

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Vian Nursing & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 305 North Thornton Vian, OK 74962	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>38495</p> <p>Based on record review and interview, the facility failed to follow their abuse prevention policy by not obtaining criminal background checks and reporting an allegation of abuse with the two hours time frame.</p> <p>The DON identified 50 residents resided in the facility.</p> <p>Findings:</p> <p>1. A facility policy, Background Screening Investigations, dated March 2019, read in part, .For purposes of this policydirect access employee means any individual who has access to a resident or patient of a long term care (LTC) facility or provider through employment or through a contract and has duties that involve (or may involve) one-on-one contact with a patient or resident of the facility or provider, as determined by the state for purposes of the national background check program .Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment .</p> <p>The surveyor reviewed five employee files with CNA #1 being one of them. CNA #1 did not have a clearance letter from the state of Oklahoma in her file.</p> <p>On 03/21/24 at 2:41 p.m. the BOM stated she was not aware they were to screen the agency staff. She accepted the screening from the agency which was not from the stated of Oklahoma.</p> <p>On 03/21/24 at 3:07 p.m., the OK screen office was contacted and the OK screen staff member stated CNA #1 was not current in the system and had never been finger printed. They stated the facility had to have a clearance letter on any one working in the facility.</p> <p>On 03/21/24 at 3:36 p.m., the administrator stated the BOM had performed background checks on agency staff in the past but the BOM failed to do one on CNA #1.</p> <p>2. A facility policy, dated September 2022, titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, read in part, .Immediately is defined as : a. within two hours of an allegation involving abuse or result in in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury .</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the OSDH 283 form dated 02/29/24 contained a fax cover page with the time of 1:27 p.m., when the 283 was sent to OSDH.</p> <p>On 03/21/24 at 12:25 p.m., the administrator stated the allegation was not reported within the 2 hour time frame.</p> <p>On 03/21/24 at 12:42 p.m., the DON stated the allegation was reported to them during breakfast and they reported it to the administrator around 8:30 a.m.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>38495</p> <p>Based on record review and interview, the facility failed to ensure all allegations of abuse were reported within two hours of the reported incident for one (Res #1) of four residents sampled for abuse.</p> <p>The DON identified 50 residents residing in the facility.</p> <p>Findings:</p> <p>A facility policy, dated September 2022, titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, read in part, .Immediately is defined as : a. within two hours of an allegation involving abuse or result in in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury .</p> <p>Res #1 had diagnoses of malnutrition, rheumatoid arthritis, anxiety disorder, and depression.</p> <p>A significant change assessment, dated 02/01/24, documented the resident was intact with cognition and required substantial to maximal assistance with most ADLs.</p> <p>A review of the OSDH 283 form dated 02/29/24 contained a fax cover page with the time of 1:27 p.m., when the 283 was sent to OSDH.</p> <p>On 03/21/24 at 12:25 p.m., the administrator stated the allegation was not reported within the 2 hour time frame.</p> <p>On 03/21/24 at 12:42 p.m., the DON stated the allegation was reported to them during breakfast and they reported it to the administrator around 8:30 a.m.</p>