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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375423 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/23/2026 |
| NAME OF PROVIDER OR SUPPLIER Elmwood Manor Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 South Seminole Wewoka, OK 74884 | |
| 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 0689 Level of Harm - Actual harm Residents Affected - Few | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on record review and interview, the facility failed to ensure a resident did not fall from a mechanical lift during a transfer for 1 (#2) of 5 sampled residents reviewed for dependent transfers using a mechanical lift. The administrator identified 19 residents were dependent for transfers using a mechanical lift. Findings: A Safe Lifting & Mechanical Lift Policy, dated 01/01/25, read in part, General Safety Rules. Use proper sling and equipment. Two trained staff required. Follow manufactures instructions. Resident #2's care plan for activities of daily living, dated 10/30/25, showed the resident required a mechanical lift for transfers. A hospital imaging report, dated 11/13/25 at 11:57 a.m., showed Resident #2 had an x-ray exam of the right knee with two views. The report showed Resident #2 had a nondisplaced fracture deformity of the distal femur. A late entry nursing progress note, dated 11/13/25 at 4:12 p.m., showed on 11/13/25 licensed practical nurse #2 observed Resident #2 on the floor under the mechanical lift. The note showed Resident #2 complained of pain all over and was sent to emergency room for further evaluation. An administrator progress note, dated 11/14/25 at 9:46 a.m., showed the administrator noted Resident #2 stated they went to the doctor and the doctor told them their leg was broken. A facility incident report, dated 11/14/25, showed the facility failed to ensure residents were free from falls during a transfer on 11/13/25. The report showed Resident #2 fell from a mechanical lift while being transferred by CNA #5 and CNA #6. Resident #2's care plan for falls, dated 11/17/25, showed the resident was up in a mechanical lift when the sling loop came off of the lift causing the resident to fall to the floor towards the right lower corner of the sling. The care plan showed Resident #2 was sent to the hospital for evaluation and treatment. Resident #2's quarterly resident assessment, dated 12/31/25, showed the resident had a brief interview for mental status score of 15, which indicated the resident's cognition was intact. The assessment showed the resident was dependent on staff for mobility. There was no documentation quality assurance was involved in the process. On 01/23/26 at 10:40 a.m., CNA #2 stated they were to inspect the lift before use, ensure the resident was in the sling correctly, and ensure the hooks were secured. On 01/23/26 at 10:48 a.m., CNA #3 stated they inspected the lift before transferring Resident #2 and ensured the resident was hooked properly with the straps. On 01/23/26 at 11:00 a.m., CNA #5 stated they inspected the lift before use on Resident #2 and ensured the hooks of the sling were on correctly and were assisted by another trained staff member. On 01/23/26 at 12:33 p.m., Resident #2 stated they thought CNA #5 and CNA #6 had them secured correctly and did not know what happened. On 01/23/26 at 12:55 p.m., the administrator stated CNA #5 and CNA #6 were both in-serviced, passed a quiz on how to use the mechanical lift, and both passed a lift safety checklist observed by the director of nursing.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 375423 | Facility ID: 375423 If continuation sheet Page 1 of 1 |