| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375346 | A. Building<br>B. Wing | 04/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Cimarron Pointe Care Center | 404 East Cimarron<br>Mannford, OK 74044 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure:a. a resident assessed as a wandering risk was included in the comprehensive care plan for 1 (#5); andb. preventative devices for impaired range of motion were included in the comprehensive care plan for 1 #27) of 16 sampled residents reviewed for comprehensive care plans.The DON identified four residents had range of motion impairments and 5 residents were at risk for wandering. Findings: 1. On 04/13/26 at 12:41 p.m., Resident #5 was observed on the memory care unit to get up from their wheelchair, ambulate without assistance, and attempt to open the exterior door. CNA #3 was observed to place a gait belt on Resident #5 and redirected the resident back to their wheelchair. Resident #5 continued to ask to exit the exterior door and had to be redirected with a Velcro activity book. A facility policy titled Wandering and Elopements, revised 03/2019, read in part, The facility will identify residents who are at risk of unsafe wandering, and strive to prevent harm while maintaining the lease restrictive environment for residents.If identified as at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety. A facility policy titled Care Plans, Comprehensive Person-Centered, revised 03/2022, read in part, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the residents, physical, psychosocial and functional needs is developed and implemented for each resident.3.The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. An annual assessment, dated 12/31/25, showed Resident #5 was severely impaired in cognition and was unable to complete the assessment. The assessment showed Resident #5 had diagnoses which included Alzheimer's disease, violent behavior, and senile degeneration of the brain. The assessment showed Resident #5 was a wandering risk one to three days during the look back period and ambulated with a wheelchair. A quarterly assessment, dated 04/02/26, showed Resident #5 was severely impaired in cognition and was unable to complete the assessment. The assessment showed Resident #5 was a wandering risk one to three days during the look back period and ambulated with a wheelchair. A care plan, updated 04/17/26, showed Resident #5 had a focus added for being and elopement risk with interventions dated 04/17/26 which included:a. administer medications as ordered and monitor for side effects,b. asses for a fall risk,c. resident will attempt to find an exit, ande. monitor for fatigue and weight loss. The care plan did not include a focus for wandering prior to 04/17/26. On 04/16/26 at 1:54 p.m., CNA #3 stated Resident #5 wandered frequently and required redirection. On 04/16/26 at 1:56 p.m., LPN #2 stated Resident #5 wandered frequently, and they kept eyes on the resident. On 04/16/26 at 1:59 p.m., the DON stated Resident #5 wandered and was on the locked memory care unit. On 04/20/26 at 11:37 a.m., the minimum data set coordinator stated the annual assessment dated [DATE] and the quarterly assessment dated [DATE] showed Resident #5 wandered during the look back period. They stated the elopement/wandering should have been care planned and had not been care planned prior to 04/17/26. On 04/20/26 at 12:05 p.m., corporate nurse #1 stated wandering identified in assessments should be care planned. They stated wandering was identified on the last two assessments on<br>(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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 12/31/25 and on 04/02/26. They stated the elopement/wandering risk had not been cared planned prior to 04/17/26. 2. On 04/14/26 at 10:02 a.m., Resident #27 was observed with a brace on their right wrist, and their right hand was observed to be contracted. A facility policy titled Resident Mobility and Range of Motion, revised 07/2017 read in part, 4. The care plan will be developed by the inter disciplinary team based on the comprehensive assessment and will be revised as needed.5. The care plan will include specific interventions, exercises and therapies to maintain, prevent avoidable decline in, and/or improve mobility and range of motion. A physician order, dated 08/05/24, read in part, Resident to wear palm protector as tolerated. An annual assessment, dated 10/27/25, showed they were admitted with diagnoses which included hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, cognitive communication deficit, and type 2 diabetes. The assessment showed Resident #27 was moderately impaired in cognition with a basic interview for mental status score of 9. The assessment showed Resident #27 had upper and lower extremity impairments on one side. The assessment showed they were dependent for sit to lying while in bed and was bedfast. A quarterly assessment, dated 01/25/26, showed Resident #27 had upper and lower extremity impairments on one side. The assessment showed they were dependent for sit to lying while in bed and was bedfast. A care plan, dated 04/16/26, showed a focus for neurological was added to the care plan and an intervention was added on 04/16/26 to include a brace to be worn on the right hand due to a contracture. On 04/14/26 at 10:02 a.m., Resident #27 stated they wore a brace on their right wrist all the time. On 04/16/26 at 9:42 a.m., CNA #4 stated Resident #27 could not open their right hand, wore a splint, and kept a sock rolled up in their hand. On 04/16/26 at 9:56 a.m., LPN #3 stated Resident #27 always wore a blue brace on their wright wrist due to a contracture. On 04/16/26 at 10:09 a.m., the DON stated Resident #27 wore a brace on their right wrist due to a contracture causing a limited range of motion. They stated the brace should have been in the care plan. The DON stated Resident #27 had a physician order for a brace. They stated the brace was not included in the care plan prior to 04/16/26. |