STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375209	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairmont Skilled Nursing and Therapy	3233 Northwest 10th Street Oklahoma City, OK 73107

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 - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 49701 Based on record review and interview, the facility failed to ensure residents were free from abuse for one (#1) of four sampled residents reviewed for abuse. The administrator identified 105 residents resided in the facility. Findings: An undated Resident Abuse, Neglect, and Misappropriation of Property policy, read in part, The resident has the right to be free from verbal, sexual, physical, and mental abuse. It also read, If the alleged perpetrator is facility staff, removal of the alleged perpetrator's access to the alleged victim and other residents and assurance that ongoing safety and protection is provided for the alleged victim and other residents. Resident #1 had diagnoses which included major depression, respiratory failure, chronic kidney disease, and chronic obstructive pulmonary disease. Resident #1's care plan, initiated 07/03/23, documented the resident had behaviors of being combative towards staff, disruptive outbursts that affect the living environment, and an impatient nature. An Notification of Nurse Aide/Nontechnical Service Worker form, dated 08/31/24, documented CNA #1 had been suspended on 08/31/24. On 08/31/24, an in-service on an allegation of abuse was conducted. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairmont Skilled Nursing and Therapy	3233 Northwest 10th Street Oklahoma City, OK 73107

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 - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	A Combined Initial and Final State Reportable Incident form, dated 09/03/24, documented an allegation of abuse/mistreatment. It was documented on 08/31/24 at 3:00 a.m., the police department was notified of an allegation of abuse made by Resident #1. It was documented CNA #1 had pulled their arm behind their back. It was documented CNA #1 was suspended pending investigation. It was documented the physician was notified and an order for a X-ray of the resident's right arm was received. It was documented family was notified. It was documented appropriate staff and other residents were interviewed. It was documented Resident #1 refused to be sent out for further evaluation. It was documented the resident was alert and oriented with episodes of confusion and the resident often became agitated and resisted ADL care. It was documented the facility had completed their investigation by interviewing Resident #1, other residents in the area, staff members, and by completing a focused assessment on the resident. It was documented the resident's medications, medical and incident history were evaluated. It was documented upon completion of the investigation, the facility was unable to substantiate the allegation of abuse. It was documented Resident #1 had become agitated when CNA #1 was unable to provide medication due to being a CNA. It was documented CNA #1 had informed the resident the nurse had to give medication. It was documented Resident #1 began to yell, scream, hit, and scratch CNA #1 on the arm. It was documented interviews and focus assessments with other residents, interviews with other staff members and CNA #1, yielded no further basis for the substantiation of the allegation. It was documented CNA #1 was reinstated. It was documented the facility updated the resident's care plan. It was documented the facility educated the family and staff members on the signs and symptoms of abuse, and on the policies and procedures for reporting allegations of abuse. On 09/06/24, an in-service on adequate staffing and leaving the hall unattended was conducted. An Notification of Nurse Aide/Nontechnical Service Worker form, dated 09/07/24, documented CNA #1 was terminated on 09/07/24. On 09/07/24, in-services on how to handle a combative resident, allegations of abuse, neglect, and misappropriation, and assess and intervene for pain management were conducted. The facility form titled Compliance Rounds, documented compliance rounds were made on 09/08/24. A Follow up Information State Reportable Incident, form faxed to OSDH on 09/11/24 at 4:00 p.m., documented X-ray results received on 08/31/24 revealed no acute fractures. It was documented Resident #1 complained of pain to their right arm and wrist on 09/07/24. It was documented the physician ordered a X-ray which revealed a mildly displaced oblique fracture of the distal ulna with soft tissue swelling and calcification distal to the ulna. It was documented the physician and family were notified. It was documented Resident #1 was sent to the ER for further evaluation. It was documented Resident #1 returned back to the facility with a splint to wrist/forearm area wrapped with ace wrap. There was a new order to follow up with orthopedic physician and for pain medication for breakthrough pain. It was documented CNA #1 was terminated. The facility form titled Compliance Rounds, documented compliance rounds were made on 09/18/24. Resident #1's quarterly assessment, dated 09/24/24, documented the resident was cognitively intact and required only supervision and touching assist with ADLs. The facility form titled Compliance Rounds, documented compliance rounds were made on 09/25/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER: Fairmont Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE: 3233 Northwest 10th Street Oklahoma City, OK 73107	

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 - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	An IJ was identified from 08/31/24 to 09/07/24. The deficient practice remained at isolated level of a potential for harm. On 10/02/24 at 1:42 p.m., Resident #1 stated they started down the hall to ask for medicine and could not get anyone on the hall, so they went to hall 400. They stated this was after midnight and it was dark. They stated all of the sudden someone came up behind them and tried to dump them out of their wheelchair. They stated they scratched them to get them to stop. They stated they then bent their arm behind the back of their wheelchair. They stated when they go free they tried to throw a plate at them to get them to stop. They stated that is when they called 911. They stated the police officer told them they attacked the staff and they should think about moving out. They stated eight days later they put them in a cast. On 10/02/24 at 1:48 p.m., Resident #1 stated some of the staff were afraid of them. They stated the administrator gave them a number to call for care if they felt they needed to call 911. Resident #1 stated, They were hoping I would call and give them a chance to resolve issues before the police became involved. I called my [family member] and [they] were the one that told me to call 911. On 10/02/24 at 2:35 p.m., LPN #2 stated Resident #1 would get mad when staff had to take care of other residents. They stated when the resident wanted a pain pill they would start hitting the bedside table, but the behavior would stop as soon as the pill hit their tongue. LPN #2 stated they had not witnessed any abuse, but they have had a couple of in-services about abuse recently. On 10/02/24 at 2:47 p.m., the administrator stated they did an in-service the day the allegation was made. They stated they conducted interviews with residents and staff regarding abuse and who to report to. They were asked if the residents felt safe in the facility. They stated a lot happened between the two X-rays. They stated they had never had any issues with the staff member. They stated they terminated the staff member once they got the second X-ray which showed a fracture. They stated they conducted additional in-services and implemented quality assurance monitoring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375209	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairmont Skilled Nursing and Therapy	3233 Northwest 10th Street Oklahoma City, OK 73107

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49701 Based on record review and interview, the facility failed to implement a care plan for one (#5) of 7 sampled residents reviewed for care plans. The administrator identified 105 residents resided in the facility. Findings: Resident #5 was admitted on [DATE] with diagnoses which included encephalopathy, liver cell carcinoma, fusion of spine, and intracerbral hemorrhage. A care plan, initiated on 8/12/24, documented only that the resident was admitted . The care plan was not comprehensive. An admission MDS assessment, dated 08/15/24, documented Resident #5 had a BIMS score of 12 indicating moderate cognitive impairment. It was documented they were dependent upon staff for activities of daily living and were always incontinent of both bowel and bladder. On 10/03/24 at 11:17 a.m., MDS Coordinator #1 agreed the comprehensive care plan was not completed. They stated it should have been completed within 21 days of admission to facility. On 10/03/24 at 12:49 p.m., Corporate Nurse #1 stated they followed the RAI guidelines and agreed the comprehensive care plan should have been completed.