STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375173	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sequoyah Manor, LLC	615 East Redwood Sallisaw, OK 74955

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 34270 Based on record review and interview, the facility failed to contact a local law enforcement agency within the mandated time frame after being informed of an allegation of abuse for one (#1) of four sampled residents reviewed for abuse. The DON identified 71 residents resided at the facility. Findings: A facility policy titled Abuse Investigation and Reporting, dated July 2017, read in part, Reporting 1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility administrator, or his/her designee, to the following persons or agencies: a. The stated licensing/certification agency responsible for surveying/licensing the facility; b. the local/State Ombudsman; c. The Resident's Representative (Sponsor) of Record; d. Adult Protective Services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident's attending physician; and g. The facility medical director. An Incident Report Form marked as an initial report, with an incident report date of 11/05/24, documented an allegation of abuse against Resident #1 by housekeeper #1. The report documented the alleged abuse had occurred on 11/05/24 at approximately 2:15 p.m. The Notification Made section did not contain the name of a law enforcement agency or the date and time they were notified of the allegation. An Incident Report Form marked as a final report, with an incident report date of 11/05/24, documented an allegation of abuse against Resident #1 by housekeeper #1. The Notification Made section documented a local law enforcement agency had been notified of the allegation on 11/06/24 at 10:53 a.m. On 11/13/24 at 8:46 a.m., the ADON stated they had conducted the investigation of the allegation of abuse regarding Resident #1 on 11/05/24. They stated they forgot to notify the local law enforcement agency until the next day. They stated they understood the notification should have occurred within two hours of the allegation. They stated they had not followed their abuse and neglect policy regarding reporting time frames.

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