STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375467	A. Building B. Wing	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairfax Behavioral Health & Memory Care Community	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 46703 Based on observation and interview, the facility failed to provide a safe, clean, comfortable, homelike environment. The DON identified 49 residents resided in the facility. Findings: Observations of rooms on the 100 hall revealed the sinks did not have hot running water. On 10/16/24 at 2:00 p.m., Resident #4 stated they have not had hot water in their room for over a month. The resident stated they have arthritis in their hands and washing them in cold water causes pain. On 10/16/24 at 2:15 p.m., the maintenance supervisor stated the 100 hall has been without hot water due to a broken hot water tank. 10/16/24 at 2:44 p.m., the maintenance supervisor stated they had spoke with the administrator who told them they are to receive a government grant in March and that is when the hot water tank will be replaced. On 10/17/24 at 9:05 a.m., Resident #5 stated they have not had hot water in their room since they arrived on 09/05/24. On 10/17/24 at 9:06 a.m., Resident #6 stated they have not had hot water in their room for over a month. They stated it would be nice to have hot water for washing their hands and face.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46703 Based on record review and interview, the facility failed to ensure resident were free from abuse for one (#1) of three residents sampled for abuse. The DON reported 49 residents resided in the facility. Findings: 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 . Resident #1 had diagnoses which included dementia with a BIMS of 5 Resident #2 had diagnoses which included dementia with a BIMS of 11. On 10/08/24 at 3:00 p.m., Resident #2 was observed by staff sitting beside Resident #1's bed with their left hand on Resident #1's pubic area. A nurse's note dated, 10/08/24 at 5:29 p.m., documented Residents #1 and #2 were immediately separated. A head to toe assessment was performed on Resident #1 with no signs or symptoms of trauma or injury. The physician, family and [NAME] Police Department were notified. On 10/15/24 at 2:30 p.m., the DON stated resident #2 was moved to a male segregated area after the incident. They were put on 1:1 observation until they could be sent out for psychological evaluation. The facility is currently trying to place Resident #2 at a different facility. The DON stated staff received training on identifying and reporting abuse upon hire and periodically.