

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Sequoyah Manor, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to develop a care plan related to assisting a resident with hot liquids for 1 (#1) of 3 sampled residents whose care plans were reviewed.</p> <p>ADON #1 reported 65 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #1 had diagnoses which included dementia.</p> <p>A quarterly assessment, dated 01/08/25, showed Resident #1 had a BIMS score (a test for cognitive function) of 12, which was indicative of a moderate impairment for daily decision making and required set-up assistance with eating and drinking.</p> <p>A nurse note, dated 03/09/25 at 10:30 a.m., showed Resident #1 had spilled coffee on themselves. Upon assessment, Resident #1 had a reddened area on their right inner thigh measuring approximately 10 cm x 3.5 cm with a 2 cm by 3.5 cm blister. The note also showed Resident #1 continued to decline with disease and age progression and they required assistance with eating and drinking.</p> <p>A review of Resident #1's medical record did not show any care plan interventions related to hot liquids.</p> <p>On 03/18/25 at 1:40 p.m., LPN #1 stated Resident #1's care plan should have included hot liquids.</p> <p>On 03/18/25 at 2:00 p.m., ADON #1 stated Resident #1's care plan should have been updated to include interventions for assisting the resident with hot beverages related to their decline.</p> <p>On 03/18/25 at 3:30 p.m., the minimum data set coordinator stated Resident #1's care plan should have been updated to include hot beverages.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to provide supervision to prevent burns from hot liquids for 1 (#1) of 3 sampled residents reviewed for accident hazards. This resulted in actual harm when Resident #1 received a second degree burn.</p> <p>ADON #1 reported 65 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #1 had diagnoses which included dementia.</p> <p>A quarterly assessment, dated 01/08/25, showed Resident #1 had a BIMS score (a test for cognitive function) of 12, which was indicative of a moderate impairment for daily decision making and required set-up assistance with eating and drinking.</p> <p>A nurse note, dated 03/09/25 at 10:30 a.m., showed Resident #1 had spilled coffee on themselves. Upon assessment, Resident #1 had a reddened area on their right inner thigh measuring approximately 10 cm x 3.5 cm with a 2 cm by 3.5 cm blister. The note also showed Resident #1 continued to decline with disease and age progression and they required assistance with eating and drinking.</p> <p>A physician's order, dated 03/09/25, showed Resident #1 was to have silver sulfadiazine (a topical antimicrobial cream) applied liberally twice a day to burns.</p> <p>On 03/18/25 at 1:12 p.m., CNA #1 stated after Resident #1 burned themselves they started assisting them with coffee.</p> <p>On 03/18/25 at 1:17 p.m., CNA #2 stated Resident #1 was more independent, but recently required more assistance. CNA #2 stated prior to the incident Resident #1 was not always supervised while drinking coffee, but since the incident staff assisted and supervised the resident with coffee.</p> <p>On 03/18/25 at 1:40 p.m., LPN #1 stated prior to the incident on 03/09/25 Resident #1 was independent with eating and drinking, but since the incident they were assisted with meals and hot liquids.</p> <p>On 03/18/25 at 1:48 p.m., the dietary manager stated prior to the incident Resident #1 was not assisted with meals, but after the incident they were assisted with eating and drinking and staff added ice to their coffee.</p> <p>On 03/18/25 at 2:00 p.m., ADON #1 stated prior to the incident Resident #1 was not always supervised with hot liquids.</p>