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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375284 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Arbor Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 310 W Taft Ave Sapulpa, OK 74066 | |

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) |
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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387</p> <p>Based on record review and interview, the facility failed to ensure a baseline care plan included fall risk and interventions for one (#1) of three sampled residents reviewed for falls.</p> <p>The DON identified 70 residents resided in the facility.</p> <p>Findings:</p> <p>A facility Fall Risk Assessment/Falls policy, dated 01/08/21, read in part, .Each resident's plan will include interventions, including adequate supervision, consistent with a resident's needs, goals, and current standards of practice in order to reduce the risk of an accident .Monitor the effectiveness of the care plan interventions, and modify the interventions as necessary, in accordance with current standards of practice .</p> <p>Res #1 admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease, syncope and collapse, COPD, and COVID-19.</p> <p>A fall risk assessment, dated 01/19/24, documented the resident was high risk for falls.</p> <p>A baseline care plan, initiated 01/19/24, did not document the resident was at risk for falls or include fall interventions.</p> <p>A progress note, dated 01/20/24 at 9:39 p.m., documented a nurse entered Res #1's room to check on them and noted the resident was on their back in the floor. The note documented there were no injuries. The resident stated they were unsure how the fall occurred. The nurse documented it appeared the resident had rolled from their bed onto the floor. The note documented a concave mattress was applied to the bed as a fall intervention.</p> <p>A facility incident report, dated 01/20/24, documented Res #1 had a fall without injury and an intervention to place a concave mattress.</p> <p>A fall care plan, initiated 01/24/24, included the following interventions:</p> <ul style="list-style-type: none"> - Anticipate and meet needs <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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <ul style="list-style-type: none"> - Assist with transfers - Be sure call light is within reach and encourage to use it for assistance as needed. Provide prompt response to all requests for assistance. - Check on resident frequently - Offer activities that promote exercise, physical activity for strengthening and improved mobility, - Physical therapy to evaluate and treat as needed <p>An admission MDS, dated [DATE], documented Res #1 was cognitively intact, utilized a walker, required partial assistance with transfer from sitting to standing, and required partial assistance with walking 10 feet.</p> <p>On 02/13/24 at 7:52 a.m., the MDS coordinator stated the fall risk and interventions were not included in the resident's baseline care plan. They stated fall risk and precautions should have been included in the baseline care plan.</p> |