

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Leisure Village Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2154 South 85th East Avenue Tulsa, OK 74129	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46703</p> <p>Based on record review and interview, the facility failed to ensure the required number of staff were present when the mechanical lift was operated for one (#3) of one resident reviewed for mechanical lift use.</p> <p>The DON identified 79 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #3 had a diagnoses which included fracture of the left femur and dementia.</p> <p>A Care Plan dated 03/42/21 documented the resident required two person assist with transfers using a mechanical lift.</p> <p>A document titled Incident Report, dated 07/06/24, read in part, .this nurse was called to to room by CNA, resident was on the floor on her back next to the Hoyer Lift with the sling under her.</p> <p>On 07/06/24 a document titled Inservice 07/06/24 documented, .Staff to ensure that two staff members are always present during transfers with the Hoyer Lift or Sit to Stand. Make sure the correct size sling is used and is positioned properly.</p> <p>On 07/09/24 at 2:53 p.m., CNA #4 stated she has been inserviced on the use of a Hoyer Lift and you must use two staff members such as another CNA, CMA, or nurse.</p> <p>On 07/09/24 at 3:00 p.m., CNA # 5 stated you should always have two people to operate a Hoyer Lift.</p> <p>On 07/09/24 at 3:10 p.m., CNA #6 stated they recently had an in service over using the Hoyer Lift and you must use two people to operate it.</p> <p>On 07/09/24 at 3:15 p.m., CNA # 8 stated they have recieved training regarding the use of a Hoyer Lift. You must have two people to operate it.</p> <p>On 07/09/24 at 3:25 p.m., CNA # 7 stated they have recieved an inservice regarding using the Hoyer Lift. They stated two people should always be used to operate the lift.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/10/24 at 9:26 a.m., CNA # 2 and CNA #10 washed their hands and donned gloves. They explained to resident #1 what they were doing and placed the mechanical lift over the resident in the wheel chair. The resident was sitting on a sling which they attached to the lift. The resident was slowly lifted and the lift was centered above the bed. The resident was slowly lowered down onto the bed. The sling was detached from the lift and removed from under the resident. The CNA's cleaned the lift with sanitizing wipes, removed their gloves and washed their hands.</p> <p>On 07/11/24 at 9:48 a.m., Resident #3 stated when they fell from the mechanical lift on 07/06/24 there was only one CNA operating the mechanical lift, but now they are using two people to lift her in and out of bed using the lift.</p> <p>On 07/11/24 at 10:30 a.m., the DON stated they have done in services regarding use of the Hoyer Lift and had the staff perform return demonstrations.</p>