

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Hills Living & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  411 North West Street McAlester, OK 74502	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation and interview, the facility failed to ensure protected health information was secure for 1 (East/West Hall) of 1 medication cart observed. The administrator identified 54 residents resided in the facility. Findings: On 07/29/25 at 1:17 p.m., a computer on top of an unattended medication cart at the corner of East/West Hall was observed to be open and showed protective health information. On 07/29/25 at 1:35 p.m., a computer on top of an unattended medication cart at the corner of East/West Hall was observed to be open and showed protective health information. On 07/30/25 at 1:32 p.m., a computer on top of an unattended medication cart on East Hall was observed to be open and showed protective health information. On 07/30/25 at 2:28 p.m., a computer on top of an unattended medication cart at the corner of East/West Hall was observed to be open and showed protective health information. On 07/30/25 at 2:55 p.m., the administrator and DON reported the computer should have been closed and not showing protected health information.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure the environment was free from flies. The administrator identified 54 residents resided in the facility. Findings: On 07/29/25 at 11:42 a.m., flies too numerous to count were observed in the lobby. An unknown female resident was observed resting in a recliner. There were four cups of liquid on the table beside the recliner. Flies were observed in and around the cups of liquid, and a dead fly was observed floating in the liquid of one cup. On 07/29/25 at 1:30 p.m., in room [ROOM NUMBER], flies too numerous to count were observed all over the room, bed, and bedside table. An invoice for air curtains, dated 07/03/25 was reviewed. On 07/30/25 at 12:02 p.m., the administrator stated the facility had ordered blowers for the doors to help with the fly problem, but they were still waiting on them to come in.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents were free from abuse for 1 (#1) of 9 sampled residents reviewed for abuse. The administrator identified 54 residents resided in the facility. Findings: On 07/29/25 at 12:43 p.m., Res #1 was observed up in the lobby in a wheelchair. An undated medical diagnosis list showed Res #1 admitted with diagnoses of left sided hemiparesis/hemiplegia and bilateral hard of hearing. An undated facility policy Investigation of Abuse, Neglect, and Exploitation, read in part, The facility prohibits mistreatment, neglect or abuse of residents. The resident has the right to be free from verbal, sexual, physical, or mental abuse. An Oklahoma State Department of Health incident form 283, dated 04/15/25, showed CNA #1 used unnecessary force when assisting Res #1 while in their wheelchair in the lobby. The report showed CNA #2 was asked why they did that, CNA #1 stated She was getting on my last nerve. The report showed CNA #1 was suspended immediately pending an investigation. The report showed an investigation was initiated and CNA #1 was ultimately terminated. An in-service form, dated 04/23/25, showed staff from all departments received training over abuse. On 07/29/25 at 12:43 p.m., Resident #1 stated they felt safe in the facility and the staff were good to her. On 07/30/25 at 10:24 a.m., the administrator and DON reported CNA #1 had been terminated and staff were re-educated over abuse in an in-service.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on record review and interview, the facility failed to ensure care plans were developed to address the use of illegal substances for 2 (#3 and #4) of 2 sampled residents reviewed for care plans. The administrator identified 54 residents resided in the facility. Findings: 1. An undated face sheet showed Res #3 had diagnoses which included schizoaffective disorder, opioid dependence, and psychotic disorder. A nurse note, dated 06/12/25, showed the resident was found smoking an illegal substance using a soda can with holes punctured in the side. Education was provided to resident and to continue medication hold for 24 hours per physician. Res #3's care plan did not address the resident's use of an illegal substance. 2. An undated face sheet showed Res #4 had diagnoses which included major depressive disorder, hypoxemia, and alcoholic hepatitis. Res #4's care plan did not address the resident's use of an illegal substance. A nurse note, dated 06/07/25, showed Res #4 was found smoking an illegal substance from a Pepsi can with holes punched in the side. Education was provided to resident and to continue medication hold for 24 hours per physician. On 07/30/25 at 1:18 p.m., LPN #2 reported both Res #3 and Res #4 had been caught multiple times smoking an illegal substance. On 07/30/25 at 1:26 p.m., MDS #1 stated they did not know how to care plan it.</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>Based on record and interview, the facility failed to ensure residents with substance abuse were provided services for 2 (#3 and #4) of 2 sampled residents reviewed for substance abuse. The administrator identified 54 residents resided in the facility. Findings: A facility policy titled Marijuana Policy for Residents, dated 07/03/20, read in part, We do not allow marijuana on the ground due to we accept federal monies. If you see residents smoking marijuana you must tell them to put it out then take it. Report on the State Health Department under suspected Criminal Act form 283 fill out form completely. Call police department give the Marijuana to them. Start your investigation .you must get at least 3 statements from other residents. 1. An undated face sheet showed Res #3 had diagnoses which included schizoaffective disorder, psychotic disorder, and impulsiveness. A nurse note, dated 06/12/25, showed the resident was found smoking an illegal substance using a soda can with hole puncture in the side. Education was provided regarding the risks of recreational drug use and the facility policy that prohibited the use of recreational drugs. A nurse note, dated 07/05/25, showed the Res #3 was outside right after returning from visit with their sister, smoking illegal substance. Res #3 was re-educated on the potential interactions with medications. Res #3 stated they did not care. A nurse note, dated 07/09/25, showed the resident was found smoking an illegal substance. Education was provided and facility policy that prohibited the use of recreational drug use. 2. An undated face sheet showed Res #4 had diagnoses which included major depressive disorder and alcohol hepatitis. A nurse note, dated 06/07/25, showed Res #4 was found smoking an illegal substance using a soda can with holes punctured in the side. Education was provided regarding the risks of recreational drug use and the facility policy that prohibited the use of recreational drugs. A nurse note, dated 06/10/25, showed Res #4 had a grape soda can with holes poked in the side with a burnt substance surrounding the holes. The can was thrown in the trash, and administrator and PCP were notified. A nurse note, dated 07/01/25, showed Res #4 was rolling a blunt at the table and another rolled blunt just lying on the table. The resident did not have a medical prescription to have marijuana substance. The substance was taken, and the resident was re-educated. The administrator and PCP were notified. On 07/30/25 at 1:49 p.m., the administrator reported they had not offered a substance abuse program, they just take the substance every time the residents were caught with it. The administrator reported they did not know what the policy said.</p>		