

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Mid-Del Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Scott Street Del City, OK 73115	

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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49701</p> <p>Based on record review and interview, the facility failed to ensure residents were instructed arbitration agreements were voluntary for 3 (# 5, 34, and #43) of 5 sampled residents reviewed for arbitration agreements</p> <p>The administrator identified 40 residents who had entered into a binding arbitration agreement.</p> <p>Findings:</p> <p>An undated document titled An Explanation to the Resident/Family, read in part, By signing our admission contract your electronic signature will be placed on the following forms, which you will receive copies of after signing. Admission Agreement/Arbitration/Medical Records Release Form: This agreement allows for admission into the facility, gives the facility consent to provide medical care/treatment, consent to have your medical records, and bill for your medical care.</p> <p>An admission packet, revised 11/29/22, showed DocuSign (signature) was set up in which the resident/resident's legal representative agreed to everything inside of the admission packet with just one signature. The arbitration agreement was part of the admission packet and was agreed to upon admission for everyone admitted to the facility.</p> <ol style="list-style-type: none"> 1. Resident #5 was admitted on [DATE] and signed the arbitration agreement, but there was no date on the agreement. 2. Resident #34 was admitted on [DATE] and signed the arbitration agreement on 9/03/24. 3. Resident #43 was admitted on [DATE] and signed the arbitration agreement on 2/13/25. <p>On 3/17/25 at 2:01 p.m., the administrator stated everyone signed the arbitration agreement.</p> <p>On 3/18/25 at 12:48 p.m., the admissions coordinator stated, I was told in training that if the resident or representative didn't sign the admission agreement including the arbitration agreement then there was nothing we could do for them. The admissions coordinator stated if the resident did not sign then they could not be admitted to the facility.</p> <p>On 3/18/25 at 2:27 p.m., the administrator stated they did not realize they were out of compliance.</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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