

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2025
NAME OF PROVIDER OR SUPPLIER Highland Park Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 R D Miller Drive Okmulgee, OK 74447	

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 - Immediate jeopardy to resident health or safety</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>A past noncompliance Immediate Jeopardy (IJ) situation was determined to exist effective 03/20/25 related to the facility's failure to ensure Resident #1 was not physically or psychosocially abused.</p> <p>On 03/26/25, the Oklahoma State Department of Health was notified and verified the existence of the past noncompliance IJ related to the facility's failure to ensure residents were not physically or psychosocially abused.</p> <p>The past noncompliance IJ was removed effective 03/20/25 after the facility performed one on one inservices for all staff regarding abuse on 03/20/25. On 03/20/25 employee #1 was suspended then terminated on 03/25/25. On 03/20/25 at 3:26 p.m., a quality assurance meeting was held via conference call.</p> <p>Based on record review and interview, the facility failed to ensure a resident was not physically or psychosocially abused for 1 (#1) of 3 sampled residents reviewed for abuse.</p> <p>The administrator identified 81 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Abuse, Neglect and Exploitation and Misappropriations of Resident Property. dated 06/23/17, read in part, Each resident has the right to be free from abuse, neglect, exploitation, misappropriation of resident's property, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse, neglect, exploitation, misappropriation of resident's property by anyone, including, but not limited to, facility staff.</p> <p>Resident #1 had diagnosis which included aphasia and they were nonverbal.</p> <p>A quarterly resident assessment, dated 03/04/25, showed the resident had a memory problem and was rarely/never understood.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 03/26/25 at 1:15 p.m., the housekeeping supervisor stated on 03/20/25 between 6:30 a.m. and 7:00 a.m., during the ambassador rounds, they asked Resident #1 if they were ok because they looked sad. The housekeeping supervisor stated the resident shook their head no. The housekeeping supervisor stated Resident #1's roommate spoke up and said a nurse aide slapped Resident #1 during activity of daily living care on the night shift. The housekeeping supervisor stated they asked Resident #1 if a nurse aide slapped them and the resident nodded yes pointing to the left side of their face. The housekeeping supervisor stated they then reported the incident to the DON.</p> <p>On 03/26/25 at 1:35 p.m., the DON stated they received a report of abuse from the housekeeping supervisor on 03/20/25 at 7:30 a.m. regarding Resident #1. The DON stated after interviewing Resident #1 and their roommate, a head to toe assessment was conducted which revealed no injuries. The DON stated since the incident happened the resident had been afraid to let the night shift check on them or change their brief. The DON stated resident was now receiving psychological counseling.</p> <p>On 03/26/25 at 2:41 p.m., Resident #1's roommate stated on 03/20/25 at 6:30 a.m., CNA #1 came into the room to answer the call light. Resident #1's roommate stated they went to Resident #1 first and stated, You are wet, I'm going to change you. Resident #1's roommate stated they heard Resident #1 become upset and started yelling way, way, way. Resident #1's roommate stated the yelling got louder and louder and then they heard a loud slap. Resident #1's roommate stated then CNA #1 left the room and they asked Resident #1 if CNA #1 had slapped them. Resident #1's roommate stated Resident #1 nodded their head and was crying. Resident #1's roommate stated after the incident happened Resident #1 gets scared and yells when staff try to change them on night shift.</p>		