STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375485	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hennessey Nursing & Rehab	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)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, record review, and interview, the facility failed to post the most recent state survey results in a place readily accessible to residents, family members, and legal representatives of the residents. The administrator identified 27 residents resided in the facility.Findings: On 03/25/26 at 11:27 a.m., the surveyor walked the halls and the lobby of the facility, there was no posting showing were to find the survey results binder. A Survey Results, Examination of policy, revised 04/2007, read in part, A copy of the most recent standard survey, including any subsequent extended surveys, follow-up revisits reports, etc., along with state approved plan of correction of noted deficiencies, is maintained in a 3-ring binder located in an area frequented by most residents, such as the main lobby or resident activity room. On 03/25/26 at 11:01 a.m., 10 resident council members present for the meeting stated they did not know where to find the state survey results. On 03/25/26 at 11:30 a.m., the Administrator stated there was a little card on the table where the results were located. The survey results binder was located in a wooden cabinet behind closed doors in the lobby near the front door. On 03/25/26 at 11:33 a.m., the Administrator stated, Well I guess you're going to catch me with my pants down because I don't see the card. They stated no at this time there was no posting telling the visitors or residents where to find the survey results.On 03/25/26 at 11:42 a.m., the Administrator stated, The sign showing where to find the survey results was not assessable to the residents and visitors.

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
	375485	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hennessey Nursing & Rehab	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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and interview, the facility failed to ensure RN coverage for eight consecutive hours seven days per week.The administrator identified 27 residents resided in the facility. Findings: A Staffing policy, updated 10/2023, read in part, RN must be on duty 8 hours a day 7 days a week. A PBJ Staffing Data Report, dated 10/01/25 through 12/31/25, showed no RN hours on 10/13/25, 10/14/25, 10/27/25, 11/10/25, 11/11/25, 12/01/25, 12/06/25, and 12/18/25. An Employee Timecard Report dated 10/01/25 through 12/31/25, did not show the facility had RN hours for 8 consecutive hours on the following dates, 10/13/25, 10/14/25, 10/27/25, 11/10/25, 11/11/25, 12/01/25, 12/06/25, and 12/18/25. On 03/26/26 at 12:45 p.m., the MDS coordinator stated yes those are the only three RN's for the facility. They stated the facility did not have RN coverage on 10/13/25, 10/14/25, 10/27/25, 11/10/25, 11/11/25, 12/01/25, 12/06/25, or 12/18/25.On 03/26/26 at 1:04 p.m., the Administrator stated they were not aware the facility did not have coverage on 10/13/25, 10/14/25, 10/27/25, 11/10/25, 11/11/25, 12/01/25, 12/06/25, and 12/18/25.They stated if they knew there was not RN coverage on 10/13/25, 10/14/25, 10/27/25, 11/10/25, 11/11/25, 12/01/25, 12/06/25, and 12/18/25, they would have called the Infection Control Preventionist in to cover those shifts.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375485	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hennessey Nursing & Rehab	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)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on record review and interview, the facility failed to ensure the food service supervisor completed certification as a certified dietary manager within three years of beginning employment per State requirement.The administrator identified 27 residents who received meals from the kitchen. Findings:The Food and Nutrition Services Staff policy, revised 10/20, read in part, Nutrition service manager if not already certified will be enrolled in an accredited/approved program within regulatory timeframe.An undated Employee Information Report, showed the dietary supervisor was hired on 02/04/20.There was no documentation the dietary supervisor had completed a certified program.On 03/23/26 at 1:47 p.m., the dietary supervisor stated they have not completed a certification course. On 03/26/26 at 9:35 a.m., the administrator stated they were aware the dietary supervisor was not certified. They stated the dietary supervisor was hired for their role on 02/04/20.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375485	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hennessey Nursing & Rehab	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review and interview, the facility failed to notify a physician of a resident's change in condition for 1 (#24) of 1 sampled resident reviewed for self-administration of medication.The DON identified nine residents who received breathing treatments in the facility.Findings:The Acute Condition Changes-Clinical Protocol policy, revised 03/18, read in part, The nursing staff will contact the physician based on urgency of the situation.Resident #24's quarterly resident assessment, dated 01/27/26, showed the resident had diagnoses which included chronic obstructive pulmonary disease and cough. It showed the resident's cognition was intact with a BIMS of 15.A physician's order, dated 02/03/26, showed ipratropium-albuterol (a bronchodilator breathing treatment) inhalation solution 0.5-2.5, 3 mg/3ml. Inhale one vial three times a day for wheezing.The March 2026 Orders Administration notes showed Resident #24 refused ipratropium-albuterol treatment on the;a. 4th at 8:46 p.m. due to, It makes me shake too bad,b. 5th at 9:04 p.m.,c. 9th at 8:48 p.m. due to, It makes me shake too bad,d. 10th at 9:00 p.m.,e. 11th at 9:57 p.m. due to, It makes me shake,f. 12th at 9:35 p.m. due to shakes,g. 15th at 7:37 a.m. due to shaking after using it and at 1:07 p.m. due to feeling shaky and weak,h. 19th at 8:14 p.m. due to shakes,i. 20th at 4:57 p.m and 7:35 p.m., andj. 21st at 1:14 p.m. because they did not like the way it made them feel.There was no documentation the physician was notified of the resident's refusals and shaking with the breathing treatments.On 03/24/26 at 8:43 a.m., Resident #24 stated the physician ordered their breathing treatment three times a day. They stated they got the Shakes, from administering the breathing treatment three times a day. Resident #24 stated they would self-administer the breathing treatment two times a day.On 03/24/26 at 9:24 a.m., LPN #1 stated they were aware of Resident #24 getting shaky with administration of the breathing treatment. LPN #1 stated they personally did not notify the physician. They stated they could not locate documentation the physician was notified.On 03/25/26 at 11:01 a.m., Physician #1 stated the facility should notify them if Resident #24 complained of being shaky with breathing treatments and refused them so they could change the resident's order.On 03/25/26 at 11:02 a.m., Physician #1 stated they were not aware of any notification from the facility regarding the resident being shaky or refusing treatment.On 03/25/26 at 11:55 a.m., the DON stated the facility should notify the physician if a resident complained of being shaky with breathing treatments and refused them.On 03/25/26 at 12:01 p.m., the DON stated they could not locate documentation the provider was notified of the resident's complaint of being shaky and refusal of breathing treatments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375485	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hennessey Nursing & Rehab	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, record review, and interview, the facility failed to ensure a resident had a physician order and an assessment to self-administer medications for 1 (#24) of 1 sampled resident reviewed for self-administration of medication.The DON identified nine residents who received breathing treatments in the facility.Findings:On 03/24/26 at 8:42 a.m., there were two vials of ipratropium bromide/albuterol sulfate 0.5-3 mg in 3 ml sitting on the Resident #24's bedside table.Resident #24's quarterly resident assessment, dated 01/27/26, showed the resident had diagnoses which included chronic obstructive pulmonary disease and cough. It showed the resident's cognition was intact with a BIMS of 15.A physician's order, dated 02/03/26, showed ipratropium-albuterol (a bronchodilator breathing treatment) inhalation solution 0.5-2.5, 3 mg/3ml. Inhale one vial three times a day for wheezing.There was no documentation the Resident #24 had an assessment and a physician's order for self-medication administration.On 03/24/26 at 8:43 a.m., Resident #24 stated the nurse gave them the breathing treatment vials this morning. They stated the last time they self-administered the breathing treatment was on 03/23/26 around 4:00 p.m.On 03/24/26 at 9:16 a.m., LPN #1 stated Resident #24 administered their own breathing treatment. They stated the resident does not have an order to leave the breathing treatment medication at bedside.On 03/24/26 at 9:17 a.m., LPN #1 stated the process for medication left at bedside was to obtain a physician's order.On 03/24/26 at 9:18 a.m., LPN #1 stated Resident #24 does not have an assessment for self-administration of medications.On 03/24/26 at 9:29 a.m., LPN #1 stated the breathing medications should not be left at bedside.On 03/24/26 at 2:56 p.m., the DON stated Resident #24 does not have an assessment and a physician's order for self-medication administration.On 03/24/26 at 3:13 p.m., the DON stated the facility does not allow residents to self-administer medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375485	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hennessey Nursing & Rehab	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375485	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hennessey Nursing & Rehab	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, record review, and interview, the facility failed to ensure a resident's breathing treatment was accurately documented for 1 (#24) of 1 sampled resident reviewed for self-administration of medication.The DON identified nine residents who received breathing treatments in the facility.Findings:On 03/24/26 at 8:42 a.m., there were two vials of ipratropium bromide/ albuterol sulfate 0.5-3 mg in 3 ml sitting on the Resident #24's bedside table.The Charting and Documentation policy, revised 07/17, read in part, Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.Resident #24's quarterly resident assessment, dated 01/27/26, showed the resident had diagnoses which included chronic obstructive pulmonary disease and cough. It showed the resident's cognition was intact with a BIMS of 15.A physician's order, dated 02/03/26, showed ipratropium-albuterol (a bronchodilator breathing treatment) inhalation solution 0.5-2.5, 3 mg/3ml. Inhale one vial three times a day for wheezing.The March 2026 treatment administration record, showed the ipratropium-albuterol was initialed as given for the 8:00 a.m. dose on the 24th.On 03/24/26 at 8:43 a.m., Resident #24 stated the nurse gave them the breathing treatment vials that morning. They stated the last time they self-administered the breathing treatment was on 03/23/26 around 4:00 p.m.On 03/24/26 at 9:16 a.m., LPN #1 stated Resident #24 self-administered their breathing treatments.On 03/24/26 at 9:20 a.m., LPN #1 stated they documented in Resident #24's treatment administration record as given for the 8:00 a.m. dose on 03/24/26. They stated they assumed the resident self-administered the breathing treatment. They stated Resident #24 usually inform them when they self-administer the breathing treatment but they did not inform the nurse this morning.On 03/24/26 at 9:21 a.m., LPN #1 stated the documentation was not accurate on the treatment administration record.On 03/24/26 at 9:29 a.m., LPN #1 stated they did not observe Resident #24 administering their breathing treatment.On 03/25/26 at 11:52 a.m., the DON stated the breathing treatment should be documented as refused unless witnessed as given.