

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2025
NAME OF PROVIDER OR SUPPLIER  Perry Green Valley Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 Birch Street Perry, OK 73077	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure a resident did not slide from a wheelchair onto the floor of a facility vehicle while being transported for 1 (#1) of 3 sampled residents reviewed for accident hazards.</p> <p>The administrator stated 61 residents resided at the facility.</p> <p>Findings:</p> <p>A facility policy titled Driving and Motor Vehicle Policy, dated 06/23/14, read in part, Driver is responsible for the safety of all passengers while providing transportation to persons to and from designated locations. If at any time the driver feels he/she is in an unsafe situation for the passenger or the vehicle, driver will have the right to exercise judgment to stop vehicle. [sic].</p> <p>A care plan problem for Res #1 titled Falls, dated 10/20/23, read in part, Resident at risk for fall r/t [related to] impaired mobility, spinal stenosis, and dementia.</p> <p>An annual minimum data set assessment, dated 03/31/25, showed Res #1 had a brief interview for mental status score of 11 (this indicated the resident had moderate cognitive impairment). The assessment further showed the resident required assistance to stand and transfer to a chair where a staff member would supply more than half of the physical effort, the resident had impaired mobility in one lower extremity, and the resident weighed 282 pounds.</p> <p>A progress note, dated 05/13/25 at 10:42 a.m. (the note was a late note written on 05/14/25 at 10:44 a.m.), showed Res #1 had repositioned themselves and slid out of their wheelchair during a transport. The note further showed a 12 centimeter scratch had been observed on the resident's left buttock with no other injuries being observed.</p> <p>A progress note, dated 05/15/25 at 10:00 a.m., showed staff had found bruising to Res #1's left abdomen that was blue green and yellow in color.</p> <p>A progress note, dated 05/15/25 at 11:46 a.m., showed Res #1 complained of pain in the left lower quadrant of their abdomen that they described as an 8 on a 0 to 10 pain scale (zero represents no pain and 10 the worst pain the person had experienced). The note further showed the resident flinched when the nurse touched the resident's abdomen and an x-ray had then been ordered.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2025
NAME OF PROVIDER OR SUPPLIER  Perry Green Valley Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 Birch Street Perry, OK 73077	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, dated 05/16/25 at 11:21 a.m. (the note was a late note written on 05/20/25 at 10:10 a.m.), showed Res #1 had been sent to a hospital in a private van.</p> <p>A progress note, dated 05/16/25 at 4:15 p.m., showed hospital staff had contacted the facility and informed them Res #1 was moved to another hospital.</p> <p>A hospital Discharge summary, dated [DATE] at 4:19 p.m., showed Res #1 had been assessed at the hospital secondary to a fall in an automobile. The summary showed the resident was found to have a large left abdominal rectal sheath hematoma (a build up of blood inside a major abdominal muscle).</p> <p>On 05/27/25 at 9:39 a.m., CNA #1 was asked to describe the events that occurred on 05/13/25 regarding Res #1's transport. CNA #1 stated they had transported Res #1 to a physician appointment in the community. CNA #1 stated at the appointment the resident kept sliding down in their wheelchair because they would take their feet off the chair's footrests and did not sit up straight. CNA #1 stated they thought the resident was uncomfortable because they had a boot (for medical purposes) on one of their feet. CNA #1 stated they had repositioned the resident in their wheelchair at least twice at the physician's office. CNA #1 stated after the appointment they had secured the resident in the facility van and started back to the facility. CNA #1 stated while in motion on a city street they arrived at a stop sign where Res #1 stated they felt like they were slipping out of their wheelchair. CNA #1 stated they drove into a store parking lot to assist the resident, but the resident slipped out of the wheelchair onto the floor before they could get to them. CNA #1 stated Res #1 was found on the van floor wedged between their wheelchair and the van's front driver and passenger chairs. CNA #1 stated they attempted to put the resident back into their wheelchair, but was unable because of the resident's weight. CNA #1 stated they called for an ambulance and those workers were able to put the resident back in their wheelchair. CNA #1 stated the EMS staff had asked the resident if they wanted to go to a hospital, but the resident refused. CNA #1 stated they proceeded back to the facility where it took four staff members to get the resident back into the building. CNA #1 was asked how many people were supposed to transport the resident. CNA #1 stated they believed it was one.</p> <p>On 05/27/25 at 11:32 a.m., CNA #1 was asked about their decision to transport the resident back from their appointment after observing the residents having difficulty staying in their wheelchair. CNA #1 stated they did not feel it would be a problem since they had successfully transported the resident previously.</p> <p>On 05/30/25 at 11:40 a.m., LPN #1 was asked to describe what they knew of the incident where Res #1 fell in a van. LPN #1 stated CNA #1 did not report the fall to them and they found out about the fall from the resident. LPN #1 stated Res #1 had told them they had slid out of their wheelchair and that they were ok. LPN #1 stated they assessed the resident, and they found a 12 cm scratch on the resident's buttock. LPN #1 stated they did not find any other injuries on the day they fell. LPN #1 stated Res #1 had no history of sliding out of their wheelchair before that day. LPN #1 described Res #1 as a very large man</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2025
NAME OF PROVIDER OR SUPPLIER  Perry Green Valley Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1103 Birch Street Perry, OK 73077	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/30/25 at 11:54 a.m., the DON was asked what information they had regarding Res #1 sliding out of their wheelchair in a van. The DON stated they were in an interdisciplinary team meeting when the driver called and stated the resident had slid out of their wheelchair. The DON stated the driver was told to call EMS because of the resident's size. The DON stated once the resident returned to the facility LPN #1 assessed them and found a single scratch and no other injuries. The DON was asked about their thoughts on CNA #1's actions on the day Res #1 had slid from their wheelchair. The DON stated anytime a resident had a fall they expected the staff member to inform the nurse. The DON stated CNA #1 should have probably called someone for assistance once Res #1 started having trouble staying in their wheelchair at the physician's office. The DON stated Res #1 may not have slid out of their wheelchair if other staff had been there to assist during the transfer.</p>