

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Hensley Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE Highway 152, Box 465 Sayre, OK 73662	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>41873</p> <p>Based on record review and interview, the facility failed to report a physical abuse incident to the Oklahoma State Department of Health in the required timeframe for one (#1) of three residents reviewed for abuse.</p> <p>The Administrator reported 40 residents resided in the facility.</p> <p>Findings:</p> <p>The facility's Abuse policy and procedure, dated 07/23/21, read in part,</p> <p>Immediate reporting: All allegations of residents maltreatment, including neglect, physical abuse, mental abuse, sexual abuse, involuntary isolation, verbal abuse, injuries of unknown origin, and/or misappropriation of property, must be reported immediately to Administrator by a facility employee or immediate supervisor, who will report incidents to the allegation to the Oklahoma State Department of Health as required by State law or regulation .</p> <p>Time reporting or completing incident and accident reports: An Incident and Accident report form will be completed by the Administrator or Administrator Designee within 24 hours of the incident's discovery .If the incident is required to be reported to the State Department of Health Care, the ODH-283 shall be faxed within 24 hours .</p> <p>Time for completing investigation: The Administrator or Administrative Designee will complete the investigation report within five working days .The ODH 283 form, shall be faxed within five working days of the submission of the Incident and Accident Report .</p> <p>Resident #1 had diagnoses which included aphasia, hemiplegia, anxiety, and chronic pain.</p> <p>A nurse's note, dated 06/29/24, documented At approximately 6:30 p.m., after the evening meal, resident #1 was noted by CMA [name removed] acting weird and had a strange look to face and eyes .The dietary aide on duty at the time voiced to CMA that they had given the resident a 100 mg marijuana chewy .Incident reported to on coming nurse and nurse to observe resident .Reported to doctor [name removed] .</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nurse's note, dated 06/30/24 at [no time documented], documented Administrator, DON, dietary supervisor, and weekend RN [name removed] aware of resident #1's incident.</p> <p>A Employee Disciplinary Action form, dated 06/30/24, read in part:</p> <p>Employee Name: [name removed].</p> <p>Department: Dietary.</p> <p>Date of Occurrence: 06/29/24.</p> <p>Date of Counseling: 06/30/24.</p> <p>Type of Action: Termination.</p> <p>Description of Occurrence: Administering a 100 mg edible to resident #1. Then told the CMA what you had done .CMA [name removed] stated he had already administered the resident's evening meds .</p> <p>An ODH-283 incident report form, dated 06/30/24, documented:</p> <p>Initial report.</p> <p>Incident date: 06/30/24.</p> <p>Incident type: Allegation of abuse/mistreatment.</p> <p>Description of incident: Employee [name removed] stated she had given resident #1 a 100 mg edible marijuana gummy .Resident was glassy eyed, stoic looking, and looked odd .The resident was assessed and monitored throughout the night and the next day.</p> <p>Part C: 5 day and final report had not been completed.</p> <p>The fax cover sheet attached to the incident report documented, the fax transmission was completed at 07/01/24 at 3:14 p.m.</p> <p>A comprehensive assessment, dated 07/15/24, documented resident #1's had severe cognitive impairment.</p> <p>On 07/18/24 at 11:35 a.m., LPN #1 reported resident #1's incident was not reported to the Administrator or DON until the next morning, 06/30/24.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/18/24 at 12:00 p.m., the Administrator reported she was notified of resident #1's incident on 06/30/24 at 8:18 a.m. The Administrator reported the incident date on the ODH 283 incident report should have been dated 06/29/24. The administrator reported she had received guidance from the cooperate office and sent the incident report to the Oklahoma State Department of Health on 07/01/24. The Administrator reported she did not do a 5 day follow up or final report since the employee had admitted to giving resident #1 the edible marijuana gummy and the employee had been terminated. The Administrator reported the abuse allegation should have been immediately reported to her, and the initial incident report should have been faxed to the Oklahoma State Department of Health within 24 hours of when the incident occurred.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>41873</p> <p>Based on record review and interview the facility failed to complete a thorough abuse investigation for one (#1) of three residents reviewed for abuse.</p> <p>The Administrator reported 40 residents resided in the facility.</p> <p>Findings:</p> <p>The facility's Abuse policy and procedure, dated 07/23/21, read in part,</p> <p>Time for completing investigation: The Administrator or Administrative Designee will complete the investigation report within five working days .The ODH 283 form, shall be faxed to the Oklahoma State Department of Health within five working days of the submission of the Incident and Accident Report .</p> <p>The Administrator or Administrative Designee will conduct an investigation of alleged or actual incidents of abuse, neglect, or misappropriation of property. The investigation should determine whether an incident has occurred, to what extent the resident was mistreated to whom, and the measures needed to protect occupants from further incidents. If the person is able to communicate, the Administrator or Administrative designee shall document, in sufficient detail, the resident's account of the incident, including a description of the perpetrator .</p> <p>Interviews: Identification and investigation of abuse, neglect, or misappropriation of property should include interviews with those persons the investigator determines are related to allegation or incident</p> <p>Resident #1 had diagnoses which included aphasia, hemiplegia, anxiety, and chronic pain.</p> <p>A nurse's note, dated 06/29/24, documented At approximately 6:30 p.m., after the evening meal, resident #1 was noted by CMA [name removed] acting weird and had a strange look to face and eyes .The dietary aide on duty at the time voiced to CMA that they had given the resident a 100 mg marijuana chewy .Incident reported to on coming nurse and nurse to observe resident .Reported to doctor [name removed] .</p> <p>There was no documentation the facility completed a through investigation.</p> <p>A ODH-283 incident report form, dated 06/30/24, documented,</p> <p>Initial report.</p> <p>Incident date: 06/30/24.</p> <p>Incident type: Allegation of abuse/mistreatment.</p> <p>(continued on next page)</p>		

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