

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Claremore Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 920 East 16th Street Claremore, OK 74017	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure residents and staff were interviewed as part of a investigation into alleged abuse for one (#1) of four sampled resident reviewed for abuse.</p> <p>A Resident List Report, dated 06/12/24, documented 73 residents resided at the facility.</p> <p>Findings:</p> <p>A Resident Abuse, Neglect, and Misappropriation of Property policy, revised date 11/01/22, read in part, A member of the administrative staff will then conduct a thorough investigation of the incident/allegation to obtain information about the incident and complete ODH-283.</p> <p>An ODH-283, an incident reporting form, documented an allegation of abuse had been received by the DON on 05/24/24. The form documented an investigation had been conducted which included interviews with residents and staff.</p> <p>On 06/12/24 at 10:35 a.m., DON stated they could not recall if they had interviewed any residents about the alleged incident between CNA #1 and Resident #1. They stated they did not recall speaking to the nurse who worked the night of the alleged abuse about the incident itself. They stated they had worked with CNA #1 many times and felt they knew them well. They stated after speaking with CNA #1 about the incident they had no reservations about allowing the staff member to return to work and unsubstantiated the allegation. They stated they believed they had conducted a thorough investigation.</p> <p>On 06/12/24 at 12:48 p.m., DON stated they think they could have investigated the allegation more than they had. They stated they could have spoken with residents in the hall where the alleged incident had occurred. They stated they had not conducted a thorough investigation.</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