

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 01/17/2025
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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>46216</p> <p>Based on record review and interview, the facility failed to ensure a resident was free from abuse for one (#2) of four sampled residents reviewed for abuse.</p> <p>The administrator identified 24 residents resided in the ACU.</p> <p>Findings:</p> <p>An undated facility abuse policy, documented all employees would be in-serviced on abuse/reporting abuse during the orientation process following employment. The policy documented on-going abuse training would be provided to all employees throughout the year which include: appropriate interventions to deal with aggressive and/or catastrophic reactions of residents.</p> <p>1. Resident #1 had diagnoses which included Alzheimer's disease, dementia with other behavioral disturbance, and psychosis.</p> <p>Resident #1's care plan, revised on 12/06/24, documented the resident's cognition was moderately impaired.</p> <p>2. Resident #2 had diagnoses which included dementia with other behavioral disturbance, psychosis, and anxiety.</p> <p>Resident #2's care plan, revised on 10/30/24, documented the resident's cognition was severely impaired.</p> <p>An Initial Incident Report OSDH form, received on 01/02/25 at 8:31 a.m., read in part, Resident [Resident #1] bit roommate Resident [Resident #2] on the arm. Focused assessment completed. skin tear to Resident [Resident #2] arm noted. No other injuries noted. [Name withheld] notified for both residents. Resident [Resident #1] family [name withheld] notified. Resident [Resident #2] family [name withheld] notified. OKCPD notified. Resident [Resident #1] sent to ER per physicians order for further evaluation. Appropriate staff members interviewed. Other residents in the area assessed. No further signs/allegations of abuse.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Final Incident Report OSDH form, received on 01/09/25 at 12:19 p.m., documented the facility completed an initial investigation by interviewing staff members, assessing other residents in the area, completing focused assessments on the residents, and an evaluation of their medications. The form documented Resident #1 was admitted to the hospital for further evaluation. The form documented Resident #2 was moved to another room on the unit and started on antibiotics. The form documented the facility updated both residents plan of care and educated appropriate staff members on the signs and symptoms of abuse.</p> <p>In-services were started on 01/01/25 and completed on 01/11/25.</p> <p>On 01/15/25 at 10:51 a.m., Resident #1 did not respond when spoken to. Resident #1 only became angry when spoken to as they were repeatedly asking how to get out of here.</p> <p>On 01/17/24 at 2:27 p.m., the administrator stated Resident #1 and Resident #2 were roommates at the time of the incident. They stated Resident #1 stated they owned the whole place and Resident #2 was in Resident #1's way.</p> <p>On 01/17/25 at 2:31 p.m., the administrator stated they were unable to interview residents on the ACU due to their cognition.</p> <p>On 01/17/25 at 2:44 p.m. the administrator stated a Quality Tip report was completed on 01/01/25 and those were discussed right after they were received.</p>		