Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375188	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pocola Health and Rehab	200 Home Street Pocola, OK 74902

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 46909 Based on observation, record review, and interview, the facility failed to ensure a resident was free from abuse for one (#1) of three residents sampled for abuse. The DON identified 56 residents residing in the facility. Findings: Res #1 had diagnoses which included Alzheimer's disorder, dementia, depression disorder, and anxiety disorder. A document titles Oklahoma State Department of Health Incident Report Form, dated 04/19/24, signed by the DON read in part, .CNA had made and put on her story on Snap Chat, .in a mocking and abusive way, verbally not physically .From the video . seemed very upset and disturbed by the CNA talking to her . She then posted this video on snap chat for all her viewers to see. This Incident Report Form documented physician, family/representative, DHS/APS, and Nurse Aide Registry was notified of the abusive behavior and video. This report also documented that the CNA involved in the video was terminated on 04/19/24. On 04/29/24, an in-service was conducted with all employees on abuse and reporting abuse. On 05/08/24 at 1:54 p.m., the DON stated they found out about the video shortly after CNA #1 posted it on social media. They also stated they immediately called everyone into their office that knew about the video recording and posting. CNA #2 informed the DON they advised CNA #1 to stop recording and to take the video off social media. The DON stated once they talked to everyone involved then they terminated CNA #1. They also stated, CNA #2 was given a written warning on abuse and reporting abuse. The DON stated they immediately turned the incident in to the state. On 05/08/24 at 2:48 p.m., an observation was made of a video with CNA #1 mocking and verbally abusing res #1 while they were sitting in their wheelchair in their room. Res #1 appeared to be crying and CNA #1 was laughing at them. On 05/08/24 at 2:55 p.m., the DON stated they only kept the video so they could show the video to anyone sent to investigate the complaint. They also stated the video would be deleted off of their phone soon after someone had investigated the complaint.

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