

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Lakeland Manor, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 604 Lake Murray Drive Ardmore, OK 73401	

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 - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>45583</p> <p>Based on record review and interview, the facility failed to:</p> <p>a. ensure an allegation of abuse was fully investigated for one (#1); and</p> <p>b. prevent the potential for further abuse while an investigation was in progress for one (#1) of three sampled residents reviewed for abuse.</p> <p>The DON identified 47 resided in the facility.</p> <p>Findings:</p> <p>An Abuse Policy, dated 10/01/2020, read in part, Begin taking written statements from the person reporting the allegation or suspicion and any witnesses including staff, family, and/or residents/patients. The policy also read, Assess all residents/patients who may have been affected by the allegation or suspicion of abuse.</p> <p>An Abuse Prevention Program policy, revised 12/2016, read in part, Protect residents during abuse investigations.</p> <p>Resident #1 had diagnoses which included Adult failure to thrive, dementia, heart failure.</p> <p>A care plan dated 6/2024 documented Resident #1 had dementia and required extensive assistance with ADL's.</p> <p>A nurse note dated 07/30/24 at 8:12 a.m. documented CNA #2 stated Resident #1 bit their arm when getting them dressed for breakfast and again at lunch. CNA #2 was moved to a different hall and the physician was called.</p> <p>An Initial Incident Report Form sent to OSDH, for incident date of 7/30/24 documented, CNA (#1) reported that CNA (#2) was being rough with resident while trying to get (them) up and dressed for breakfast. Minutes later CNA (#1) reported (they) were at the nurses station and heard CNA (#2) screaming, (they) went to (Resident #1) room and CNA (#2) stated the resident bit (them) and that (they) was done with her. Resident #1 was found to be scared and appeared to be crying and stated (they) did not want CNA (#2) assisting (them). CNA (#2) was suspended immediately upon Owner/admin hearing of allegations.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There were no interviews or statements included from residents or staff in the investigation.</p> <p>On 08/28/24 at 2:30 p.m., Resident # 1 was observed in their room in bed, unable to answer orientation questions and had nonsensical responses to questions.</p> <p>On 08/29/24 at 3:34 p.m., the DON stated they were unable to locate the safe surveys or any statements for the incident on 07/30/24.</p> <p>On 08/29/24 at 4:12 p.m., the DON stated the abuse policy was not followed on the 07/30/24 investigation because no safe surveys were completed.</p> <p>On 08/30/24 at 8:17 a.m., CNA #1 stated that they were aware of an abuse incident that the police were called on not too long ago. They stated it occurred on hall 200 with Resident #1. They stated they heard CNA #2 screaming, saw the resident was crying and upset and telling CNA #2 to stop pulling them. They stated CNA #2 was forcing Resident #1 to get out of bed. CNA #1 stated they stepped in as both the CNA #2 and Resident #1 were upset and CNA #1 tried to relieve CNA #2; who stated, No. CNA #1 stated they went to get the charge nurse then heard a scream and CNA #2 yelled their name. CNA #1 and the charge nurse got there and CNA #2 started cussing, saying the resident bit them, and that they were done with the resident and stormed out of he room. CNA # 1 stated they calmed Resident #1 down as they were shaking and crying. They took over the residents care. The police were called and CNA #2 no longer worked there anymore.</p> <p>On 08/30/24 at 9:37 a.m., the DON stated again they did not have any statements and they should have done safe surveys and stated it was cut and dry that it took 20 minutes as they admitted and were terminated.</p> <p>There were no safe surveys to ensure no other residents were at risk or harmed and there were no interviews conducted to provide a thorough investigation.</p>		