STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375279	A. Building B. Wing	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hobart Nursing & Rehabilitation	709 North Lowe Hobart, OK 73651

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873 Based on record review and interview, the facility failed to have an adequate hot water supply to ensure showers were conducted as scheduled for 3 (#2, 6, and #7) of 3 sampled residents reviewed for showers. The DON reported 35 residents resided in the facility. Findings: A Resident Showers policy, dated 04/15/24, read in part, Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. 1. Resident #2 had diagnoses which included paraplegia. The resident was admitted to the facility on [DATE]. The resident discharged from the facility on 02/23/25. A monthly shower record for December 2024 showed 13 scheduled showers. The shower record showed three showers were given (12/03, 12/10, and 12/12), eight showers were not given (12/05, 12/07, 12/14, 12/17, 12/24, 12/26, and 12/28) and two showers were refused (12/19 and 12/21). A quarterly assessment, dated 01/25/25, showed Resident #2's cognition was intact with a BIMS score of 15. The assessment showed they required substantial/maximal assist with showers. A monthly shower record for January 2025 showed 13 scheduled showers. The shower record showed one shower was given (01/02), 10 showers were not given (01/09, 01/11, 01/14, 01/16, 01/18, 01/21, 01/23, 01/25, 01/28, and 01/30), and two showers were refused (01/04 and 01/07). A monthly shower record for February 2025 showed 10 scheduled showers. The shower record showed two showers were given (02/15 and 02/20), six showers were not given (02/01, 02/04, 02/06, 02/08, 02/11, and 02/13), one shower was refused (02/22), and one shower was not applicable (02/18). A care plan, dated 02/07/25, read in part, Showers requires x two staff assist with transfers to shower chair. A grievance form, dated 02/13/25, showed Resident #2 reported not getting showers. The grievance form showed staff were educated related to showers. (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: 375279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/25 at 1:01 p.m., CNA #1 reported Resident #2 would request showers to be given at 1:00 a.m. or 2:00 a.m., so there would be hot water available. On 03/05/25 at 2:48 p.m., the DON reported Resident #2 was the only resident that had complained about not having hot enough water for showers. 2. Resident #6 had diagnoses which included spinal stenosis and chronic obstructive pulmonary disease. A care plan, dated 10/05/24, showed Resident #6 was able to bathe/shower areas on self within easy reach. A monthly shower record for December 2024 showed 13 scheduled showers. The shower record showed one shower was conducted (12/11), 11 showers were not conducted (12/02, 12/04, 12/09, 12/13, 12/16, 12/18, 12/20, 12/23, 12/25, 12/27, and 12/30), and one shower was not applicable (12/06). A quarterly assessment, dated 01/10/25, showed Resident #6's cognition was intact with a BIMS score of 15. The assessment showed the resident required set up help for showers. A monthly shower record for January 2025 showed 14 scheduled showers. The shower record showed two showers were conducted (01/06 and 01/13), and 12 showers were not conducted (01/01, 01/03, 0108, 01/10, 01/15, 01/17, 01/20, 01/22, 01/24, 01/27, 01/29, and 01/31). A shower schedule, dated 03/05/25, showed Resident #6 was scheduled for a shower on Monday, Wednesday, and Friday during the 6:00 p.m. to 6:00 a.m. shift. On 03/05/25 at 3:50 p.m., Resident #6 stated, I'm not going to take a shower until they get the hot water issue fixed. 3. Resident #7 had diagnoses which included morbid obesity and ataxic gait. A care plan, dated 01/11/24, showed Resident #2 required x two staff assistance with transfers. A quarterly assessment, dated 12/10/24, showed Resident #7's cognition was intact with a BIMS score of 15. The assessment showed the resident was dependent on staff for showers. A monthly shower record for December 2024 showed 13 scheduled showers. The shower record showed five showers were conducted (12/04, 12/09, 12/11, 12/18, and 12/20), six showers were not conducted (12/02, 12/13, 12/23, 12/25, 12/27, and 12/30), and two showers were refused (12/06 and 12/16). A monthly shower record for January 2025 showed 14 scheduled showers. The shower record showed five showers were conducted (01/01, 01/10, 01/13, 01/29, and 01/31), eight showers were not conducted (01/03, 01/08, 01/15, 01/17, 01/20, 01/22, 01/24, and 01/27), and one shower was refused (01/06). A shower schedule, dated 03/05/25, showed Resident #7 was scheduled for a shower on Monday, Wednesday, and Friday during the 6:00 a.m. to 6:00 p.m. shift. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/25 at 11:55 a.m., certified medication aide #1 reported the 300 hall shower tended to run out of hot water. On 03/05/25 at 12:04 p.m., LPN #1 reported the 100 hall was good for hot water. The LPN stated 200 and 300 halls had problems on and off with hot water in the shower rooms and maintenance had worked on the problem a lot. On 03/05/25 at 1:08 p.m., CNA #3 reported having trouble getting all showers done due to water not being hot enough throughout the shift and residents would refuse showers. On 03/05/25 at 2:30 p.m., the maintenance supervisor reported the hot water supply had been an issue for sometime. The maintenance supervisor reported a professional plumber looked at the hot water supply and instructed them on how to keep the hot water supply adequate until the plumbing was reworked. The maintenance supervisor reported the showers on 200 and 300 halls were on the same hot water system as the laundry and kitchen which effected the amount of hot water available for showers at certain times of the day. On 03/05/25 at 2:48 p.m., the DON reported not being aware residents were not getting showers. The DON reported if the water was not hot for a shower then a bed bath would be offered. On 03/05/25 at 4:00 p.m., Resident #7 reported not getting showers three times a week like they were scheduled. The resident reported staff told them there if no hot water or not enough staff to get the shower done when scheduled.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873 Based on record review and interview, the facility failed to provide adequate supervision and interventions to prevent elopement for 1 (#1) of 3 sampled residents reviewed for elopement. The DON reported 35 residents resided in the facility. The elopement book at the nurses station identified seven residents at risk for elopement. Findings: A policy titled Elopements, dated 08/01/21, read in part,Staff shall investigate and report all cases of missing residents. Resident #1 was admitted to the facility on [DATE] with diagnoses which included dementia and depression. An elopement risk assessment, dated 02/28/25, showed no risk for elopement. A progress note, dated 03/02/25 at 8:35 a.m., showed Resident #1 was found outside sitting in the grass across from the parking lot. The note showed the resident was assisted back into the facility. The note also showed the resident had scrapes on both knees and a red area to the right cheekbone. A incident report, dated 03/02/25, showed Resident #1 was observed outside across the street from the facility without staff present. The report showed staff reported the resident was unattended for approximately 10 minutes after being toileted after breakfast. The report showed the resident was alert and oriented to person only. The report showed staff were educated on the policy and procedure for elopement, educated to keep all alarms on and respond to alarms promptly, and the resident was to remain one on one with staff until no signs of exit seeking. The report showed the resident's elopement care plan was updated and the resident's face sheet with picture was added to the elopement book. An elopement risk assessment, dated 03/02/25, showed an elopement risk score of 10.0. The assessment showed interventions: staff aware of wander risk, exit alarms, and every one hour checks. An admission assessment, dated 03/05/25, showed the resident had moderate cognitive impairment with a BIMS score of 10. The assessment showed the resident had wandering behavior. The elopement book was reviewed and contained Resident #1's elopement care plan and elopement risk assessment. The elopement book did not contain the resident's face sheet with the resident's picture. On 03/05/25 at 11:46 a.m., the administrator reported the facility was having a software issue with getting the resident's photo added to the face sheet. The administrator reported all nurses had a picture of the resident on their phone and all staff were aware who the resident was. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/05/25 at 11:55 a.m., the DON reported the investigation of the elopement incident for Resident #1 concluded the resident exited the front door in the dining room. The DON reported the alarm on the door was not turned on for an unknown reason. The DON reported staff were educated that the door alarms were to be left on.