

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Saint Simeons Episcopal Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3701 Martin Luther King Jr Blvd Tulsa, OK 74106	

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 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>46703</p> <p>Based on record review and interview, the facility failed to prevent abuse for one (#2) of three sampled residents who were sampled for abuse.</p> <p>Administrator #1 identified 71 residents resided in the facility.</p> <p>Findings:</p> <p>Resident #2 had diagnoses which included dementia and anxiety.</p> <p>An Incident Report Form, dated 10/12/23, documented the ADON overheard Resident #2 ask CNA #1 if the police were there yet because they were still scared. It was documented the ADON interviewed the resident and they stated they did not want to go back to their room because they were afraid of being hit again. It was documented Resident #2 stated CNA #2 took the buzzer so they could not call for help, turned of the lights and the TV, and would not help them all night. It was documented the resident stated they began to scream for the nurse when CNA #2 came back into the room and hit them.</p> <p>The facility's in-services records documented they had in-services with all staff on abuse dated 06/17/24.</p> <p>A review of the quality assurance records indicated abuse was being monitored with each quality assurance meeting and on going between meetings.</p> <p>On 10/8/24 and 10/9/24 all staff were interviewed regarding all types of abuse and were able to stated the different types of abuse.</p> <p>On 10/09/24 at 3:00 p.m., Administrator #1 stated the abuse of Resident #2 was investigated. They stated CNA #2 was suspended during the investigation and then terminated. They stated Resident #2 was moved to another room per resident request. They stated all staff were in-serviced regarding abuse.</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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