

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Maplewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6202 East 61st 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 - Minimal harm or potential for 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>41220</p> <p>Based on record review and interview, the facility failed to use a gait belt for one (#3) of three residents who were sampled for assist with transfers.</p> <p>The administrator identified 106 resident resided in the facility.</p> <p>Findings:</p> <p>Resident #3 had diagnoses which included dementia and amputation of left lower leg.</p> <p>An Incident Report Form, dated 09/24/24, documented staff was assisting the resident with a transfer without using a gait belt. The resident suffered a right knee abrasion.</p> <p>On 10/16/24 at 2:46 p.m., the administrator stated the staff member had been suspended, then terminated, due to not following the facilities standards regarding the use of gait belts during transfers. They stated the incident had been added to the QA on 10/01/24, re-education had been provided to the direct care staff on 10/01/24, and weekly monitoring of the use of gait belts during transfers was begun on 10/01/24, and is still ongoing with a completion date of monitoring of 11/15/24. Documentation of QA, education, and monitoring was provided by the administrator.</p> <p>On 10/17/24 at 11:18 a.m., the DON stated all current direct care staff were educated on 10/01/24. New staff continue to be educated on hire that all assisted transfers are to use a gait belt, and the employee is provided with a gait belt at that time. They stated each resident has a number code on their door that designates the level of assistance required by each resident.</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
---	-------	-----------