

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER The Highlands at Owasso		STREET ADDRESS, CITY, STATE, ZIP CODE 10098 N 123 E Ave Owasso, OK 74055	

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>41809</p> <p>Based on record review and interview, the facility failed to ensure injuries of unknown origin were reported timely for one (#1) of three residents sampled for incidents.</p> <p>The ADON identified 80 residents who resided at the facility.</p> <p>Findings:</p> <p>An undated Abuse Investigation and Reporting policy, read in parts, .All reports of resident abuse, .and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies .All alleged violations .including injuries of an unknown source .will be reported by the facility Administrator, or his/her designee .immediately, but not later than: .twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury .</p> <p>Resident #1 admitted with diagnoses which included Chronic Lymphocytic Leukemia of B-cell type (a form of blood cancer).</p> <p>A progress note, dated 08/03/24, documented a large bruise to the right arm of Resident #1 was noted and the resident reported they did not know what caused the bruise. The note documented Resident #1 did not complain of pain or discomfort.</p> <p>A progress note, dated 08/04/24, at 4:00 p.m., documented Resident #1 reported that the bruising to their right upper arm was painful. The note documented the wound nurse was consulted, and Resident #1 stated they did not know what caused the bruise, but stated they did not fall. The note documented an x-ray order was obtained to rule out fractures or abnormalities. The note documented the results of the x-ray did not identify an acute fracture or dislocation. The note documented the wound nurse obtained an order for tramadol 50 mg every six hours as needed for pain.</p> <p>A late entry progress note, dated 08/05/24, at 7:40 a.m., documented a discussion with Resident #1 about the possibilities of how Resident #1 thought they had received the bruise. Resident #1 stated they may have bumped it on the door or the bed. The note documented the nurse had observed Resident #1 bump into the door in the past.</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 progress note, dated 08/05/24, at 6:50 p.m., documented the nurse had spoke with the family member of Resident #1 at the nursing station and the family member mentioned the bruise on the arm of Resident #1. The note documented they had informed the family member the facility was not sure of what caused the bruise, but they had completed an x-ray that resulted negative for abnormalities and an order for blood work on the next lab draw day in the morning.</p> <p>An ODH Form 283, dated 08/05/24, documented an allegation of abuse for Resident #1, who had a bruise shaped in the form of a hand to their upper extremity and an investigation had begun.</p> <p>A progress note, dated 08/06/24, at 4:47 a.m., documented the nurse was notified at the start of their shift to request an officer to the facility to obtain a statement from Resident #1 regarding the bruise to their right upper arm. The note documented an officer did come to the facility and spoke to Resident #1.</p> <p>A late entry progress note, dated 08/06/24, at 4:58 p.m., documented the nurse had spoke with Resident #1 after they were notified of a bruise on their arm. The note documented the nurse had asked what happened and Resident #1 stated, I do not know what happened, the only thing I can think of is that I bumped it while going to the bathroom or something. The note documented the nurse asked Resident #1 if anyone had hit them and they stated absolutely not. The note documented the nurse asked the roommate if they had witnessed anything regarding Resident #1 and the roommate stated no.</p> <p>On 08/08/24, at 1:20 p.m., Resident #1 stated they had woke up with the bruise on Monday and had no idea how it happened. Resident #1 stated they must have bumped it going to the bathroom, and stated no one had ever hurt them. Resident #1 stated they felt safe.</p> <p>On 08/09/24 at 11:09 a.m., the regional administrator stated the facility probably failed to notify of the incident as an injury of unknown origin. They stated when they were made aware it was brought to them as an abuse allegation and so that was what was reported.</p>		