STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375365	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Pointe Rehabilitation and Care Center	5725 South Ross Oklahoma City, OK 73119

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 45583 Based on record review and interview, the facility failed report an allegation of abuse to OSDH for two (#11 and #12) of seven sampled residents reviewed for abuse. The Administrator identified 170 residents resided in the facility. Findings: The Abuse Prevention policy, revised 10/21/22, read in part, The Administrator, or designee, shall report any allegations of abuse, neglect, or misappropriation of resident property as well as report any reasonable suspicion of crime in accordance with Section 1150B of the Social Security Act to the Department of Health as required. An OSDH Incident Report Form, dated 09/01/24, read in part, On 9.1.24 CNA [name withheld] reported to the DON that [resident name withheld] informed [them] that [they] did not want CNA [name withheld] to care for [them] anymore because [they] were rough with [them] and won't clean inside [their] labia. [resident] stated that the incident happened on 8.31.24. and [they] felt abused by this CNA. The charge nurse completed a head to toe assessment and pain eval, no new issues noted. The investigation included 10 resident interviews. Two of those interviews had negative response. 1. Resident # 11 had diagnoses which included lymphedema. An untitled form that documented, Re: [Resident #7] Incident 8-31-24 dated 09/06/24, read in part, 3. Do you feel that you have been abused by a staff member? yes. The document also read, 4. Are staff rough with you when they provide care? yes. An undated Grievance Intake Form, documented No to the question of Is this person making a formal allegation of abuse or neglect? It documented resident # 11 did not feel safe there. It documented the reason they did not feel safe was because of their roommates company. There was no documentation an incident report was filed to OSDH or notification to the local law enforcement. 2. Resident #12 had diagnoses which included hypertension. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An untitled form that documented, Re: [Resident #7] Incident 8-31-24 dated 09/06/24, read in part, 4. Are staff rough with you when they provide care? yes. There was no documentation an incident report was filed to OSDH or notification to the local law enforcement. On 10/14/24 at 3:28 p.m., the DON stated they did the initial investigation only and that the SSA did the follow up. They stated it should have been investigated further. On 10/14/24 at 3:39 p.m., the Administrator stated the SSA should have followed up on a grievance form. On 10/15/24 at 12:20 p.m., the SSA, DON, and Administrator were all present for interview. The SSA stated they followed up by doing a grievance on what the residents had said. When asked where the state reportable investigation was the SSA stated they did a grievance. The SSA stated that Resident #11 discharged that same day and was unable to gain contact information for them. The DON stated they were not involved with the resident interviews. No response from the Administrator. The facility did not investigate the negative responses that resulted from interviews completed in conjunction with an abuse investigation.

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NAME OF PROVIDER OR SUPPLIER South Pointe Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5725 South Ross Oklahoma City, OK 73119	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. 45583 Based on record review and interview, the facility failed to: a. protect resident from abuse for four (#3, 5, 8, and #9), and b. conduct a thorough investigation for allegations of abuse for five (#3, 5, 7, 8, and #9) of five sampled residents reviewed for abuse. The Administrator identified 170 residents resided in the facilty. Findings: The Abuse Prevention policy, revised 10/21/22, read in part, The facility will initiate at the time of any finding of potential abuse or neglect an investigation to determine cause and effect, and provide protection to any alleged victims to prevent harm during the continuance of the investigation. The policy also read, In addition to reporting to the State Agency, a reasonable suspicion of crime or allegation of abuse, neglect, or misappropriation of resident property is to be reported to at least one law enforcement agency. The policy also read, Resident care and treatments shall be monitored by all staff, on an ongoing basis, so that residents are free from abuse, neglect, or mistreatment. The policy also read, Findings will be reviewed by the Interdisciplinary Team during QAPI Meeting. 1. An OSDH Incident Report Form, incident dated 03/17/24, read in part, Residents Involved [Resident #3 and #5]., The form also read, At approximately 5:15 pm the charge nurse heard yelling coming from the room and immediately responded. As the nurse entered the room. [resident #3] was coming out and stated she hit me. Residents were separated. Head to toe assessment completed on both residents, no injury noted on either resident. [Resident #3] was moved to another room on the other side of the unit. Family APS, and physician have been notified. Investigation initiated. There was an intervention for Resident #5 to have 1:1 weekly visits with the SSA. There was no documentation for this incident. There was no documentation law enforcement had been notified and no QAPI for this incident. 2. An OSDH Incident Report Form, incident dated 05/28/24, read in part, Residents Involved [Resident #3 and #9]., The form also read, Residents [#5 and #3] were visiting in the social services office with the staff. [Resident #3] initiated a physical altercation with [Resident #5]. There was an intervention for Resident #3 to have 1:1 weekly visits with the SSA. There was no documentation for this incident. There was no QAPI for this incident. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. An OSDH Incident Report Form, incident dated 09/01/24, read in part, Resident Involved [Resident #7.], The form also read, CNA[name withheld] reported to the DON that [Resident #7] informed [them] that [they] did not want CNA [name withheld] to care for [them] anymore because [they] is rough with [them] and won't clean inside [their] labia. [Resident #7] stated that the incident happened on 08/31/2024 and [they] felt abused by this CNA. The charge nurse completed a head- to- toe assessment and pain eval, no issues noted. There was no documentation law enforcement had been notified. There was no QAPI for this incident. 4. An OSDH Incident Report Form, incident dated 09/12/24, read in part, Residents Involved [Resident #3 and #8]., The form also read, At 7:00 pm facility staff notified the Administrator and DON that [Resident #3] and [Resident #8] had a physical altercation in the smoking courtyard. Facilty surveillance system was accessed, it showed [Resident #3] roll up to [Resident #8] screaming at [them] and pointing [their] finger in [their] face. [Resident #3] then proceeds to grab the armrest of [Resident#8] wheelchair and forcefully pull [Resident #8] towards [them]. [Resident #8] then hits [Resident #3] in the face. There was an intervention for Resident #3 to have weekly visits with SSA. There was no documentation for this incident. There was no QAPI for this incident. On 10/15/24 at 12:32 p.m., the SSA stated they did not have documentation and the DON stated there was no QAPI done for the incident 05/28/24. On 10/15/24 at 12:43 p.m., the SSA stated they did not have documentation for the incident 09/12/24. On 10/15/24 at 12:55 p.m., the SSA stated they did not have documentation. The DON stated there was no QAPI done for the incident 03/17/24. On 10/15/24 at 2:21 p.m., the DON stated there was no law enforcement notification for incident 09/01/24. On 10/15/24 at 2:27 p.m., the DON stated there was no law enforcement notification for incident 03/17/24. On 10/16/24 at 10:59 a.m., the DON stated they did not have QAPI for any of the incidents listed.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 45583 Based on record review and interview, the facility failed to ensure medication and treatments were administered as ordered for one (#6) of three sampled residents who were reviewed for medication administration. The Administrator identified 170 residents resided in the facility. Findings: Resident #6 had diagnosis which included DM type two and diabetic wound. A physicians order dated 06/29/24 - 07/18/24, documented wound care to left ankle change once daily and as needed. Scheduled on day shift. The TAR was blank on 07/18/24 day shift. A physicians order dated 06/29/24 - 07/24/24, documented wound care to left heel change once daily and as needed. Scheduled on day shift. The TAR was blank on 07/24/24 day shift. A physicians order dated 07/19/24 - 07/25/24, documented wound care to left ankle once daily. Scheduled on day shift. The TAR was blank on 07/25/24 day shift. There was no other documentation located of the treatments completed for left ankle on 07/18/24 or 07/24/24, and the left heel for 07/25/24. On 10/16/24 at 3:58 p.m., the DON stated if it was not documented then it was not given. They stated they did not see where the treatments had been done. The DON stated the wound care orders were not followed.