STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375222	A. Building B. Wing	12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
24th Place	600 24th Avenue Southwest Norman, OK 73069

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 - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 20960 Based on record review and interview it was determined the facilty ensured residents were free of abuse for two (#1 and #3) of three residents reviewed for abuse. The administrator identified 70 residents resided in the facility. Findings: The facility policy, Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised April 2021, read in part, .Residents have the right to be free from abuse. neglect, misappropriation of resident property and exploitation. This includes but is not limited to .verbal, mental, sexual or physical abuse . Resident #1 interview questions forms, dated 11/27/24, read in part, .Question 1 have you been abused .by any staff working at the facility .[Certified Nurse Aide #5] said I couldn't keep my urinal because my arm was weak and I spilled it on my bed. He said I would have to go to the bathroom in the bed because I couldn't get up to go to the bathroom . an undated handwritten note, by the social service director, attached to Resident #1 interview questions form, read in part, [Resident #1] stated that [CNA #5] and a black aid who worked night was in the room. He took his urinal and would not give them back [Resident #1] told him does he feel like a big shot being mean to cripples . Resident #2 interview questions forms, dated 11/27/24, read in part, .Question 1 have you been abused .by any staff working at the facility .[Certified Nurse Aide #5] came in and grabbed the front of my diaper and then said I was checking to see if you were wet . Resident #3 interview questions forms, dated 11/27/24, read in part, .Question 1 have you been abused .by any staff working at the facility .yes. [Certified Nurse Aide #5] yelled at me from the door [Resident #1 last name]. I told him my name was Mrs he said he didn't have to all that because of a state law. It hurt my feelings . Question 2 have you observed any staff working at the facility be abusive .yes [CNA #5] to me . (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Some	On 12/09/24 at 8:39 a.m., Resident #1 stated two weeks ago CNA #5 took my urinal and would not let me use it because it will spill on the bed. Resident #1 stated CNA #5 was then rough when changing him and cleaning him up and that was abusive the way they were treated. On 12/09/24 at 8:50 a.m., Resident #2, the roommate of Resident #1, stated they saw and heard CNA #5 mistreat their roommate. Resident #2 stated CNA #5 would not let Resident #1 have his urinal because urine would get all over the bed. On 12/09/24 at 1:25 p.m., Resident #3 stated CNA #5 was abusive to them when they came into the room calling them by their last name only. It was disrespectful and told CNA #5 it was. CNA #5 continued to disrespect me and that was abusive. On 12/09/24 at 11:55 a.m., the DON reviewed the investigation into the alleged abuse to Resident #1 and stated the allegation should have been confirmed as verbal abuse. They stated they had concerns of abuse because the way the aide spoke to Resident #1 and would not allow them to use the urinal. The DON then stated, You just can not take things away from a resident and the aide was very insensitive.