

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 11/01/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</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 the facility did not initiate a discharge of a resident for the use of authorized electronic monitoring of the resident's room for one (#2) of one sampled resident whose facility initiated discharge was reviewed.</p> <p>The DON identified 107 residents who resided in the facility.</p> <p>Findings:</p> <p>The facility Transfer or Discharge Notice policy, dated March 2021, read in part, .2. Residents are permitted to stay in the facility and not be transferred or discharged unless: a. the transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility. b. the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility. c. the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare and Medicaid) a stay at the facility .</p> <p>63 O.S. S 1-1956.2 of the [NAME] E. [NAME] Act (a section of the Nursing Home Care Act) amended and renumbered from 63 O.S. S 1-1953.2 by Laws in 2020 read in part, B. A nursing facility, assisted living center or continuum of care facility shall not refuse to admit an individual to residency in the facility or center and shall not remove a resident from a facility or center because of authorized electronic monitoring of a resident's room.</p> <p>Res #2 was admitted to the facility on [DATE] with diagnoses which included Alzheimer's, dementia, cerebral infarction, stage three chronic kidney disease, [NAME] depressive disorder, and hypertension.</p> <p>The Notice of Involuntary Discharge of Resident for Res #2, dated 10/03/24, documented the reason for discharge was misuse of surveillance camera violating all residents' rights in the facility, and not being able to meet the resident's needs as documented by the attending physician.</p> <p>A nursing note, dated 10/14/24 at 10:26 a.m. documented Res #2's was transferred to another facility by their family.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/01/24 at 10:17 a.m. a family member of Res #2's reported the resident did have video surveillance with audio in their room, and did not have a roommate when they were served with a 30 day discharge notice.</p> <p>On 11/01/24 at 5:00 p.m., the DON reported the facility was able to meet the resident's needs, but the family was never satisfied with the care the resident received. The DON reported Res #2 did have video with audio surveillance in their room and the facility was concerned with the audio surveillance picking up conversations residents and staff members had in the halls. The DON reported they were not aware of the requirement regarding video surveillance and the discharge of a resident.</p>