

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Hennessey Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 705 East 3rd Street Hennessey, OK 73742	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review and interview, the facility failed to ensure the care plan was revised to show a new skin alteration for 1 (#28) of 3 residents reviewed for care plans. The administrator reported 27 residents resided in the facility. Findings: A Care Plans, Comprehensive Person-Centered policy, revised 12/2016, read in part, Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions of change. Resident #28's care plan, initiated on 03/06/25, showed resident had diagnoses which included cerebral palsy and major depressive disorder. An Incident Note, dated 12/04/25 at 12:01 p.m., read in part, During a transfer utilizing the mechanical lift [name withheld], the res stated, The chair pinched me. A review of Resident #28's care plan did not show documentation of a laceration. Upon transfer back to bed 3 superficial lacerations were noted to the gluteal area regions. An Incident Note, dated 12/04/25 at 4:00 p.m., read in part, New order received; Cleanse lacerations with wound cleaner and pat dry daily and as needed until resolved. Resident #28's care plan did not show documentation of the lacerations. On 03/26/26 at 10:16 a.m., the MDS coordinator stated care plans were to be updated with falls or other changes the same day or the next day. On 03/26/26 at 10:19 a.m., the MDS coordinator stated yes, the care plan should have been updated with the lacerations and no I don't have the lacerations on the care plan.</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
---	-------	-----------