

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 09/23/2024
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 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>41809</p> <p>Based on record review and interview, the facility failed to ensure residents were free from abuse for one (#3) of three sampled residents for abuse.</p> <p>The DON identified 81 residents who resided at the facility.</p> <p>Findings:</p> <p>Review of an incident investigation, dated 09/04/24, revealed an allegation of verbal abuse by staff to Resident #3. The investigation completed by the administrator revealed the roommate of Resident #3 overheard the verbal abuse of the staff to Resident #3. The investigation revealed the administrator had reported the incident to OSDH in a timely manner and investigated the incident. The employee was terminated and all notifications were made.</p> <p>A QAPI dated 09/05/24, revealed the plan of action by the facility regarding a substantiated allegation of abuse.</p> <p>An in-service dated 09/05/24, documented education was provided to all staff regarding a substantiated allegation of abuse.</p> <p>On 09/23/24 at 12:30 p.m., CNA #1 stated they had been in-serviced recently on all abuse types, who to report incidents to and when to report.</p> <p>On 09/23/24 at 12:34 p.m., CNA #2 stated they had been in-serviced the previous week on all abuse types, who to report incidents to and when to report.</p> <p>On 09/23/24 at 12:50 p.m., the administrator stated the allegation of verbal abuse by Resident #3 was substantiated due to a witness who heard the staff member cursing in the room while speaking to Resident #3. They stated the staff member was reported and terminated, an in-service was conducted and a QAPI adhoc meeting took place the next day.</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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