

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Fairfax Behavioral Health & Memory Care Community		STREET ADDRESS, CITY, STATE, ZIP CODE 282 County Road 6300 Fairfax, OK 74637	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>42171</p> <p>Based on observations, record review, and interview, the facility failed to ensure residents were free from abuse for one (#8) of four residents sampled for abuse.</p> <p>The director of nurses reported the census was 53.</p> <p>Findings:</p> <p>An undated facility policy, titled Abuse by a Resident to Other Residents, read in parts .Abuse as used in this policy shall refer to all forms of abuse including, but not limited to physical, verbal, sexual, and psychological .</p> <p>Resident #3 had diagnoses including diabetes mellitus and hypertension.</p> <p>Resident #8 had diagnoses including schizophrenia and convulsions.</p> <p>On 08/06/24 at 8:05 am, Res #3 was observed in the dining room propelling their wheelchair towards Res #8, who was seated in a wheelchair and stationary. Res #3 was shouting obscenities and threatening Res #8 with bodily harm. Res #3 was observed to bump their wheelchair into the leg of Res #8. The residents separated and Res #8 went out of the dining room to the nurse's desk. As Res #3 passed by Res #8 they were heard to yell more obscenities and threaten Res #8 again.</p> <p>A nurse note, dated 08/06/24 at 8:43 am, documented that Res #3 was in the dining room yelling at another resident and that they pushed their wheelchair into the other resident's foot.</p> <p>On 08/06/24 at 11:36 am, RN #2 stated that this type of behavior is common for Res #3. RN #2 was asked if the interaction between Res #3 and Res #8 was abusive they stated, I guess it was.</p> <p>On 08/06/24 at 12:45 am, the ADON stated that staff receive training on identifying and reporting abuse and neglect upon hire and periodically. They also stated that the interaction between Res #3 and Res #8 met the definition of abuse.</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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