

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Enid Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE 410 North 30th Street Enid, OK 73701	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 47453</p> <p>Based on record review and interview, the facility failed to update/revise a care plan for a resident who smoked for 1 (#1) of 6 sampled residents reviewed for care plans.</p> <p>The administrator identified 59 residents resided in the facility.</p> <p>Findings:</p> <p>An undated Smoking policy, read in part, this facility will establish and maintain safe resident smoking practices .smoking is only permitted in designated resident smoking areas, which are located outside the building, smoking is not allowed inside the facility and (or in any resident room or bathroom) under any circumstances.</p> <p>A Care Plans Person-Centered policy, revised December 2016, read in part, the interdisciplinary team must review and update the care plan when there has been a significant change, when the desired outcome is not met, and at least quarterly .incorporate identified problem areas .identifying problem areas and their causes.</p> <p>Resident #1 was admitted on [DATE] with diagnoses which included chronic obstructive pulmonary disease, nicotine dependence, and anxiety.</p> <p>A care plan, date initiated 10/25/23, showed no focus added to the care plan for an issue of smoking. Resident #1 had a ongoing issue with smoking at the time of admit, going out to the store for cigarettes and lighters, and hiding those items from staff.</p> <p>A behavior note, dated 12/26/23, read in part, resident continues to smoke in room and/or bathroom.</p> <p>A Smoking Evaluation, dated 01/12/24, showed Resident #1 was safe to smoke with supervision.</p> <p>A quarterly MDS assessment, dated 01/26/25, showed Resident #1's cognition was intact.</p> <p>On 02/20/25 at 10:31 a.m., Resident #1 was asked what was the facility's smoking policy. The resident stated they could not have lighters in their room and could not smoke in their room. The resident stated last summer they smoked in their room and staff caught them.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/21/25 at 10:37 a.m., MDS coordinator #1 was asked the facility policy for updating and revision of a care plan. They stated they added a focus if needed to the care plan when a resident was admitted or after a resident had an incident. MDS Coordinator #1 was asked if the care plan was updated to reflect the behavior note on 12/26/23 regarding Resident #1 continuing to smoke in their room and bathroom. They stated, No.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47453</p> <p>On 02/21/25, an Immediate Jeopardy (IJ) was determined to exist related to the facility's failure to ensure the safety of Resident #1. The facility did not have a care plan which reflected smoking on admit. The facility failed to ensure interventions were in place when Resident #1 continued to smoke in their room. On 02/05/25 at 3:29 p.m., facility staff noted a fire had started in the trash can in Resident #1's room. Resident #1 had lit a cigarette and had disposed of the cigarette in the trash can in their room. Staff extinguished the fire. At the time of the fire Resident #1 was wearing oxygen. Staff extinguished the fire and evacuated other residents safely. The fire department was called and came to the facility. Resident #1 was sent to the ER for possible smoke inhalation.</p> <p>On 02/21/25 at 5:06 p.m., the Oklahoma State Department of Health was notified and verified the existence of an IJ situation.</p> <p>On 02/21/25 at 5:12 p.m., the administrator and ADON were notified of the IJ situation and the IJ template was provided.</p> <p>On 02/24/25 at 4:36 p.m., an acceptable plan of removal was approved by the Oklahoma State Department of Health. The plan of removal showed the total number of residents at risk for the same deficient practice was 59. It showed the actions to remove the immediacy of the alleged deficient practice were the following:</p> <ul style="list-style-type: none"> a. on 02/05/25, Resident #1's care plan was updated to show the one-on-one intervention implemented, b. on 02/21/25 and 02/22/25, all staff were educated in person and by phone on the updates to the smoking policy put into place, the changes made to what staff could supervise smokers outside, and steps staff were to take if lighters and cigarettes were found in residents' room, and c. all smoking residents were counseled on the smoking policy and the changes made. It showed all smokers care plan interventions were updated for smoking supervision. <p>The plan of removal showed the action taken to prevent recurrence of the alleged deficient practice were the following:</p> <ul style="list-style-type: none"> a. on 02/24/25, the facility smoking policy would be located at the staff time clock and in the staff break room for review at any time. It showed the master list for smokers would be in a binder kept at the nurses desk, b. the ADON and MDS nurses were re-educated in the process of smoking assessments and smoker safety care plans, c. the director of nursing/ADON/administrator/designee would make routine rounds of smokers' rooms to ensure there were no smoking materials in rooms. The plan of removal showed they would also check with smokers when returning from outings to have them surrender any smoking materials/lighters, <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>d. new residents admitted to the facility would be assessed upon admission and their smoking status determined. It showed a smoking evaluation would be completed and the care plan would be updated quarterly or with significant change in condition,</p> <p>e. the administrator/designee would review the smoking policy with residents who wished to smoke and ensure understanding of all aspects of the policy,</p> <p>f. smoking policy updated showing smoking was not allowed inside the facility and/or any resident room or bathroom under any circumstances, and</p> <p>h. the interdisciplinary team would meet monthly, and review the list of smokers, and address any concerns noted.</p> <p>The IJ was lifted, effective 02/24/25 at 5:27 p.m., when all components of the plan of removal had been verified as completed. The deficient practice remained isolated with the potential for more than minimal harm.</p> <p>Based on record review, and interview, the facility failed to ensure the safety of a resident who smoked for 1 (#1) of 3 sampled residents reviewed for smoking.</p> <p>The administrator identified 59 residents resided in the facility and 21 residents whom were current smokers in the facility.</p> <p>Findings:</p> <p>An undated facility Smoking policy, read in part, this facility will establish and maintain safe resident smoking practices .smoking is only permitted in designated resident smoking areas, which are located outside the building, smoking is not allowed inside the facility and (or in any resident room or bathroom) under any circumstances.</p> <p>Resident #1 had diagnoses which included anxiety, nicotine dependence, and chronic obstructive pulmonary disease.</p> <p>A care plan, date initiated 10/25/23, showed no focus regarding Resident #1 being a smoker.</p> <p>A behavior note, dated 12/26/23, read in part, resident continues to smoke in [their] room and bathroom. Resident continues to not abide by the smoking rules.</p> <p>A Quarterly Smoking Evaluation, dated 01/12/24, showed the resident was safe to smoke with supervision.</p> <p>A quarterly MDS assessment, dated 01/24/25, showed the resident's cognition was intact.</p> <p>An incident note, dated 02/05/25 at 3:29 p.m., read in part, staff called to room by staff member yelling fire down the hallway. Upon entering room, fire alarm was sounding, flames observed coming from area surrounding O2 [oxygen] concentrator, flames also noted coming from trash can in sink. Resident noted sitting in power chair in between two flames but was not attempting to remove [themselves].</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An incident note, dated 02/05/25 at 3:55 p.m., read in part, resident was in room when staff observed a fire flamed coming from residents trash can. Staff explaining to resident they needed to get out of the room so we can put the fire out, resident would not leave at first and then staff manually pulled resident out of room from back of electric wheel chair. Resident sent to ER for evaluation.</p> <p>An initial state reportable incident report, dated 02/05/25, showed a fire was found in Resident #1's room. The incident showed the fire was caused by a cigarette that was improperly extinguished in Resident #1's trash can in their room. The report showed Resident #1 was sent to theER on [DATE] at 3:55 p.m. for evaluation of possible smoke inhalation.</p> <p>A care plan, date initiated 02/10/25 and revised 02/10/25, showed the resident was one-on-one with staff monitoring related to the incident with the fire in their room on 02/05/25.</p> <p>A Quarterly Smoking Evaluation, dated 02/20/25, showed the resident was safe to smoke with supervision.</p> <p>On 02/20/25 at 10:31 a.m., Resident #1 was asked what was the facility smoking policy. The resident stated they could not have lighters in their room and could not smoke in their room. The resident stated last summer they smoked in their room and staff caught them.</p> <p>On 02/21/25 at 10:37 a.m., MDS coordinator #1 was asked what the policy was for residents smoking. They stated to keep all cigarettes and lighters in a locked box until smoking times which were every two hours. MDS Coordinator #1 was then asked how staff was keeping Resident #1 safe from having cigarettes or lighters in their room. They stated if it was known the resident had such items they were to be surrendered to the administrator or nurse. MDS Coordinator #1 was then asked to review Resident #1's admit care plan. After review, MDS coordinator #1 was asked if the care plan reflected Resident #1 being a smoker and Resident #1 would hide cigarettes and lighters in there room. They stated, No. MDS Coordinator #1 was then asked to review the care plan and asked if the care plan was updated after the behavior note on 12/26/23 regarding Resident #1 was continuing to smoke in their room and/or bathroom. They stated no it was not.</p> <p>On 02/21/25 at 1:48 p.m., the administrator was asked what was the policy for residents smoking. They stated residents could only smoke outside in the designated area with staff during the designated smoke times. The administrator was then asked what the facility had put in place for Resident #1 to ensure another incident would not occur regarding lighting a cigarette in the resident's room. They stated Resident #1 was placed on one-on-one monitoring with staff 24 hours a day until the facility could find proper placement for them at another facility.</p> <p>On 02/24/25 at 4:38 p.m., CMA #3 was asked the facility policy for smoking. The CMA stated all residents that smoked had to be supervised at the designated smoking times. The CMA was asked where the residents kept their cigarettes and lighters. The CMA stated those items were locked up in a smoke box that was locked up in the medication room. The CMA stated CMAs and nurses had access to unlock the medication room to remove the box. The CMA stated staff would light cigarettes for the residents.</p>		