. Resident #2 had no apparent injuries.</p> <p>A Combined Initial and Final State Reportable Incident form, dated 08/19/24, documented all staff to be in-serviced on de-escalation of behavior technique and redirection.</p> <p>Dietary Aide #1's witness statement, dated 08/19/24, documented Resident #1 followed Resident #2 after dining services yelling at them. The witness statement documented Resident #1 put Resident #2 in a choke hold.</p> <p>Dietary Aide #2's witness statement, dated 08/19/24, documented Resident #1 was yelling and staring at Resident #2 during meal service for making noises. It documented Resident #1 stalked Resident #2 out of the dining room. The statement documented Resident #1 grabbed Resident #2 from behind by the neck and put them in a chokehold.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dietary Aide #3's witness statement, dated 08/19/24, documented Resident #1 was steadily staring and hollering at Resident #2 during meal service because of the noises Resident #2 was making while eating. The statement documented Resident #1 chased Resident #2 out of the dining room. It documented Resident #1 grabbed Resident #2 in a chokehold.</p> <p>An in-service, dated 08/19/24, documented resident to resident behaviors and de-escalation. It did not contain all staff signatures.</p> <p>On 08/22/24 at 11:07 a.m., CMA #1 stated they had not received an in-service on resident to resident behaviors and de-escalation.</p> <p>On 08/22/24 at 11:11 a.m., LPN #2 stated they had not received an in-service on resident to resident behaviors and de-escalation.</p> <p>On 08/22/24 at 11:13 a.m., LPN #1 stated they had not received an in-service on resident to resident behaviors and de-escalation.</p> <p>On 08/22/24 at 11:20 a.m., the Infection Preventionist stated they were responsible for conducting in-services. They stated all staff have not been in-serviced on resident to resident behaviors and de-escalation.</p>