

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Hillcrest Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1210 South 6th Street Blackwell, OK 74631	
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 - Minimal harm or potential for 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>46703</p> <p>Based on record review and interview, the facility failed to provide supervision to prevent elopement for one (#1) of three sampled residents who were reviewed for elopement.</p> <p>The administrator identified 12 residents who were high risk for elopement.</p> <p>Findings:</p> <p>The undated Wandering and Elopements policy, read in parts, .If a resident is missing initiate the 'Elopement/Missing Resident Emergency Procedure' .Determine if the resident is out on an authorized leave or pass .If the resident was not authorized to leave, initiate a search of the building(s) and premises; and .If the resident is not located notify the administrator and the DON, the resident's legal representative, the attending physician and law enforcement .</p> <p>Resident #1 had diagnoses which included dementia.</p> <p>The Wandering Risk Scale, dated 07/04/24, documented the resident was at risk to wander.</p> <p>The Care Plan, dated 07/22/24, documented the resident was an elopement risk/wanderer related to a history of attempts to leave the facility unattended and wandered aimlessly.</p> <p>A Form 283 Incident Report, dated 08/12/24, documented an employee found resident #1 walking beside the street in front of the facility. The incident report documented the employee brought the resident back into the facility and the southwest door was checked and the alarm did not sound. The incident report documented that upon investigation the administrator found that no Wander Guard alarms were on the Southwest or the Northwest doors.</p> <p>On 08/28/24 at 12:38 p.m., LPN #1 stated residents that wandered wore a Wander Guard bracelet on their ankle or wrist. The nurse stated they walked the residents to the door to make sure the alarm was working and documented on the resident's TAR.</p> <p>On 08/28/24 at 3:08 p.m., LPN #2 stated the residents that wandered had a Wander Guard on their ankle. LPN #2 stated if the resident got within 10-15 feet of the door the alarm sounded and the alarms were tested every Saturday.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 375402
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/29/24 at 2:02 p.m., the administrator stated the maintenance supervisor was responsible for testing the Wander Guard every week and documented it in a log book.</p> <p>On 08/29/24 at 2:26 p.m., the ADON stated residents that were at risk for wandering were checked every 15 minutes during the day and hourly at night.</p> <p>Review of the maintenance log book, provided by the facility, revealed monitoring of the Wander Guard system had not been initiated until 08/12/24.</p>		