

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462 | |
| 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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46387</p> <p>On 07/31/24, an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure Res #1, who was at risk for elopement, did not elope from the facility. Res #1 admitted to the facility on [DATE] with diagnoses including dementia. Res #1 eloped from the facility on 06/29/24 without staff knowledge and was returned to the facility by a community member. The facility did not complete one-on-one monitoring upon the Res #1's return or initiate environmental interventions for prevention. The care plan was not revised for the Res #1 and staff did not have a consistent plan to monitor and prevent elopement for the resident.</p> <p>On 07/31/24 at 3:00 p.m., the Oklahoma State Department of Health was notified and verified the existence of the IJ situation related to elopement for Res #1.</p> <p>On 07/31/24 at 3:12 p.m., the administrator was notified of the IJ situation.</p> <p>On 08/01/24 at 12:11 p.m., an acceptable plan of removal was submitted to the Oklahoma State Department of Health. The plan of removal documented:</p> <p>Corrective Action: Plan of Removal</p> <p>On 07/31/24, elopement risk assessments were initiated on all residents with care plans updated to identify any at risk residents.</p> <p>1. A notification sign will be placed on front door and service door to alert visitors and vendors to not let anyone out without notifying/asking facility staff first.</p> <p>2. All staff In-Serviced on elopement risk policy, ensuring that identified elopement risk residents are redirected away from doors, properly performing 1:1 monitoring, and location of list of wandering/elopement risk residents and to check list at beginning of shift.</p> <p>3. MDS Coordinator in-serviced on completion of 48-hour care plans on all new admissions to include but not limited to potential for risk of elopement.</p> <p>4. HR/BOM in-serviced on all newly hired personnel will be educated on elopement policy, location of list of at risk for elopement residents with an acknowledgement page.</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

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462 | |
| 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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few | <p>5. Nursing Administration In-Serviced on reviewing elopement risk resident list/any new admissions and updating list accordingly 5 times weekly during clinical meeting.</p> <p>6. DON/Designee will report any negative findings quarterly to QAPI.</p> <p>7. Any employee that can't be reached for In-Service will be inactive and taken off of schedule until education is provided.</p> <p>Completed by 10 a.m. 8/1/2024</p> <p>The IJ was lifted, effective 08/01/24 at 10:00 a.m., when all components of the plan of removal had been completed. The deficiency remained at a level of potential for more than minimal harm.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident at risk for elopement did not elope from the facility for one (#1) of three sampled residents reviewed for elopement and failed to ensure treatment carts were locked.</p> <p>The facility assessment documented four residents who were at risk for elopement and five residents who wander.</p> <p>Findings:</p> <p>A Safety and Supervision of Residents policy, revised July 2017, documented in part Implementing interventions to reduce accident risks and hazards shall include the following: a. Communicating specific interventions to all relevant staff; b. Assigning responsibility for carrying out interventions; c. Providing training, as necessary; d. Ensuring that interventions are implemented; and e. Documenting interventions.</p> <p>A Wandering and Elopement policy, revised March 2019, documented in part If identified as at risk for wandering, elopement, or other safety issues, the resident's care plan will include strategies and interventions to maintain the resident's safety.</p> <p>1. Res #1 admitted to the facility on [DATE] with diagnoses including dementia.</p> <p>A baseline care plan was not completed.</p> <p>A wander risk assessment, dated 06/21/24 documented the resident was at risk for elopement. The 72 hour portion of the wander risk assessment was not completed to include history of wandering prior to admission.</p> <p>A progress note, dated 06/22/24 at 2:32 p.m., documented Res #1 was exit seeking.</p> <p>A progress note, dated 06/23/24 at 5:50 p.m., documented Res #1 was trying to get out of the facility.</p> <p>A progress note, dated 06/24/24 at 8:30 a.m., documented an interview with the Res #1's daughter in which the daughter notified the facility Res #1 was a flight risk.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462 | |
| 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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>A progress note, dated 06/25/24 at 4:23 a.m., documented Res #1 continued to attempt to get out of the facility.</p> <p>A progress note, dated 06/25/24 at 9:51 a.m., documented Res #1 was attempting to leave the facility. The note documented the staff would continue to check on the Res #1 every two hours.</p> <p>A progress note, dated 06/26/24 at 7:28 p.m., documented Res #1 was attempting to get out the front door.</p> <p>A progress note, dated 06/27/24 at 2:25 a.m., documented Res #1 was attempting to get out the front door.</p> <p>An incident report, dated 06/29/24, documented the Res #1 eloped from the facility because a family member let them out. The incident report documented a sign would be placed on the door to alert visitors to not let anyone out, and the resident would be placed on one-on-one monitoring until a new wander risk assessment was completed.</p> <p>A witness statement, dated 06/29/24, documented the Res #1 was observed outside the facility at 1:55 p.m.</p> <p>A progress note, dated 06/29/24, at 2:54 p.m., documented the Res #1 had left the facility without staff knowledge and had been returned by a community member.</p> <p>The high temperature for the facility's location on 06/29/24 was 97 F.</p> <p>No wander risk assessment was documented after 06/29/24.</p> <p>A care plan, dated 07/03/24, documented Res #1 was at risk for elopement. The interventions documented included: Assess for fall risk, distract Res #1 from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Res #1 prefers: (not completed), monitor for fatigue and weight loss, provide structured activities: toileting, walking inside and outside, reorientation strategies including signs, pictures, and memory boxes.</p> <p>A HOURLY RESIDENT CHECKS form, dated 06/29/24, documented a single check at 3:07. It did not document a.m. or p.m. There were no other documented checks for 06/29/24.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 06/30/24 from midnight to 6:15 p.m.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/02/24 from 6:00 a.m. to 6:00 p.m.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/04/24 from 6:00 a.m. to 6:30 p.m.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/05/24 from 6:00 a.m. to midnight.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/06/24.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/08/24 from 6:00 p.m. to midnight.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462 | |
| 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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few | <p>A HOURLY RESIDENT CHECKS form was not provided for 07/09/24 from midnight to 6:00 a.m. and 6:00 p.m. to midnight.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/10/24 from midnight to 6:00 a.m. and 4:30 p.m. to midnight.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/11/24 from midnight to 6:00 a.m., from 10:30 a.m. to 3:00 p.m., and from 6:00 p.m. to midnight.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/12/24.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/13/24.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/14/24 from midnight to 6:00 a.m. and from 6:00 p.m. to midnight.</p> <p>A HOURLY RESIDENT CHECKS form was not provided for 07/15/24 from midnight to 6:00 a.m. and from 6:00 p.m. to midnight. No additional forms were provided after this date.</p> <p>On 07/29/24 at 12:00 p.m., the outer front door of the entrance to the facility was observed missing. The hinge was observed hanging from the top of the door frame. A green button to the right of the door granted entry to the facility. No signs for visitors regarding letting anyone out was observed.</p> <p>On 07/29/24 Res #1 was observed wandering the halls and approaching the front door several times from 12:44 p.m. to 1:25 p.m. Staff are not observed redirecting or interacting with Res #1 during this time.</p> <p>On 07/29/24 at 1:07 p.m., staff #1 stated Res #1 was on 15 minute visuals and was supposed to wear bright colors so they can be spotted easily.</p> <p>On 07/29/24 at 1:31 p.m., staff #2 stated Res #1 was reoriented, the staff check the doors to make sure they are locked, and the Res #1 is checked every 2 hours for safety.</p> <p>On 07/31/24 at 11:26 a.m., the staff #3 stated they knew Res #1 was at risk for elopement because they had eloped from their apartment twice before admission. They stated the 15 minute checks were only supposed to be completed during the day because Res #1 was asleep at night. When asked why some of the staff completed them at night they stated they did not have an answer for that.</p> <p>On 07/31/24 at 11:48 a.m., staff #5 stated there were no residents on one-on-one monitoring. They stated the 15 minute checks were not the same as one-on-one monitoring. They stated the 15 minute checks were supposed to be documented 24 hours per day.</p> <p>On 07/31/24 at 12:30 p.m. the staff #3 stated one on one monitoring was not completed. They stated they did not have an answer as to why the other interventions listed were not completed.</p> <p>On 07/31/24 at 12:56 p.m., the staff #3 stated a member of the community was the one who returned the resident to the facility.</p> <p>(continued on next page)</p> | | |

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462 | |
| 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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few | <p>On 07/31/24 at 1:02 p.m., the staff #3 stated the baseline care plan was not completed.</p> <p>2. On 07/29/24 at 12:16 p.m., the treatment cart parked on the south side of the nurses station was observed unlocked and unsupervised. The cart remained unlocked and unsupervised until 1:31 p.m.</p> <p>On 07/29/24 at 12:59 p.m., the treatment cart parked on the north side of the nurses station was observed unlocked and unsupervised.</p> <p>On 07/29/24 at 1:31 p.m. staff #2 stated the treatment carts should be locked when they are left. They stated they thought their cart was locked. They were observed locking the medication cart.</p> <p>On 08/01/24 at 11:04 a.m., the treatment cart parked on the south side of the nurses station was observed unlocked and unsupervised.</p> <p>On 08/01/24 at 11:41 p.m., the treatment cart parked on the north side of the nurses station was observed unlocked and unsupervised.</p> <p>On 08/01/24 at 1:00 p.m., the treatment cart parked on the south side of the nurses station was observed unlocked and unsupervised.</p> <p>On 08/01/24 at 1:05 p.m., staff #4 stated treatment carts should be locked when staff walk away from the cart or it is not in use.</p> | | |

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462 | |
| 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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>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.</p> <p>46387</p> <p>Based on record review and interview, the facility failed to ensure RN coverage eight consecutive hours seven days per week.</p> <p>The Resident List Report documented 54 residents resided in the facility.</p> <p>Findings:</p> <p>Timecards from 06/16/24 to 07/31/24 documented RN coverage was not provided for eight consecutive hours on: 06/16/24, 06/17/24, 06/28/24, 07/02/24, 07/03/24, 07/04/24, 07/10/24, 07/13/24, 07/17/24, 07/18/24, 07/27/24, and 07/28/24.</p> <p>On 08/01/24 at 1:15 p.m., staff #4 stated there was not a RN in the building on 07/27/24 and 07/28/24. They stated they were unaware the RN on shift was clocking out before a full eight hours was worked.</p> | | |