

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Mitchell Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 315 West Electric Avenue McAlester, OK 74501	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47751</p> <p>Based on observation, record review, and interview, the facility failed to ensure electrical outlets on both the East and [NAME] side hallways, nurses' stations, and living room areas had protective plates covering them.</p> <p>The administrator identified 60 residents resided in the facility.</p> <p>Findings:</p> <p>A Safe Homelike Environment policy, dated 04/28/2022, read in parts, In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment. 'Environment' refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas .6. a. The maintenance Director will perform periodic rounds to ensure functioning lights .9. General Considerations: f. Report any environmental concerns to the Administrator.</p> <p>1. Res #1 had diagnoses which included Alzheimer's disease and cognitive communication deficit.</p> <p>A significant change in status assessment, dated 05/15/24, documented the resident's cognition was severely impaired, did not have any ROM functional impairments, and required moderate assistance with most ADL's.</p> <p>The care plan, initiated 05/23/24, documented the resident was at risk for wandering. The goal documented the resident's safety would be maintained through the next review date.</p> <p>On 01/16/25 at 12:08 p.m., Res #1 was observed ambulating around the [NAME] hallway and living room area.</p> <p>On 01/16/25 at 1:52 p.m., Res #1 was observed ambulating around the [NAME] hallway and living room area.</p> <p>2. Res #2 had diagnoses which included dementia and disorientation.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The annual assessment, dated 11/06/24, documented the resident's cognition was severely impaired, did not have any ROM functional impairments, utilized a wheelchair for mobility, and required substantial assistance with most all ADL's.</p> <p>On 01/16/25 at 11:04 a.m., Res #2 was observed propelling themselves throughout the [NAME] hallway and living room area. There were no staff members observed monitoring the resident.</p> <p>On 01/16/25 at 1:58 p.m., Res #2 was observed propelling themselves in their wheelchair throughout the [NAME] hallway and living room area. There were no staff members observed monitoring the resident.</p> <p>3. Res #3 had diagnoses which included diabetes and HTN.</p> <p>An annual assessment, dated 01/16/2024, documented the resident's cognition was moderately impaired, did not have any ROM functional impairments, and was independent of most all ADL's.</p> <p>On 01/16/25 at 10:20 a.m., there were four uncovered electrical outlets observed on the [NAME] end of the facility, two in the living room area, one in the hall by the [NAME] nurses station, and one behind the nurses station.</p> <p>On 01/16/25 at 10:37 a.m., there were four uncovered electrical outlets observed on the East end of the facility, three in the living room area, and two behind the nurses station.</p> <p>On 01/16/25 at 11:43 a.m., Res #3 was asked how long the electrical outlet covers had been missing from the outlets. They stated about a month. They were asked if the administrator was aware the electrical outlets were uncovered. They stated, Yes. They were asked if they were aware of any injuries occurring. They stated yes about two weeks ago a staff member was electrocuted and was sent to the emergency room . They were asked if any residents had been injured. They stated they not, but they worry about the residents with dementia</p> <p>On 01/16/25 at 12:20 p.m., LPN #1 was asked how long the electrical outlets had been uncovered. They stated about two weeks. They were asked if the administrator was aware the electrical outlets were uncovered. They stated, Yes. They were asked if they were aware of any injuries occurring. They stated, Yes. The LPN stated about two weeks ago a staff member was electrocuted and was sent to the emergency room . They were asked if any residents had been injured. They stated, No.</p> <p>On 01/16/25 at 12:48 p.m., the DON was asked if they were aware the electrical outlets were uncovered. They stated, No. They were asked how long the electrical outlets had been uncovered. They stated about two weeks. They were asked if they were aware of any injuries occurring. They stated, Yes. The DON stated about two weeks ago a staff member was electrocuted and was sent to the emergency room . They were asked if any residents had been injured. They stated, No. They were asked if the uncovered outlets were a safety hazard to the residents. They stated, Yes.</p> <p>On 01/16/25 at 12:52 p.m., the administrator was asked if they were aware the electrical outlets were uncovered. They stated, No. They were asked if they were aware of any injuries occurring. They stated, Yes. The administrator stated about two weeks ago a staff member was electrocuted and was sent to the emergency room . They were asked if any residents had been injured. They stated, No. They were asked if the uncovered outlets were a safety hazard to the residents. They stated, Yes.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/16/25 at 2:09 p.m. the maintenance person was asked how often they made general and safety rounds throughout the facility They stated they were all over the facility daily. They were asked when the electrical outlet covers were removed. They stated about two weeks ago. They stated the construction company workers removed the covers and they thought the workers had replaced them. They were asked if the uncovered outlets were a safety hazard to the residents. They stated, Yes.</p>		