| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 375540 | A. Building<br>B. Wing | 02/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montevista Rehabilitation and Skilled Care | 7604 Quanah Parker Trailway<br>Lawton, OK 73505 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41873<br><br>Based on observation, record review, and interview the facility failed to ensure care plans were updated with smoking interventions for 2 (#2 and #3) of 3 residents sampled for smoking safety.<br><br>The administrator reported 14 smokers resided in the facility.<br><br>Findings:<br><br>A policy titled Resident Smoking Policy, dated 01/01/24, read in part, The resident's care plan will include the amount of assistance the resident is to receive during smoking. The care plan will be updated quarter and as necessary to document changes in the resident's need for assistance.<br><br>1. Resident #2 had diagnoses which included seizure disorder and bilateral below knee amputation.<br><br>A Smoking Risk assessment, dated 06/09/24, showed Resident #2 agreed to keep smoking paraphernalia at the nurse's station.<br><br>A care plan, dated 09/23/24, read in part, Resident has been informed that this is a non smoking facility and continues too smoke at times. The care plan failed to show the facility's change to allow smoking in the courtyard and interventions to prevent the resident from smoking unsupervised.<br><br>Resident #2's quarterly assessment, dated 01/16/25, showed the resident had moderate cognitive impairment and tobacco use.<br><br>On 02/05/25 at 4:53 p.m., Resident #2 was observed being wheeled outside to the courtyard by an unknown staff member. The resident was observed outside in the courtyard without supervision. The resident was observed to light and smoke a cigarette.<br><br>On 02/06/25 at 11:33 a.m., Resident #2 reported being allowed to go outside to the courtyard at anytime requested. The resident reported staff stored all smoking supplies and residents were to be supervised when smoking.<br><br>On 02/06/25 at 12:26 p.m., the administrator reported Resident #2 had a history of being noncompliant with supervised smoking.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 02/06/25 at 1:17 p.m., the corporate registered nurse reported all residents were supervised smokers and it was the facility policy.<br><br>On 02/06/25 at 1:35 p.m., the DON reported smoking activity should be included on resident care plans and revised with updated smoking interventions.<br><br>2. Resident #3 was admitted on [DATE] with diagnoses which included metabolic encephalopathy.<br><br>A quarterly assessment, dated 10/07/24, showed the resident's cognition was intact. The assessment showed Resident #3 required assistance with activities of daily living.<br><br>A care plan, dated 11/06/24, showed no smoking activity or interventions.<br><br>On 02/06/25 at 9:35 a.m., Resident #3 was observed outside smoking with staff supervision.<br><br>On 02/06/25 at 9:42 a.m., Resident #3 reported smokers were allowed to go out to smoke with staff. The resident reported not being able to open the door to the smoking area alone.<br><br>A Smoking Risk assessment for Resident #3, dated 02/06/25, read in part, Staff supervised smoking will be designated at specific times.<br><br>On 02/06/25 at 1:35 p.m., the DON reported smoking activity should be included on resident care plans and revised with updated smoking interventions. The DON reported Resident #3's smoking assessment had been missed on admission. |

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|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>30875<br><br>Based on observation, record review, and interview, the facility failed to provide staff supervision while smoking for 1 (#1) of 3 residents sampled for smoking supervision.<br><br>The administrator reported 14 smokers resided in the facility.<br><br>Findings:<br><br>A Resident Smoking Policy, dated 01/2024, read in part, Residents who wish to smoke will be evaluated for the level of assistance required while smoking. All residents will be supervised while smoking for their personal safety.<br><br>Resident #1's care plan, dated 09/05/24, showed the resident smoked and was at risk for injury. The care plan showed the resident would not have any injury while smoking and would smoke in designated areas at all times. The care plan showed cigarettes and lighter would be kept at the nurse's station/designated area.<br><br>The annual assessment for Resident #1, dated 11/10/24, showed the resident's cognition was intact and required partial/moderate assistance with activities of daily living.<br><br>On 02/06/25 at 11:10 a.m., the administrator reported they implemented smoking in the facility in June 2024 and stated they had designated smoking times and supervised smoking. The administrator reported they had a resident (Resident #1) who was noncompliant at times and smoked outside of the designated times and without supervision.<br><br>On 02/06/25 at 1:00 p.m., Resident #1 was observed outside smoking in the enclosed courtyard without staff supervision. Resident #1 was asked about smoking in the facility. They stated they have designated smoking times and the next one was at 2:00 p.m. The resident stated they just wanted to take a couple of puffs after lunch. They stated they would get two cigarettes in the morning and save one of them for times like this when they wanted an extra. |