

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375303	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  Wewoka Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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>35749</p> <p>Based on observation, record review, and interview, the facility failed to ensure a comprehensive care plan included smoking for one (#2) of three sampled residents reviewed for accident hazards.</p> <p>The administrator identified 74 residents resided in the facility.</p> <p>Findings:</p> <p>A Care Plans - Comprehensive policy, dated 12/04/20, read in part, resident's comprehensive care plan is developed within seven (7) working days of completion of the resident's comprehensive assessment.</p> <p>Resident #2 had diagnoses which included schizophrenia.</p> <p>On 11/14/24 at 9:10 a.m., Resident #2 was observed outside in the smoking area. A staff member was observed to give the resident two cigarettes and lit one for them. Resident #2 was observed to smoke the cigarettes.</p> <p>A comprehensive resident assessment, dated 09/27/24, documented tobacco use. A comprehensive care plan was to be completed by 10/04/24. There was no care plan located in Resident #2's clinical record.</p> <p>On 11/14/24 at 2:15 p.m., the MDS coordinator stated they were behind on care plans and had not completed one for Resident #2.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>35749</p> <p>Based on observation, record review, and interview, the facility failed to ensure scheduled activities were conducted for residents.</p> <p>The administrator identified 74 residents resided in the facility.</p> <p>Findings:</p> <p>A November 2024 activity calendar documented activities for 11/14/24 were Dominoes at 10:00 a.m. and Bingo at 2:00 p.m. It documented activities for 11/15/24 were fancy nails at 9:00 a.m. through 11:00 a.m. and outside games at 12:00 p.m.</p> <p>On 11/14/24 at 9:53 a.m., Resident #12 was asked if the facility had activities for the facility. They stated they offered Bingo once a month or so. Resident #12 stated they needed activities and it would give them something to do.</p> <p>On 11/14/24 at 10:05 a.m., there were no activities observed to be in progress.</p> <p>On 11/14/24 at 2:15 p.m., there were no activities observed to be in progress.</p> <p>On 11/15/24 at 12:10 p.m., there were no activities observed to be in progress.</p> <p>On 11/15/24 at 1:14 p.m., Resident #13 stated the facility had no activity director and no one to do activities. Resident #13 looked at their November activity calendar and stated the posted activities for the day did not happen.</p> <p>On 11/15/24 at 2:12 p.m., the SS director stated the facility had talked about them splitting the activities with the BOM.</p> <p>ON 11/15/24 at 2:13 p.m., the administrator stated no one had been providing daily activities.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>35749</p> <p>Based on observation, record review, and interview, the facility failed to ensure:</p> <p>a. a smoking assessment was completed for one (#3); and</p> <p>b. a resident did not receive a burn hole in their clothing due to not having enough space in the smoking area for one (#2) of three sampled residents reviewed for accident hazards.</p> <p>The administrator identified 74 residents.</p> <p>Findings:</p> <p>A Smoking policy, dated December 2011, documented safe smoking assessments would be performed at admit and periodically as needed.</p> <p>A Resident Smoking policy, dated 12/05/23, documented to provide maximum safety to all residents at all times.</p> <p>1. Resident #2 had diagnoses which included schizophrenia.</p> <p>A comprehensive resident assessment, dated 09/27/24, documented Resident #2 used tobacco.</p> <p>On 11/14/24 at 9:11 a.m., Resident #2 was observed smoking a cigarette in the smoking area with staff present. Resident #2 was not observed to have a smoking apron on.</p> <p>On 11/14/24 at 9:18 a.m., Resident #2's hands were observed to be shaky while smoking. A staff member was observed placing a smoking apron on Resident #2.</p> <p>On 11/14/23 at 2:15 p.m., the MDS coordinator stated they had not completed a smoking assessment on Resident #2.</p> <p>2. Resident #3 had diagnoses which included depression.</p> <p>A Smoking Safety evaluation, dated 10/15/24, documented Resident #3 utilized tobacco and was able to hold a cigarette safely.</p> <p>On 11/14/24 at 9:24 a.m., Resident #3 was observed smoking outside near the smoking pavilion. A round burn hole was observed in the left upper arm of their jacket. They stated a resident was smoking next to them and burned their jacket. Resident #3 stated the smoking area was too crowded with all the smokers going out at one time.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/14/24 at 9:43 a.m., the laundry supervisor, who had been out with the smokers, was asked how they kept residents safe while smoking. They stated they watched them. The laundry supervisor stated Resident #2 had shaky hands, not a full grip, and would drop a cigarette at times. They stated they thought the smoking aprons were out at the smoking area.</p> <p>On 11/14/24 at 9:47 a.m., CMA #1 was asked how they determined if a resident was safe to smoke. They stated if they could stay awake and hold their own cigarette. CMA #1 stated they were present when Resident #3 received the burn hole to their jacket. They stated the smoking pavilion was pretty crowded that day and another resident burned the jacket.</p> <p>On 11/14/24 at 2:48 p.m., the administrator was asked how they ensured residents were safe to smoke. They stated there was an assessment conducted to see if they were safe to smoke, residents would be given the smoking rules, and residents were always supervised while smoking. The administrator was asked if they were aware if any residents had received burns from smoking. They stated Resident #3 had received a burn hole in their jacket due to the smoking area crowded with 45 smokers.</p>