

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER North County Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 West Broadway Collinsville, OK 74021	

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 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** On 03/12/25, an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure residents were discharged with proper notice. On 03/06/25 Resident #1 returned to the facility after an overnight stay with family. Resident #1 was informed they were no longer a resident of the facility and were not allowed to return to the facility.</p> <p>On 03/12/25 at 5:57 p.m., the Oklahoma State Department of Health was notified and verified the existence of the IJ situation related to a resident who was not allowed to return to the facility after an overnight stay with family.</p> <p>On 3/12/25 at 6:05 p.m., the DON and the corporate regional administrator were notified of the IJ situation and were asked to provide a plan of removal.</p> <p>On 03/13/25 at 2:35 p.m., an acceptable plan of removal was approved by the Oklahoma State Department of Health. The plan of removal, read in part,</p> <p>North County Immediate Jeopardy Plan of Removal for Failure to Ensure Residents Are Not discharged Without Proper Notice</p> <p>An Immediate Jeopardy has been identified at North County Nursing and Rehabilitation for failure to ensure residents are not discharged without proper notice. According to federal and state regulations, long-term care facilities are required to provide adequate notice to residents or their responsible parties before discharge. Failure to adhere to these guidelines has resulted in non-compliance and potential harm to 1 identified resident resulting in immediate jeopardy.</p> <p>Immediate Steps to Remove Immediate Jeopardy</p> <p>Immediate Review of Current Discharges</p> <p>.Conduct a comprehensive review of all discharges in the past 30 days to identify any residents who may not have received proper notice. Completed by 8:30 p.m. 03/12/2025 .</p> <p>Contact the residents or their responsible parties involved in improper discharges to confirm the lack of notice and address the issue immediately. Completed by 8:30 p.m. 03/12/2025</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: 375504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER North County Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 West Broadway Collinsville, OK 74021	
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 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>.Ensure that any affected residents are re-admitted to the facility, if appropriate, or assist them with alternative placement and proper notice. Completed by 8:30 p.m. 03/12/2025</p> <p>.Review the facility's discharge policy and procedures to verify compliance with all applicable state and federal regulations. Completed by 8:30 p.m. 03/12/2025</p> <p>Staff Education</p> <p>. Immediately in-serviced all administrative staff, social services, and floor nurse staff regarding the discharge process, emphasizing the legal requirements for proper notice. Completed by 2 p.m. 03/13/2025</p> <p>.All involved staff will be required to complete the training within 24 hours of the identified Immediate Jeopardy. Completed by 2 p.m. 03/13/2025</p> <p>Immediate Policy Revision</p> <p>.The facility's discharge policy will be reviewed, updated, and communicated to all administrative staff, social services, and floor nursing staff immediately. The revised policy will outline the following (Completed by 8:30 p.m. 03/12/2025):</p> <ul style="list-style-type: none"> . The required notice period before discharge. .The process for ensuring residents or responsible parties receive the proper written notice. .A clear record-keeping system for discharge notices. .Steps to take when a discharge does not meet the notice requirements. .Social Services or designee will perform a 30- day follow up with discharge resident(s) or designee and provide referrals to additional resources if needed. <p>Ongoing Monitoring and Audit Procedures</p> <p>.DON or designee will conduct an audit of all discharges 2 times per week for the next 4 weeks to ensure proper notice was given in accordance with regulatory requirements. Documentation will be checked for compliance with facility policies, and any discrepancies will be reported and investigated immediately. Completed by 4/12/2025 at 11:59. p.m.</p> <p>.Administrator or designee will audit once per week for the next 4 weeks to ensure compliance with state and federal regulations are met. Completed by 4/12/2025 at 11:59. p.m.</p> <p>.Designee will spot audit charts quarterly for all discharge documents completed and uploaded to the resident(s) electronic medical record. Ongoing</p> <p>Plan for Ongoing Compliance</p> <p>Continuous Staff Training</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER North County Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 West Broadway Collinsville, OK 74021	
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 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>.Ongoing training sessions will be scheduled annually to reinforce the importance of discharge procedures and to review any updates to policies or regulations.</p> <p>.The facility will ensure all new employees are trained on discharge procedures during their orientation. Ongoing</p> <p>Policy Review and Updates</p> <p>.The discharge policy will be reviewed annually, with input from relevant staff and regulatory updates, to ensure it remains compliant with all state and federal regulatory guidelines. Ongoing</p> <p>.Any necessary revisions will be implemented promptly, and all staff will be educated on the changes. Ongoing</p> <p>Leadership Accountability</p> <p>.Administrator and Director of Nursing will actively monitor and support the implementation of this plan, ensuring that discharge protocols are followed consistently. Ongoing</p> <p>On 03/13/25 at 2:00 p.m., the IJ was lifted when all components of the plan of removal had been verified as completed. Nine staff members from different departments from all shifts were interviewed regarding in-service provided for discharge protocol Documentation of the updated discharge policy and review of recently discharged residents were reviewed. The deficient practice remained at an isolated level with the potential for more than minimal harm.</p> <p>Based on record review and interview, the facility failed to ensure residents were discharged with proper notice for 1 (#1) of 3 sampled residents reviewed for discharge.</p> <p>The BOM identified 45 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #1 had diagnoses which included anoxic brain damage, post traumatic stress syndrome, and bipolar disorder.</p> <p>A quarterly assessment, dated 01/28/25, showed Resident #1 had a brief interview for mental status score (a test for cognitive function) of 6, which was indicative of severe impairment for daily decision making, and that the resident was dependent on a wheelchair for ambulation.</p> <p>An undated Transfer and Discharge policy, read in part, Once admitted , the resident has the right to remain at the facility .The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided:</p> <p>a. The specific reason and basis for transfer or discharge.</p> <p>b. The effective date of transfer or discharge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER North County Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 West Broadway Collinsville, OK 74021	
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 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>c. The specific location to which the resident is to be transferred or discharged .</p> <p>The facility sign out sheet showed Resident #1 signed out of the facility on 03/05/25 at 1:50 p.m. The sign in sheet showed the resident signed into the facility on [DATE] at 1:45 p.m.</p> <p>On 03/12/25 at 11:52 a.m., BOM #1 stated that on 03/05/25 Resident #1 had asked if they were allowed to leave the facility and stay with family overnight. They stated Resident #1 planned to take a ride sharing company from the facility and a family member would bring them back the next day. The BOM stated they told Resident #1 to go talk to their nurse, get their medications, and be sure and sign themselves out.</p> <p>On 03/12/25 at 12:23 p.m., the DON stated they were notified in their morning staff meeting on 03/06/25 Resident #1 had signed themselves out of the facility permanently the previous day. The DON stated they were present when the resident returned to the facility later on 03/06/25 and signed themselves into the facility. The DON stated when they told Resident #1 they had been informed by the administrator that they had left the facility permanently, the resident stated they had not. The DON stated they then called the administrator.</p> <p>On 03/12/25 at 2:05 p.m., police officer #1 stated they received a call from Resident #1's family member who requested a welfare check on the resident because the facility was not letting the resident return to the facility. Police Officer #1 stated the administrator told them Resident #1 had discharged themselves from the facility the day before. Police Officer #1 stated Resident #1 told them they had only left the facility for an overnight stay and were given 24 hours worth of medication for the overnight stay. Police Officer #1 stated they asked the administrator if the resident could check back into the facility. They stated the administrator refused to allow the resident to return to the facility. Police Officer #1 stated the resident said they had nowhere to go, that they had called and asked family and friends to let them stay with them for even a short while, but no one was willing to allow this. Police office #1 stated the administrator was aware that Resident #1 had nowhere to go, and paid for a one night stay at a hotel for Resident #1. Police Officer #1 stated they drove Resident #1 to the hotel.</p> <p>On 03/12/25 at 4:26 p.m., the regional corporate administrator stated if Resident #1 had not been discharged on 03/05/25, they should have been allowed to return to the facility.</p> <p>On 03/12/25 at 4:41 p.m. the DON stated they were unable to locate any discharge documents for Resident #1.</p> <p>On 03/17/25 at 9:38 a.m., certified medication aide #1 stated on 03/05/25, licensed practical nurse #1 instructed them to prepare 24 hours of medication for Resident #1 because Resident #1 was going on an overnight stay out of the facility. They stated Resident #1 seemed very excited to be going overnight with family, took possession of their 24 hour supply of medications, and told them they would be back the next day.</p>		