

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  04/24/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>35474</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed for 1 (#1) of 3 sampled residents whose care plans were reviewed.</p> <p>The DON identified 75 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Signing out LOA [leave of absence], dated January 2016, showed each resident leaving the premises was to be signed out on the sign out register at the nurses' station.</p> <p>A policy titled Comprehensive Person Centered Care Plan, dated 01/23/19, read in part, Each resident will have a person centered plan of care to identify proems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care.</p> <p>A care plan, dated 02/22/25, did not show the resident was able to sign themselves out for outings, enjoyed being outside on their motorized wheel chair, or that staff had to sign the resident out at times.</p> <p>An admission assessment, dated 02/24/25, showed Resident #1 had a diagnosis of hypertension and a brief interview for mental status score of 13, which indicated the resident was cognitively intact for daily decision making.</p> <p>A sign out sheet, dated 02/28/25 through 04/16/25, showed the resident had signed themselves out of the facility five times and the facility staff had signed them out six times.</p> <p>A nurse note, dated 04/16/25 at 10:14 a.m., showed Resident #1 was observed to leave the facility in their motorized wheel chair and had not signed themselves out on the sign out log.</p> <p>On 04/23/25 at 11:42 a.m., LPN #1 stated Resident #1 enjoyed going outside, riding around the neighborhood on their motorized wheel chair, and was safe to do so. They stated Resident #1 was aware of the protocol to sign out but, at times they did not. LPN #1 stated staff had to sign the resident at times because the resident would not sign the book or alert staff they were leaving.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/23/25 at 12:03 p.m., the DON stated Resident #1 had been assessed and deemed safe to leave the facility in their motorized wheel chair and the resident enjoyed being outside. They stated at times the resident would not sign themselves out and staff would sign the book for them. The DON stated they had provided education on the protocol for signing out of the facility and they thought it had been care planned.</p> <p>On 04/23/25 at 1:15 p.m., Resident #1 stated they had been informed of the protocol to sign out of the facility and thought they did each time, but could not remember.</p> <p>On 04/23/25 at 4:15 p.m., care plan coordinator #1 reviewed the care plan for Resident #1 and stated they had not developed a care plan which indicated the resident was able to sign themselves out of the facility, at times would not sign out and staff had to sign the resident out, enjoyed being outside/leaving the facility, or that the protocol for signing out had been care planned. Care Plan Coordinator #1 stated, I guess I just failed to do that.</p>		