STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375382	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Baptist Village of Owasso	12600 East 73rd Street North Owasso, OK 74055

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41220 On 03/06/25, an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to protect Resident #1 from sexual abuse. On 03/01/25, Resident #1 reported to an unknown staff member that Resident #2 had touched their breast in the dining area on a previous day. During the investigation, Resident #2 admitted to touching Resident #1. The facility did not initiate ongoing protection for Resident #1 or other residents. Resident #1 was touched inappropriately by Resident #2 resulting in Resident #1 feeling anxious and unsafe. On 03/6/25 at 5:51 p.m., the Oklahoma State Department of Health verified the existence of an IJ situation. On 03/06/25 at 6:05 p.m., the administrator was notified of the immediate jeopardy situation. On 03/07/25 at 6:48 p.m., an acceptable plan of removal was submitted to the Oklahoma State Department of Health. The facility plan of removal, read in part, Baptist Village of Owasso Plan of Removal for IJ Total number of residents potentially at risk are 75. Action to Remove Immediacy On March 6, 2025, resident #2 was placed on alert monitoring to ensure that [they] would have no interactions with resident #1. This alert monitoring is being documented by nursing team of resident #2 location every 15 minutes. DOHS and/or [their] designee will continually monitor documentation twice a day. All staff received in-service education on all aspects of the Abuse and neglect policy by 12:00pm 3/7/2025. This training was conducted by the Director of Health Services, or [their] designee, with confirmation. This plan of removal was completed by March 7, 2025, at 12:00pm. Action to Prevent Recurrence If resident #1 and resident #2 choose to eat in the dining room at the same time, a dining team member will continuously monitor both residents. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident #2 was educated on unwanted inappropriate physical contact by Registered Nurse on 3/1/2025. The nursing team is documenting every 15 minutes on the whereabouts of Resident #2 on a resident tracking tool. DOHS and/or [their] designee are monitoring this documentation twice a day. A dining service team member is assigned to monitor both residents when in the dining room to prevent recurrence. Life Enrichment is documenting eyes on during activities. All cognitive female residents were interviewed to ensure they felt safe and were encouraged to always report unwanted advances. The staff were educated on signs that would indicate the possibility that a resident who is unable to been interviewed may have been abused. All new staff that are hired after 12:00pm on 3/7/2025 will receive the same education on all aspects of the Abuse and neglect policy. Resident # 2 has been counseled by Chaplain and DOHS on the inappropriateness of [their] actions. Resident acknowledged understanding. Resident # 2 expressed remorse for [their] actions. The administrator has been in conversation with Resident #2's POA [power of attorney] about possible discharge due to resident's inappropriate behavior. All staff did receive in-service education on all aspects of the Abuse and neglect policy including resident to resident abuse with an emphasis on inappropriate sexual behavior before 12:00pm on 3/7/2025. This training was conducted by the Director of Health Services, or [their] designee, with confirmation. This training will continue for any new hires. Monitoring implementation of Plan of Removal. All education, implementation, and monitoring of this plan of removal was completed by the Director of Health Services and the Care Coordinator and/or their designee. Emergency QAPI meeting was conducted on 3/7/25 @ 11:00 am to review protocols put into place. This plan will continue to be reviewed in the regulatory quarterly QAPI meetings. The IJ was lifted, effective 03/07/25 at 12:00 p.m., when all components of the plan of removal had been completed. Ten staff members in all departments from all shifts were interviewed regarding abuse as indicated in the plan of removal. Documentation for monitoring of Resident #2 was reviewed to ensure monitoring was in place and ongoing. The deficient practice remained at an isolated level with potential for more [NAME] minimal harm. Based on observation, record review, and interview, the facility failed to ensure residents were free from abuse for 1 (#1) of 3 sampled residents reviewed for abuse. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The administrator identified 75 residents resided in the facility. Findings: On 03/06/25 at 12:00 p.m., Resident #1 and Resident #2 were observed in the dining area at different tables. Resident #2 was sitting at a table with residents of the opposite sex. Resident #1 was sitting alone. An abuse policy, dated 02/20/24, read in part, If the alleged perpetrator is a health center resident, The team member will immediately remove the perpetrator from the situation and another team member will stay with the alleged perpetrator and wait for further instruction from administration, if possible. 1. Resident #1 was admitted with diagnoses which included anxiety and dementia. An annual assessment, dated 02/05/25, showed Resident #1's cognition was moderately impaired with a BIMS score of 11 and used a walker with ambulation. An incident report to OSDH, dated 03/01/25, showed Resident #1 alleged Resident #2 had touched their breast and private parts on a previous day while in the dining room. The report showed the facility would monitor and keep the residents apart while in the dining area. 2. On 03/06/25 at 1:56 p.m., Resident #2 was observed in the dining area having a conversation with a resident of the opposite sex. Resident #2 was admitted with diagnoses which included congestive heart failure and pain. A quarterly assessment, dated 03/04/25, showed Resident #2 had a BIMS score of 15 and used a manual wheelchair for ambulation. On 03/06/25 at 12:35 p.m., the DON stated the staff were keeping an eye on the resident and keeping the two residents separated. The DON did not know how this was keeping the other residents safe. On 03/06/25 at 12:03 p.m., Resident #1 stated when Resident #2 touched them it made them mad and upset. Resident #1 stated they did not know what they would do if this happened again. On 03/06/25 at 1:45 p.m., LPN #1, LPN #2, CNA #1, CNA #2, and CNA #3, staff on the halls of Residents #1 and Resident #2, were asked if they had been given any recent instructions regarding these two residents. All replied, No. On 03/06/25 at 1:54 p.m., LPN #1, LPN #2, CNA#1, CNA#2, and CNA #3 were asked if they knew where Resident #2 was at that time. None of the staff were able to give the location of Resident #2. On 03/06/25 at 1:58 p.m., the DON stated the incident was abuse and they should have ensured continued monitoring of Resident #2. On 03/06/25 at 3:14 p.m., the administrator stated they had not done everything that they should have done regarding the abuse.