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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375449 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Lane Nursing & Ventilator Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 400 North Broadway Inola, OK 74036 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <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>33148</p> <p>Based on record review and interview, the facility failed to ensure an alleged violation of resident to resident abuse was reported to the state agency for two (#1 and #3) of three sampled residents reviewed for abuse.</p> <p>The administrator identified 41 residents resided in the facility.</p> <p>Findings:</p> <p>An Abuse Prohibition Policy and Procedure, revised 10/30/23, read in parts, .All suspected violations and all substantiated incidents of abuse will be immediately reported to appropriate state agencies and other entities or individuals as may be required by law .Should a suspected violation or substantiated incident of .abuse (including resident to resident) be reported, the Administrator, or his/her designee, will promptly notify .The State licensing/certification agency responsible for surveying/licensing the facility .</p> <p>1. Res #1 had diagnoses which included depression.</p> <p>A quarterly resident assessment, dated 11/20/23, documented the resident's cognition was intact.</p> <p>A social service note, dated 02/01/24, documented Res #1 was approached before breakfast time by another resident in an electric wheelchair. It was documented the other resident was hollering and screaming at the nurses' station about Res #1. It was documented Res #1 was coming in from being outside and the other resident started cussing and threatening Res #1. It was documented the other resident tried to run over Res #1 with their electric wheelchair. It was documented the facility administrator was called.</p> <p>On 02/06/24 at 11:27 a.m., Res #1 was interviewed about facility abuse and stated they had a problem with Res #3. They stated Res #3 tried to run them over in their electric wheelchair last week. They stated Res #3 ran into staff instead. They stated Res #3's call light was on the day before and they asked Res #3 if they needed help. They stated Res #3 told them they did not work at the facility and to get out of their room. They stated they were not afraid of Res #3.</p> <p>2. Res #3 had diagnoses which included depression and pain.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>A quarterly resident assessment, dated 01/15/24, documented the resident's cognition was intact.</p> <p>On 02/06/24 at 12:44 p.m., Res #3 was interviewed about abuse. They stated Res #1 was a pedophile and they were sick. They stated they had there was an incident where they had their call light on and Res #1 came into their room and they were told to get out.</p> <p>On 02/06/24 at 4:45 p.m., the administrator provided documentation they had on file in their records for an incident involving Res #1 and Res #3. It was documented on 02/01/24 they were called about an incident that was occurring between two residents and employees. It was documented they arrived at the building and started an investigation. It was documented on 01/31/24 Res #1 knocked on Res #3 door because their call light was on. It was documented Res #1 asked Res #3 if they needed help because their call light was on. It was documented Res #3 stated they did not need Res #1's help. It was documented Res #3 yelled at Res #1 telling them they did not work there and to get out of their room. It was documented on 02/01/24 Res #1 was coming in the building from feeding the outside cat. It was documented Res #3 approached Res #1 in their motorized scooter and started yelling and cursing at them. It was documented staff intervened and had Res #1 go behind the nurses desk in an attempt to separate them from Res #3. It was documented Res #3 became agitated at staff and pushed one of them up against the nurses desk with their scooter. It was documented Res #1 called the police to come intervene.</p> <p>There was no documentation the incident was reported to the state agency.</p> <p>On 02/07/24 at 11:30 a.m., the administrator was asked if the incident which occurred on 02/01/24 between Res #1 and Res #3 was reported to the state agency. They stated, No. They stated they did not consider the yelling and cussing to be abusive.</p> |