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	05/13/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 33097 On 05/12/25, an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure a resident was free from abuse. On 05/12/25 at 3:59 p.m., the Oklahoma State Department of Health was notified and verified the existence of an IJ situation. On 05/12/25 at 4:25 p.m., the administrator was notified of the immediate jeopardy situation. An immediate jeopardy template was provided to the administrator. On 05/13/25 at 2:41 p.m., an acceptable plan of removal was approved by the Oklahoma State Department of Health. The facility plan of removal, read in part, Corrective Action: Plan of Removal On,5/12/2025, Resident #2 was placed on 1:1 continuous supervision until placement secured for inhouse treatment due to aggressive behaviors. 1. Administrative staff In-Serviced on following 1:1 monitoring policy and reviewing documentation daily during morning meeting to ensure staff is following protocol. 2. All staff educated on following 1:1 monitoring policy when a resident is placed on 1:1 supervision related to aggressive behaviors. 3. HR [human resources]/BOM [business office manager] educated on educating all new hires of facility policy on proper monitoring of residents that are on 1:1 supervision with an acknowledgement page. 4. MDS [minimum data set]/Care Plan Coordinators educated on ensuring new interventions are care planned after each aggressive behavior. 5. Any employee that can't be reached for In-Service will be inactive and taken off the schedule until education is provided. (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

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	6. All cognitive residents interviewed to ensure they feel safe in the facility with no negative findings. 7. The 1:1 policy was revised to reflect the charge nurses monitoring the effectiveness/appropriateness of interventions for residents with aggressive behaviors. 8. All licensed nurses in-serviced on 1:1 policy update of the monitoring of the effectiveness/appropriateness of interventions for residents with aggressive behaviors. 9. Body audits performed on all non-cognitive residents for signs of abuse with no negative findings. The IJ was lifted, effective 05/13/25 at 12:45 p.m., when all the components of the plan of removal had been completed. Resident assessments and interviews regarding abuse were verified as completed. An updated Safety and Supervision of Residents policy was reviewed and staff education regarding abuse was verified as completed. The deficient practice remained as isolated level with potential for more than minimal harm. Based on observation, record review, and interview, the facility failed to ensure a resident was free from abuse for 1 (#1) of 5 sampled residents reviewed for abuse. The administrator identified 85 residents resided in the facility. Findings: On 05/08/25 at 9:12 a.m., Resident #1 was ambulating in the hall where they resided. Resident #2, who did not reside on the hall, was ambulating aimlessly on the resident hall. An undated facility policy titled Abuse Policy and Procedures, read in part, 2. Care Plan. Care Plans will address interventions designed to prevent occurrences, and may include: a) 'At risk' people to be visually monitored by nursing personnel for occurrences that could trigger abusive behavior; and b) Each person who is at risk for abusive behavior will be reassessed for preventative interventions at least quarterly.5. Documentation. Nursing staff shall document the incident and interventions in the Medical Record. 6. Investigation/Interviews: Admin/Designee will interview other cognitive residents and witnesses in the instance of resident-to-resident abuse so that the facility is aware of the scope and/or severity of the allegations. When a resident is not cognitive nursing staff may conduct a head-to-toe assessment for signs of injury if indicated as necessary. A facility policy titled Guidelines/Policy For Reportables:, effective November 2024, read in part, ABUSE: Resident to Resident: 1 Initial report 2 Aggressor immediately placed on 1:1 .Care plan must be updated for both residents with measures to protect from further abuse from the aggressor and measure to prevent further abuse to the victim.8 Must do a QAPI every time An undated facility admission record showed Resident #1 had diagnoses which included frontotemperal neurocognitive disorder, psychosis, persistent mood disorders, anxiety disorder, and focal traumatic brain injury with loss of consciousness. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A quarterly assessment, dated 02/11/25, showed Resident #1 was severely impaired cognitively with a BIMS of 3. The assessment showed the resident did not have verbal and/or physical behaviors towards others. An OSDH incident report, dated 04/29/25, showed Resident #1 was punched in the face by Resident #2. The report showed Resident #1 had a red discharge from their nose and swelling to the head. The report showed Resident #1 was sent to the emergency room for further evaluation. The report showed Resident #2 was placed on one-on-one safety observations. A hospital discharge instruction form, dated 04/29/25, showed instructions for care regarding facial or scalp contusion and hematoma for Resident #1. A care plan, dated 04/30/35, showed Resident #1 was a recipient of physical aggression. The care plan showed interventions were to move the resident to a different resident hall and remove from proximity to aggressor. 2. An undated facility admission record showed Resident #2 had diagnoses which included dementia without behavioral disturbances, major depression, psychotic disorder, psychosis, and mental disorder. A care plan, initiated 09/16/24, showed Resident #2 had physically aggressive behaviors related to dementia and a history of harm to others. The care plan showed Resident #2 had physical aggression toward a peer on 04/11/24, physical aggression toward a staff member on 07/13/24, physical aggression toward a peer on 09/13/24, physical aggression toward a peer 09/28/24, physical aggression with a peer on 11/17/24, and physical aggression with another resident on 04/30/25. A quarterly assessment, dated 04/08/25, showed Resident #2 was severely impaired cognitively and had a BIMS score of 4. The assessment showed the resident did not have verbal and/or physical behaviors toward others. A progress note, dated 04/30/25, showed Resident #2 punched Resident #1 four to five times in the face. The note showed Resident #1 was taken by emergency medical services to the hospital for evaluation. The note showed Resident #2 was redirected and was placed on one-on-one observation. On 05/08/25 at 11:10 a.m., LPN/charge nurse #1 stated if a resident-to-resident incident occurred they would separate the residents and place the aggressor on every 15 minute visual checks for 72 hours. On 05/08/25 at 11:55 a.m., the administrator reviewed the investigation documentation regarding the abuse allegation on 04/29/25 for Resident #2. The administrator stated documentation did not show the resident was placed immediately on one-on-one safety observations per facility policy. The administrator stated there were no resident and/or staff witness statements documented regarding the incident. On 05/12/25 at 1:00 p.m., care plan coordinator #1 reviewed Resident #2's plan of care. The coordinator stated there was not a new intervention put in place after each physical aggressive incident involving Resident #2 and should have been. Care Plan Coordinator #1 stated the intervention one-on-one observation had been used many times.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 33097 Based on record review and interview, the facility failed to implement their abuse policy by not: a. conducting a complete and thorough investigation; b. establishing coordination with QAPI; c. implementing new interventions designed to prevent reoccurrence; and d. implementing immediate one-on-one safety measures for 1 (#2) of 5 sampled residents reviewed for abuse. The administrator identified 85 residents resided in the facility. Findings: An undated facility policy titled Abuse Policy and Procedures, read in part, 2. Care Plan. Care Plans will address interventions designed to prevent occurrences, and may include: a) 'At risk' people to be visually monitored by nursing personnel for occurrences that could trigger abusive behavior; and b) Each person who is at risk for abusive behavior will be reassessed for preventative interventions at least quarterly.5. Documentation. Nursing staff shall document the incident and interventions in the Medical Record. 6. Investigation/Interviews: Admin/Designee will interview other cognitive residents and witnesses in the instance of resident-to-resident abuse so that the facility is aware of the scope and/or severity of the allegations. When a resident is not cognitive nursing staff may conduct a head-to-toe assessment for signs of injury if indicated as necessary. A facility policy titled Guidelines/Policy For Reportables:, effective November 2024, read in part, ABUSE: Resident to Resident: 1 Initial report 2 Aggressor immediately placed on 1:1 .Care plan must be updated for both residents with measures to protect from further abuse from the aggressor and measure to prevent further abuse to the victim.8 Must do a QAPI every time An undated facility admission record showed Resident #2 had diagnoses which included dementia without behavioral disturbances, major depression, psychotic disorder, psychosis, and mental disorder. A care plan, initiated 09/16/24, showed Resident #2 had physically aggressive behaviors related to dementia and a history of harm to others. The care plan showed Resident #2 had physical aggression toward a peer on 04/11/24, physical aggression toward a staff member on 07/13/24, physical aggression toward a peer on 09/13/24, physical aggression toward a peer 09/28/24, physical aggression with a peer on 11/17/24, and physical aggression with another resident on 04/30/25. An OSDH incident report, dated 04/29/25, showed Resident #1 was punched in the face by Resident #2. The report showed Resident #1 had a red discharge from their nose and swelling to the head. The report showed Resident #1 was sent to the emergency room for further evaluation. The report showed Resident #2 was placed on one-on-one safety observations. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A progress note, dated 04/30/25, showed Resident #2 punched Resident #1 four to five times in the face. The note showed Resident #1 was taken by emergency medical services to the hospital for evaluation. The note showed Resident #2 was redirected and was placed on one-on-one observation. The facility could not provide documented witness statements or interventions put in place designed to prevent occurrences of abuse. On 05/08/25 at 11:55 a.m., the administrator reviewed the investigation documentation regarding the abuse allegation on 04/29/25 for Resident #2. The administrator stated documentation did not show the resident was placed immediately on one-on-one safety observations per facility policy. The administrator stated there were no resident or staff witness statements documented regarding the incident. The administrator stated a QAPI meeting had not been held since the incident. On 05/12/25 at 1:00 p.m., care plan coordinator #1 reviewed Resident #2's plan of care. The coordinator stated there was not a new intervention put in place after each physical aggressive incident involving Resident #2 and should have been. Care Plan Coordinator #1 stated the intervention one-on-one observation had been used many times.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 33097 Based on record review and interview, the facility failed to thoroughly investigate an allegation of abuse for 1 (#1) of 5 sampled residents reviewed for abuse. The administrator identified 85 residents resided in the facility. Findings: An undated facility policy titled Abuse Policy and Procedures, read in part, 6. Investigation/Interviews: Admin/Designee will interview other cognitive residents and witnesses in the instance of resident-to-resident abuse so that the facility is aware of the scope and/or severity of the allegations. When a resident is not cognitive nursing staff may conduct a head-to-toe assessment for signs of injury if indicated as necessary. An undated facility admission record showed Resident #1 had diagnoses which included frontotemperal neurocognitive disorder, psychosis, persistent mood disorders, anxiety disorder, and focal traumatic brain injury with loss of consciousness. A quarterly assessment, dated 02/11/25, showed Resident #1 was severely impaired cognitively with a BIMS of 3. The assessment showed the resident did not have verbal and/or physical behaviors towards others. An OSDH incident report, dated 04/29/25, showed Resident #1 was punched in the face by Resident #2. The report showed Resident #1 had a red discharge from their nose and swelling to the head. The report showed Resident #1 was sent to the emergency room for further evaluation. The report showed Resident #2 was placed on one-on-one safety observations. There were no documented witness statements from staff or other residents regarding the incident on 04/29/25. On 05/08/25 at 11:55 a.m., the administrator reviewed the investigation documentation regarding the abuse allegation on 04/29/25 for Resident #1. The administrator stated there were no resident and/or staff witness statements documented regarding the incident. The administrator stated a thorough investigation was not completed.