

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Sequoyah Pointe Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8515 North 123rd East Avenue Owasso, OK 74055	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30267</p> <p>Based on record review and interview, the facility failed to have the participation of the resident or the resident representative in the development of the resident's person centered care plan for three (#1, 2, and #3) of three residents whose care plans were reviewed.</p> <p>The facility's Resident List Report documented 46 residents.</p> <p>Findings:</p> <p>1. Resident #1 was admitted [DATE] and had diagnoses which included aphasia and psychotic disorder with delusions.</p> <p>On 06/03/24 at 4:25 p.m., a family member was interviewed and stated they were not notified of or offered an opportunity to participate in the resident's care plan meetings.</p> <p>On 06/04/24, the resident's clinical record was reviewed. There was no documentation the resident or resident's representative participated in the care planning process for the resident's admission assessment (11/27/23) or quarterly assessment (02/27/24).</p> <p>2. Resident #2 was admitted [DATE] with diagnoses which included Alzheimer's dementia and dementia with behaviors.</p> <p>On 06/04/24, the resident's clinical record was reviewed. There was no documentation the resident or resident's representative participated in the care planning process for the resident's admission assessment (05/20/24).</p> <p>3. Resident #3 was admitted [DATE] with diagnoses which included stroke, dysphagia, disorientation, and dementia.</p> <p>On 06/04/24, the resident's clinical record was reviewed. There was no documentation the resident or resident's representative participated in the care planning process for the resident's admission assessment (01/31/24).</p> <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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/04/24 at 4:25 p.m., the administrator and DON stated they were aware the facility had conducted care plan meetings without resident representation for Resident #1, Resident #2, and Resident #3.</p> <p>The administrator stated there was a delay in resuming resident/representative involvement in the care plan process due to the loss of facility staff in key positions. The administrator stated it was the responsibility of the social service department to notify the resident and resident representative of care plan meetings and coordinate their participation. The DON stated they were ultimately responsible for ensuring the resident had adequate representation during care plan meetings.</p>