

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on record review and interview, the facility failed to ensure responsible parties were notified immediately after an accident/fall for 1 (#1) of 3 sampled residents who were reviewed for notification after an accident/fall.</p> <p>The DON identified 56 residents resided in the facility.</p> <p>Findings:</p> <p>A policy titled Change in a Resident's Condition or Status, dated May 2017, read in part, Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source.</p> <p>A quarterly assessment, dated 02/03/25, showed Resident #1 had a BIMS score of 03, which indicated the resident was severely impaired in cognition for daily decision making ,and had a diagnosis of dementia.</p> <p>An incident note, dated 02/23/25 at 8:33 a.m., showed at 4:35 a.m., a CNA (CNA #1) had notified the nurse Resident #1 had fallen out of bed when the CNA (CNA #1) had repositioned the resident. The note showed the resident had a dark purple hematoma to the right hand between right index finger and right middle finger measuring 8.0 cm x 7.0 cm with a small tear on the hematoma measuring 0.9 cm x 0.3 cm. The note showed Resident #1 complained of pain to the bilateral lower extremities, the physician was notified, and x-rays were ordered. The note showed the resident's POA had been notified.</p> <p>On 05/12/25 at 4:23 p.m., family member #1 stated the facility had not notified them of the fall for Resident #1 until 7:30 a.m. on 02/23/25.</p> <p>On 05/19/25 at 7:00 a.m., RN #1 stated they had not notified Resident #1's family of the fall when it had occurred. They stated they had notified family member #1 between 7:00 a.m. and 8:00 a.m. on 02/23/25. RN #1 stated they did not believe there was a time frame to notify the residents' representatives when there had been a fall, just that the responsible party needed to be notified before the end of the nurses shift.</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:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/19/25 at 7:09 a.m., RN care coordinator #1 stated once a resident had been assessed after an accident, the physician was notified, orders were received, and the residents' responsible party was to be notified. RN care coordinator #1 stated they did not know why Resident #1's representative had not been notified immediately following the fall on 02/23/25.</p> <p>On 05/19/25 at 7:22 a.m., the DON stated resident representatives were to be notified immediately after an accident and/or fall. They stated for the fall on 02/23/25 at 4:35 a.m., for Resident #1, they did not know why the resident's representative had not been notified until 7:00 a.m. to 8:00 a.m.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure a comprehensive care plan was developed to include the amount of assistance needed for incontinent care and bed mobility for 1 (#1) of 3 sampled residents whose care plans were reviewed.</p> <p>The DON identified 56 residents resided in the facility.</p> <p>Findings:</p> <p>On 05/08/25 at 2:30 p.m., Resident #1 was observed in bed. Signage was observed on the wall by the resident's bed that showed the resident required the assistance of two staff for all personal care while in bed.</p> <p>On 05/12/25 at 2:04 p.m., CMA #1 and CNA #2 were observed to provide incontinent care to Resident #1.</p> <p>A policy titled Care Plans, Comprehensive Person-Centered, dated December 2016, read in part, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. The comprehensive, person-centered care plan will: .b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being;</p> <p>An annual assessment, dated 11/02/24, showed Resident #1 had a BIMS score of 03, which indicated the resident was severely impaired in cognition for daily decision making, was dependent on staff for rolling left to right, and was incontinent of urine.</p> <p>A Documentation Survey Report v2 form, dated January 2025, showed Resident #1 was provided two person assistance for toileting/incontinent care 52 times out of 93 opportunities and was provided two person assistance for bed mobility 77 times out of 93 opportunities.</p> <p>A Documentation Survey Report v2 form, dated February 2025, showed from 02/01/25 through 02/22/25, Resident #1 received two person physical assistance for toileting/incontinent care 38 times out of 66 opportunities and received two person assistance for bed mobility 52 times out of 66 opportunities.</p> <p>A quarterly assessment, dated 02/03/25, showed Resident #1 had a BIMS score of 03, which indicated the resident was severely impaired in cognition for daily decision making, was dependent on staff for rolling left to right, and was incontinent of urine.</p> <p>A care plan, revised 02/06/25, showed the resident required two person assistance for transfers with the mechanical lift, was at risk for falls, had a fall mat beside their bed, and the staff were to follow the fall protocol. The care plan did not show the amount of assistance Resident #1 required for bed mobility or incontinent care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An incident note, dated 02/23/25 at 8:33 a.m., showed at 4:35 a.m., RN #1 had been notified by a CNA that Resident #1 had fallen out of bed during incontinent care. The CNA stated they were standing on the side of the bed where the wall was and when they pulled the draw sheet to turn Resident #1 onto their side, the resident rolled out of bed. The note showed the resident had non skid socks on and the fall mat was present. The note showed Resident #1 had a dark purple hematoma to the back of the right hand between right index finger and right middle finger measuring 8.0 cm x 7.0 cm with a small tear on the hematoma measuring 0.9 cm x 0.3 cm. The note showed first aide was applied to the skin tear, the resident complained of pain to the bilateral lower extremities, neuro checks were initiated, the physician and family member were notified and x-rays were ordered. The note documented Resident #1 was transferred back to bed by the mechanical lift and three staff members.</p> <p>A nurse note, dated 02/23/25 at 10:25 a.m., showed Resident #1 had an increase in pain in the left lower extremity, the physician was notified, and the resident was sent to the hospital at 9:15 a.m.</p> <p>An ODH form 283 incident report, showed an incident dated 02/23/25 for Resident #1. The form showed on 02/23/25 at 4:35 a.m., the resident had fallen out of bed when they were being provided incontinent care. The form showed the CNA (CNA #1) stated as they pulled on the draw sheet to turn the resident onto their side, they rolled out of bed. The form showed the resident had on non skid socks and fall mat was present. The incident report showed the hospital records indicated Resident #1 had a fracture of the left distal femur, the right wrist had bruising and tenderness with scapholunate dissociation, which was degenerative in nature due to arthritis. The incident report form showed staff were inserviced on how to properly transfer and reposition residents while in bed, Resident #1 would require two person assistance for incontinent care and positioning upon return to the facility. The incident report form showed Resident #1 returned to the facility on [DATE], family member #2 stated the resident had not received surgery to repair the fracture due to the risks, and the resident utilized an immobilizer to the left leg.</p> <p>A hospital history and physical, dated 02/23/25, showed the resident had senile osteoporosis, rheumatoid arthritis, generalized osteoarthritis involving multiple sites, and osteopenia.</p> <p>A care plan intervention, initiated 02/23/25, showed the resident had experienced a fall and two staff were to be present during incontinent care.</p> <p>A care plan intervention, initiated 02/24/25, showed the resident had experienced a fall with major injury and two staff were required for bed mobility and repositioning.</p> <p>An admission summary note, dated 02/26/25 at 2:30 p.m., showed Resident #1 had returned to the facility with a brace to their right forearm and hand, had bruising to the fingers and the top of their hand, and a scab between their first and second knuckle. The note showed the resident had an immobilizer to their left leg.</p> <p>On 05/12/25 at 2:04 p.m., CMA #2 stated they utilized two person assistance for any care for Resident #1 while they were in bed.</p> <p>On 05/12/25 at 4:23 p.m., family member #1 stated Resident #1 should have received two person assistance since admission due to their size. They stated the facility had now posted signage to indicate the resident required two person assistance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/19/25 at 6:35 a.m., CNA #1 stated on 02/23/25 when they went into Resident #1's room to provide incontinent care, the resident was laying in bed on their back moving their legs like they were walking. They stated the resident usually did not move their legs like that. They stated they could not reach the draw sheet on the side of the bed by the wall so they went to that side and when they began angling the draw sheet to position the resident to their right side, the resident rolled out of bed. CNA #1 stated they immediately notified RN #1. CNA #1 stated Resident #1 had always required one person assistance with incontinent care and bed mobility but now required two persons.</p> <p>On 05/19/25 at 7:00 a.m., RN #1 stated prior to the fall on 02/23/25, Resident #1 required one person assistance with incontinent care and bed mobility and currently required two person assistance with all care in bed.</p> <p>On 05/19/25 at 7:09 a.m., RN care coordinator #1 stated Resident #1 required one person assistance with turning, repositioning, and incontinent care prior to the fall on 02/23/25. They stated Resident #1 could move their legs but was unable to roll and reposition from side to side.</p> <p>On 05/19/25 at 7:22 a.m., the DON stated prior to the fall on 02/23/25, the fall interventions that were in place included low bed when they were not performing care and was on the fall protocol. The DON stated the fall protocol consisted of non skid socks, low bed, and a red bandana tied around the call light. They stated after Resident #1 fell they assessed and wrote orders on every resident for the amount of staff assistance needed for incontinent care and bed mobility.</p> <p>On 05/19/25 at 7:45 a.m., CNA #3 stated Resident #1 had not always required two person assistance for incontinent care or bed mobility. They stated Resident #1 had been two person assistance since the fall on 02/23/25.</p> <p>On 05/19/25 at 7:49 a.m., CNA #4 stated they had always utilized two staff members for incontinent care and bed mobility.</p> <p>On 05/19/25 at 8:56 a.m., the MDS coordinator stated they had coded Resident #1 was dependent on staff for all activities of daily living except eating. They stated they had coded the assessment as dependent on staff because the resident required the assistance of two staff persons. The MDS coordinator stated they had not developed a care plan for one person or two person assist with bed mobility or incontinent care for Resident #1 because the resident always required two person assistance with both activities of daily living.</p> <p>On 05/19/25 at 9:06 a.m., the MDS coordinator stated they had reviewed the clinical record and stated at times Resident #1 required one person physical assistance, and at times they required two person assistance with activities of daily living.</p> <p>On 05/19/25 at 9:52 a.m., the MDS coordinator provided the Documentation Survey Report v2 for January 2025 and February 2025. They stated they had reviewed the CNAs documentation on the report and that was why they had indicated on the quarterly assessment the resident required the assistance of two staff members for bed mobility and incontinent care. They reviewed the report and stated documentation in the toileting category was for incontinent care. The MDS coordinator stated they had not developed a care plan for the amount of assistance Resident #1 required for incontinent care or bed mobility because the resident did not have physician orders related to the amount of assistance required. The MDS coordinator stated Resident #1 could assist in activities of daily living sometimes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/19/25 at 10:17 a.m., RN care coordinator #1 stated sometimes they were able to provide incontinent care and bed mobility/repositioning for Resident #1 without the assistance of another staff person. They stated other times they needed another staff member to assist them. They were asked why staff had not been instructed Resident #1 required the assistance of two staff persons when, according to the documentation on the Documentation Survey Report v2, they required two person assistance for more than half of the opportunities in January 2025 and February 2025. They stated they did not know.</p> <p>On 05/19/25 at 10:26 a.m., CNA #2 stated they had always utilized two person assistance incontinent care and bed mobility for Resident #1. They stated there was signage posted on Resident #1's wall now and staff had been inserviced on the resident's care needs.</p> <p>On 05/19/25 at 10:29 a.m., CNA #5 stated Resident #1 had usually always required two person assistance with incontinent care and bed mobility before the fall on 02/23/25. They stated if they could reposition the resident without assistance they would, but sometimes they needed help from another staff member. They stated Resident #1 now required two person assistance for all care when in bed.</p> <p>On 05/19/25 at 10:59 a.m., CNA #6 stated they had always used two person assistance with incontinent care and bed mobility for Resident #1.</p> <p>On 05/19/25 at 11:06 a.m., the DON stated the care plan had not been developed to include the amount of assistance needed for bed mobility and incontinent care because the resident was able to assist with repositioning. The DON stated the care plans were developed if a change was noted with the residents' ability to assist with activities of daily living. They stated Resident #1 had not had a change in their ability to assist with repositioning so the care plan had not been developed to indicate the amount of assistance Resident #1 required.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure residents were free from falls during incontinent care for 1 (#1) of 3 sampled residents who were reviewed for falls.</p> <p>The DON identified 18 residents who required the assistance of two staff during incontinent care.</p> <p>Findings:</p> <p>On 05/08/25 at 2:30 p.m., Resident #1 was observed in bed. The bed was observed to be low with the left side of the bed against the wall and a fall mat was observed to be on the floor on the right side of the bed. Signage was observed on the wall by the resident's bed that showed the resident required the assistance of two staff for all personal care while in bed.</p> <p>On 05/12/25 at 2:04 p.m., CMA #1 and CNA #2 were observed to provide incontinent care to Resident #1. One staff member was observed on each side of the bed during the care.</p> <p>An annual assessment, dated 11/02/24, showed Resident #1 had a BIMS score of 03, which indicated the resident was severely impaired in cognition for daily decision making, was dependent on staff for rolling left to right, was incontinent of urine, had not experienced any falls, was 63 inches tall, and weighed 235 pounds.</p> <p>A Documentation Survey Report v2 form, dated January 2025, showed Resident #1 was provided two person assistance for toileting/incontinent care 52 times out of 93 opportunities and was provided two person assistance for bed mobility 77 times out of 93 opportunities.</p> <p>A fall risk assessment, dated 01/31/25, showed Resident #1 was high risk for falls.</p> <p>A Documentation Survey Report v2 form, dated February 2025, showed from 02/01/25 through 02/22/25, Resident #1 received two person physical assistance for toileting/incontinent care 38 times out of 66 opportunities and received two person assistance for bed mobility 52 times out of 66 opportunities.</p> <p>A quarterly assessment, dated 02/03/25, showed Resident #1 had a BIMS score of 03, which indicated the resident was severely impaired in cognition for daily decision making, was dependent on staff for rolling left to right, was incontinent of urine, had not experienced any falls, was 63 inches tall, and weighed 235 pounds.</p> <p>A care plan, revised 02/06/25, showed the resident required two person assistance for transfers with the mechanical lift, was at risk for falls, had a fall mat beside their bed, and the staff were to follow the fall protocol.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>An incident note, dated 02/23/25 at 8:33 a.m., showed at 4:35 a.m., RN #1 had been notified by a CNA that Resident #1 had fallen out of bed during incontinent care. The CNA stated they were standing on the side of the bed where the wall was and when they pulled the draw sheet to turn Resident #1 onto their side, the resident rolled out of bed. The note showed the resident had non skid socks on and the fall mat was present. The note showed Resident #1 had a dark purple hematoma to the back of the right hand between right index finger and right middle finger measuring 8.0 cm x 7.0 cm with a small tear on the hematoma measuring 0.9 cm x 0.3 cm. The note showed first aide was applied to the skin tear, the resident complained of pain to the bilateral lower extremities, neuro checks were initiated, the physician and family member were notified and x-rays were ordered. The note documented Resident #1 was transferred back to bed by the mechanical lift and three staff members.</p> <p>A nurse note, dated 02/23/25 at 10:25 a.m., showed Resident #1 had an increase in pain in the left lower extremity, the physician was notified, and the resident was sent to the hospital at 9:15 a.m.</p> <p>An ODH form 283 incident report, showed an incident dated 02/23/25 for Resident #1. The form showed on 02/23/25 at 4:35 a.m., the resident had fallen out of bed when they were being provided incontinent care. The form showed the CNA (CNA #1) stated as they pulled on the draw sheet to turn the resident onto their side, they rolled out of bed. The form showed the resident had on non skid socks and fall mat was present. The incident report showed the hospital records indicated Resident #1 had a fracture of the left distal femur, the right wrist had bruising and tenderness with scapholunate dissociation, which was degenerative in nature due to arthritis. The incident report form showed staff were inserviced on how to properly transfer and reposition residents while in bed, Resident #1 would require two person assistance for incontinent care and positioning upon return to the facility. The incident report form showed Resident #1 returned to the facility on [DATE], family member #2 stated the resident had not received surgery to repair the fracture due to the risks, and the resident utilized an immobilizer to the left leg.</p> <p>A hospital history and physical, dated 02/23/25, showed the resident had senile osteoporosis, rheumatoid arthritis, generalized osteoarthritis involving multiple sites, and osteopenia.</p> <p>A care plan intervention, initiated 02/23/25, showed the resident had experienced a fall and two staff were to be present during incontinent care.</p> <p>A care plan intervention, initiated 02/24/25, showed the resident had experienced a fall with major injury and two staff were required for bed mobility and repositioning.</p> <p>A policy titled, Fall Policy, dated 02/24/25, read in part, The purpose of the Fall Interdisciplinary Team is: 1. To identify residents at risk for falls. 2. Initiate preventative approaches. 3. To provide appropriate strategies and interventions directed to resident, environmental factors and staff. 4. Monitor and evaluate fall prevention outcome.</p> <p>A fall risk assessment, dated 02/26/25, documented Resident #1 was high risk for falls.</p> <p>A nurse note, dated 02/26/25 at 1:52 p.m., showed family member #2 stated Resident #1 had not walked in over five years and the doctor at the hospital stated their bones were brittle like corn flakes. The note showed they had implemented an intervention of two person assistance with incontinent care and positioning while in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>An admission summary note, dated 02/26/25 at 2:30 p.m., showed Resident #1 had returned to the facility with a brace to their right forearm and hand, had bruising to the fingers and the top of their hand, and a scab between their first and second knuckle. The note showed the resident had an immobilizer to their left leg.</p> <p>An At Risk Meeting Log, dated 02/28/25, documented Resident #1's fall with fracture which occurred during incontinent care. The log showed the resident was able to assist with bed mobility, had a fall mat, non skid socks, a bandana tied to the call light, and the bed was to be in the low position. The log documented upon return to the facility the resident would require two person assistance with incontinent care and they would provide CNA retraining.</p> <p>A policy titled Policy on Assistance during Incontinent care/turning and repositioning, dated 03/03/25, read in part, Nurses/Care coordinators determines if a resident is one or two person assist during incontinent care or turning and repositioning.</p> <p>Forms titled Procedure 8: Assist resident to move to head of bed, Procedure 3: Supine position, Procedure 4: Lateral position, Procedure 5: Fowler's position, Procedure 6: Semi-fowler's position, and Procedure 7: Sit on edge of bed, were signed by CNA #1 and an instructor on 03/11/25.</p> <p>A form titled QAPI for February, dated 03/25/25, read in part, Recent Fall [with] major injury [Resident #1] . Was staff properly trained: Yes [they] had two week orientation/training on that hall. Intervention ion [sic] place: Yes, fall mat, low bed, non skid socks, red bandana. What could we do to improved [sic]: 1. Plan tore [sic] assess all resident [sic] to determine if 1 or two [with] transfer. See attached Policy on Incontinent care assistance. 1. Re-educate staff involved.</p> <p>A sign in form, dated 03/31/25, showed the North hall was inserviced on the difference between transfers/bed mobility and the amount of assistance. The inservice was signed by 16 direct care staff members.</p> <p>A sign in form, dated 03/31/25, showed the [NAME] hall was inserviced on the status of each resident for bed mobility/incontinent care. The inservice was signed by 18 direct care staff members.</p> <p>A sign in form, dated 03/31/25, showed the South hall was inserviced on the amount of assistance each resident required for bed mobility, positioning, and incontinent care. The inservice was signed by 22 direct care staff members.</p> <p>A Staff Education Inservice form, dated 04/02/25, showed the DON had provided education to 27 direct care staff members. The form read in part, Topic of Discussion: [Residents] needing assistance [with] incontinent care, turning and repositioning now added on Kardex and task as of 4-1-25 and bed mobility to identify/indicate 1 or 2 person assist.</p> <p>On 05/12/25 at 2:04 p.m., CMA #2 stated they utilized two person assistance for any care for Resident #1 while they were in bed.</p> <p>On 05/12/25 at 4:23 p.m., family member #1 stated Resident #1 should have received two person assistance since admission due to their size. They stated the facility has now posted signage to indicate the resident required two person assistance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/19/25 at 6:35 a.m., CNA #1 stated on 02/23/25 when they went into Resident #1's room to provide incontinent care, the resident was laying in bed on their back moving their legs like they were walking. They stated the resident usually did not move their legs like that. They stated they could not reach the draw sheet on the side of the bed by the wall so they went to that side and when they began angling the draw sheet to position the resident to their right side the resident rolled out of bed. CNA #1 stated they immediately notified RN #1. CNA #1 stated Resident #1 had always required one person assistance with incontinent care and bed mobility but now required two persons.</p> <p>On 05/19/25 at 7:00 a.m., RN #1 stated prior to the fall on 02/23/25, Resident #1 required one person assistance with incontinent care and bed mobility and currently required two person assistance with all care in bed.</p> <p>On 05/19/25 at 7:09 a.m., RN care coordinator #1 stated Resident #1 required one person assistance with turning, repositioning, and incontinent care prior to the fall on 02/23/25. They stated Resident #1 could move their legs but was unable to roll and reposition from side to side.</p> <p>On 05/19/25 at 7:22 a.m., the DON stated prior to the fall on 02/23/25 the fall interventions that were in place included low bed when they were not performing care and was on the fall protocol. The DON stated the fall protocol consisted of non skid socks, low bed, and a red bandana tied around the call light. They stated after Resident #1 fell, they assessed and wrote orders on every resident for the amount of staff assistance needed for incontinent care and bed mobility.</p> <p>On 05/19/25 at 7:45 a.m., CNA #3 stated Resident #1 had not always required two person assistance for incontinent care or bed mobility. They stated Resident #1 had been two person assistance since the fall on 02/23/25.</p> <p>On 05/19/25 at 7:49 a.m., CNA #4 stated they had always utilized two staff members for incontinent care and bed mobility.</p> <p>On 05/19/25 at 8:56 a.m., the MDS coordinator stated they had coded Resident #1 was dependent on staff for all activities of daily living except eating. They stated they had coded the assessment as dependent on staff because the resident required the assistance of two staff persons.</p> <p>On 05/19/25 at 9:52 a.m., the MDS coordinator provided the Documentation Survey Report v2 for January 2025 and February 2025. They stated they had reviewed the CNAs documentation on the report and that was why they had indicated on the assessment the resident required the assistance of two staff members for bed mobility and incontinent care. They reviewed the report and stated documentation in the toileting category was for incontinent care.</p> <p>On 05/19/25 at 10:17 a.m., RN care coordinator #1 stated sometimes they were able to provide incontinent care and bed mobility/repositioning for Resident #1 without the assistance of another staff person. They stated other times they needed another staff member to assist them. They were asked why staff had not been instructed Resident #1 required the assistance of two staff persons when, according to the documentation on the Documentation Survey Report v2, they required two person assistance for more than half of the opportunities in January 2025 and February 2025. They stated they did not know.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375547	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/19/2025
NAME OF PROVIDER OR SUPPLIER  Zarrow Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  2025 East 71st Street Tulsa, OK 74136	
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/19/25 at 10:26 a.m., CNA #2 stated they had always utilized two person assistance incontinent care and bed mobility for Resident #1. They stated there was signage posted on Resident #1's wall now and staff had been inserviced on the resident's care needs.</p> <p>On 05/19/25 at 10:29 a.m., CNA #5 stated Resident #1 had usually always required two person assistance with incontinent care and bed mobility before the fall on 02/23/25. They stated if they could reposition the resident without assistance they would but sometimes they needed help from another staff member. They stated Resident #1 now required two person assistance for all care when in bed.</p> <p>On 05/19/25 at 10:59 a.m., CNA #6 stated they had always used two person assistance with incontinent care and bed mobility for Resident #1. They stated they had received an inservice that Resident #1 required two person assist with activities of daily living so all staff should not be using two people when providing incontinent care and for bed mobility.</p> <p>On 05/19/25 at 11:18 a.m., the DON stated Resident #1 required one person assistance with incontinent care and bed mobility before the fall on 02/23/25. The DON reviewed the CNA documentation on the Documentation Survey Report v2 forms, dated January and February 2025, and acknowledged that some CNAs provided incontinent care and bed mobility independently and some documented the resident required two staff members. The DON was asked how the facility ensured residents who required two person assistance for bed mobility and incontinent care received two person assistance to prevent falls with major injury. They stated Resident #1 only required one person assistance and had been on the restorative program. The DON was asked why staff had documented the resident required two person assistance and the quarterly assessment had shown the resident required two person assistance. The DON stated the staff may have been more comfortable using two person assistance for care for Resident #1.</p>		