STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375434	A. Building B. Wing	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heavener Nursing & Rehab	114 West 2nd Street Heavener, OK 74937

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 0564 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform each resident of his or her visitation rights and ensure that all visitors enjoy equal visitation privileges. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents were allowed to have visitors of their choice for 1 (#1) of 3 sampled who were reviewed for visitation. The administrator identified 71 residents resided in the facility. Resident #1's face sheet, dated 01/22/25, showed the resident had diagnoses which included depression and hypertension. A quarterly MDS, dated [DATE], showed the residents cognition was moderately impaired with a BIMS score of 11. An undated policy titled, Visitation, read in part, 2. The facility provides 24-hour access to all individuals visiting with the consent of the resident. On 05/21/25 at 8:20 a.m., Resident #1 stated their grandson would not allow the resident's daughter to visit them in their room. Resident #1 stated they had discussed this with the social services director but nothing was done about it. Resident #1 stated they would like to have their daughter visit in their room for privacy, but their grandson had told the staff they wanted a witness to their visits. The resident stated there was constant arguing between the daughter and the resident's grandson. On 05/21/25 at 8:39 a.m., the housekeeping supervisor looked into the resident's file and stated the Resident #1's grandson does not have power of attorney and the resident was their own person. On 05/21/25 at 8:45 a.m., the housekeeping supervisor called the social services director who stated the resident's grandson does not have power of attorney. On 05/21/25 at 10:02 a.m., LPN #1 stated the grandson did not want the Resident #1's daughter to visit because the resident was always upset after the visits and the grandson wanted witnesses to the visits. They were following the grandson's instructions to only allow visits in the lobby or outside. LPN #1 looked in the resident's record and stated the resident did not have a power of attorney listed. On 05/22/25 at 10:25 a.m., the administrator stated they were not aware the resident's grandson was restricting visitation.

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