STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375303	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wewoka Healthcare Center	1400 West First Street Wewoka, OK 74884

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 45462 Based on record review and interview, the facility failed to the notify the mental health physician following incidents of resident-to-resident abuse for two (#5 and #6) of two sampled residents receiving routine mental health services and reviewed for resident-to-resident abuse. The administrator identified there were 72 residents residing in the facility. Findings: An Abuse policy, updated 07/23/2021, read in parts, .If a person is suspected of abusing another person, his or her physician .will be notified .to implement actions to prevent a reoccurrence . 1. Resident #5 had diagnoses which included hallucinations and other psychotic disorder. An Incident Report Form, dated 09/11/24, documented Resident #5, while in another resident's room, grabbed their cane and hit them in the head when asked to leave. An Incident Report Form, dated 09/13/24, documented Resident #5 took away another resident's walker and became physical with them while they were ambulating in the hallway. A Physical Aggression Initiated Form, dated 09/28/24, documented Resident #5 went into another resident's room and slapped them twice in the head. A routine monthly mental health physicians' progress note, dated 10/14/24, documented Resident #5 had no combative behaviors per LPN #1. 2. Resident #6 had diagnoses that included schizoaffective disorder and hallucinations. An Incident Report Form, dated 06/01/24, documented Resident #6 was observed choking another resident and yelling profanities. There was no documentation in the clinical records of Resident #5 nor Resident #6 the incidents described above were reported to their mental health services physicians. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375303	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wewoka Healthcare Center	1400 West First Street Wewoka, OK 74884

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/31/24 at 8:28 a.m., Psych Physician #1 was asked how often residents were seen by them. They stated once every four to five weeks and PRN for acute issues. Psych Physician #1 was asked if they had been notified of Resident #6's involvement in an incident of resident-to-resident abuse on 06/01/24. They stated they would check. On 10/30/24 at 9:00 a.m., Psych Physician #2 was asked if they had been notified of Resident #5's involvement in incidents of resident-to-resident abuse on 09/11/24, 09/13/24, or 09/28/24. They stated they were not and there were no behaviors reported by nursing during their routine visit in October. On 10/30/24 at 9:30 a.m., Psych Physician #1 reported they were not notified of the incident of resident-to-resident abuse on 06/01/24 involving Resident #6. On 10/30/24 at 10:10 a.m., MDS Coordinator #1 acknowledged the mental health physician should have been notified of incidents of resident-to-resident abuse perpetrated by Resident #5 and Resident #6 when they occurred as an action to prevent potential reoccurrence.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375303	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wewoka Healthcare Center	1400 West First Street Wewoka, OK 74884

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45462 Based on record review and interview, the facility failed to accurately assess the occurrence of adverse behaviors on the comprehensive assessment for one (#5) of four sampled residents whose assessments were reviewed for adverse behaviors. The administrator identified 72 residents resided in the facility. Findings: Resident #5 had diagnoses that included hallucinations and other psychotic disorder. Nursing progress notes documented the following, a. 09/08/24- resident urinated in the lobby, was agitated and aggressive, b. 09/09/24- resident became aggressive and squeezed nurse's fingers, c. 09/11/24- resident assaulted another resident with a cane, d. 09/13/24- resident took a walker away from another resident and got physical with them, e. 09/22/24- resident urinated on the floor in other residents' rooms, f. 09/27/24- resident urinated in pharmacy bin at nurses station, and g. 09/28/24- resident went in another resident's room and slapped them twice. A Significant Change MDS, dated [DATE], contained the following documentation in Section E- Behaviors, a. E0200 Behavioral Symptoms- documented no physical, verbal, or other behavioral symptoms were exhibited, b. E0600 Impact on Others- (question was not completed), c. E0800 Rejection of Care- documented behaviors was not exhibited, d. E0900 Wandering- documented behaviors was not exhibited, and e. E1000 Wandering Impact- (question was not completed). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375303	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wewoka Healthcare Center	1400 West First Street Wewoka, OK 74884

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/30/24 at 11:15 a.m., MDS Coordinator #1 was asked how a resident's behavior would be assessed to accurately complete the items in Section E on the MDS. They stated by talking to various staff, reviewing the resident's clinical record, and interviewing the resident if possible. MDS Coordinator #1 was asked to review Resident #5's nursing progress notes for September 2024 and Section E of the significant change MDS for Resident #5 referenced above. After reviewing the documents MDS coordinator #1 acknowledged Section E had not been completed in its entirety and the assessment was not accurate according to the documentation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375303	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wewoka Healthcare Center	1400 West First Street Wewoka, OK 74884

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 45462 Based on record review and interview, the facility failed to update care plans with interventions to: a. protect vulnerable residents from abuse for two (#2 and #4), and b. prevent further potential abuse for one (#5) of seven sampled residents reviewed for resident-to-resident abuse. The administrator identified 72 residents resided in the facility. Findings: An Abuse policy, updated 07/23/21, read in parts, .Care Plans will address interventions designed to prevent occurrences .Each person who is at risk for abusive behavior will be reassessed for preventative interventions at least quarterly . 1. Resident #2 had diagnoses that included dementia and legal blindness. An Incident Report Form, dated 09/13/24, documented Resident #2 had their walker taken away and was assaulted by another resident while they were ambulating in the hallway. A Physical Aggression Received Form, dated 09/28/24, documented Resident #2 was slapped twice in the head by another resident who entered their room uninvited. 2. Resident #4 had diagnoses that included ESRD and hypertensive heart disease. An Incident/Accident Report, dated 07/25/24, documented Resident #4 was hit and had coffee thrown on them by another resident for appearing to listen to their conversation. There was no documentation on the care plans of Resident #2 nor Resident #4 of interventions designed to prevent occurrences of abuse perpetrated by other residents. 3. Resident #5 had diagnoses that included hallucinations and other psychotic disorder. An Incident Report Form, dated 09/11/24, documented Resident #5 went into another resident's room and hit them in the head with their cane when asked to leave. An Incident Report Form, dated 09/13/24, documented Resident #5 took away another resident's walker and became physical with them while they were ambulating in the hallway. A care plan, updated 09/16/24, documented no preventative interventions for the resident's abusive behavior. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375303	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wewoka Healthcare Center	1400 West First Street Wewoka, OK 74884

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Physical Aggression Initiated Form, dated 09/28/24, documented Resident #5 went into another resident's room and slapped them twice in the head. On 10/30/24 at 7:45 a.m., MDS Coordinator #1 acknowledged the interventions on the care plans for Residents #2, 4, and #5 should have been updated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375303	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wewoka Healthcare Center	1400 West First Street Wewoka, OK 74884

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 45462 Based on record review and interview, the facility failed to accurately document the occurrence of adverse behaviors for one (#5) of four sampled residents whose TARs were reviewed for adverse behaviors. The administrator identified 72 residents resided in the facility. Findings: Resident #5 had diagnoses which included hallucinations and other psychotic disorder. A physician's order, dated 08/12/24, read in parts, .Behaviors Monitoring .document Y if monitored and behaviors were observed. Every shift . Nursing Progress Notes documented the following, a. 09/08/24- resident urinated in the lobby, was agitated and aggressive, b. 09/09/24- resident became aggressive and squeezed nurse's fingers, c. 09/11/24- resident assaulted another resident with a cane, d. 09/13/24- resident took walker away from another resident and got physical with them, e. 09/22/24- resident urinated on the floor in other residents' rooms, f. 09/28/24- resident went in another resident's room and slapped them twice, g. 10/15/24- resident urinated on the floor and chair in other residents' rooms, h. 10/21/24- resident in another resident's room holding their hands down, and i. 10/25/24- resident in and out of other residents rooms' all night. The September 2024 TAR documented no adverse behaviors observed during any shift for 09/08/24, 09/09/24, 09/11/24, 09/13/24, 09/22/24, or 09/28/24. The October 2024 TAR documented no adverse behaviors observed during any shift for 10/15/24, 10/21/24, or 10/25/24. On 10/31/24 at 7:30 a.m., LPN #2 was asked if the behaviors documented in the nurses' progress notes should be reflected on the resident's TAR. They stated, Yes. LPN #2 was asked to review the progress notes and TAR for Resident #5. After review they acknowledged the resident's behaviors had not been accurately documented on the TAR.