

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Sequoyah East Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 701 South Taylor Road Roland, OK 74954	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>34945</p> <p>Based on record review and interview, the facility failed to ensure resident medical records were safeguarded against unauthorized use.</p> <p>The administrator stated 48 residents resided in the facility.</p> <p>Findings:</p> <p>A facility document titled Notice of Privacy Practice's Acknowledgement documented newly hired staff members signed they had received a copy of Sequoyah Manor's Notice of Privacy Practices.</p> <p>A facility document titled HIPPA Residents Rights Implementation read in parts, .Sequoyah Manor will take reasonable steps to limit the use or disclosure of and requests for protected health information to the minimum necessary to accomplish the intended purpose .</p> <p>1. A list of terminated employees documented LPN #1 had left the employment of the facility on 03/01/24.</p> <p>A PHI audit log documented LPN #1 had accessed 11 different areas in the EHR charting system including five areas of Res #5's documentation.</p> <p>On 04/10/24 at 3:30 p.m., the administrator stated this employee's last date to work was 02/27/24. The administrator stated they had been told by other employees LPN #1 was in an office and had been using a computer in an office. They stated they thought LPN #1 was in the facility to speak with a survey team who was at the facility at that time. The administrator stated the LPN had resigned on that day. They stated they turned off their access to the EHR system after they resigned.</p> <p>2. A list of terminated employees documented LPN #2 had left the employment of the facility on 03/21/24.</p> <p>A PHI audit log documented LPN #2 had accessed the EHR system on 04/01/24 and viewed 16 pages in the EHR including five residents' MARs. The audit log did not document the residents' names who were accessed by LPN #2.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The PHI audit log for LPN #2 documented they access the EHR system on 04/02/24 and viewed 9 pages of the facility's EHR system.</p> <p>On 04/10/23 at 4:03 p.m., the administrator stated the EHR system the facility had allowed for staff members to access the system off site which was a draw back for this system. They stated other EHR systems the administrator had worked with did not allow for offsite access. The administrator stated they did not do regular checks to ensure unauthorized access had happened. They stated they only looked to see if unauthorized access had happened if there was a suspicion or complaint.</p>