

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER Broken Arrow Nursing Home, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 424 North Date Avenue Broken Arrow, OK 74012	

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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p>41220</p> <p>Based on observation, record review, and interview , the facility failed to ensure a resident had the right to be free from involuntary seclusion for one (#33) of one sampled resident reviewed for involuntary seclusion.</p> <p>The administrator identified 66 residents in the facility.</p> <p>Findings:</p> <p>A polity titled Abuse, Neglect, Exploitation, dated 10/01/17, documented the facility staff would not use involuntary seclusion.</p> <p>Resident #33 had diagnoses which included congestive heart failure. The resident resided in a room with their spouse.</p> <p>A progress note, dated 10/24/24 at 7:07 a.m., documented the resident was sent to a local hospital.</p> <p>A progress note, dated 10/28/24 at 5:23 p.m., documented the resident returned from the hospital, inquired about their spouse, and was told the spouse was aware of the resident's return to the facility.</p> <p>A progress note, dated 10/29/24 at 7:05 p.m., documented the resident remained on quarantine protocol per readmission.</p> <p>On 10/30/24 at 9:02 a.m. Resident #33 was observed in a room alone.</p> <p>On 10/31/24 at 09:36 a.m., the administrator stated all new residents and all residents returning from the hospital were placed in a five day isolation period.</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 0603</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/01/24 at 11:04 a.m., Resident #33 stated on return from the hospital they were not returned to their regular room, but were put into a different room by themselves for five days. They stated they did not understand why they were put into this room. They stated they were told by staff they would be there for five days and then they could return to their old room with their spouse. Resident #33 stated they would rather have been put back in the room with their spouse. They stated it made them sad not to be in the same room with them. They stated they were much happier to be back in the same room with their spouse.</p> <p>On 11/01/24 at 11:16 a.m., LPN#1 stated quarantined residents were isolated in a room for five days. They stated the residents were not allowed to leave their room. They stated the residents ate in their room and therapy came to their room if needed. LPN#1 stated after five days the residents were removed from quarantine and allowed to move about the facility with the other residents.</p> <p>On 11/01/24 at 11:23 a.m., the DON stated quarantined residents could have visitors, but the visitors had to stay in the residents room. They stated they could not take the resident outside of their room.</p> <p>On 11/01/24 at 12:21 p.m., Physician #1 stated unless there was evidence of symptoms or actual illness, isolation or quarantine of residents was not necessary.</p> <p>On 11/01/24 at 2:55 p.m., the administrator stated they were not basing their quarantine policy on any standard of care. They stated it was their facility policy. They stated they did not know if they had a physician order for the quarantine. The administrator stated it was not involuntary seclusion because the residents were aware of their quarantine policy. The administrator was unable to provide documentation of resident consent for the quarantine/ isolation.</p>		