

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 12/27/2024
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 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>42171</p> <p>Based on record review and interview, the facility failed to report an allegation of abuse to the OSDH within two hours for one (#4) of four sampled residents reviewed for abuse.</p> <p>The administrator reported the census was 104.</p> <p>Findings:</p> <p>A facility policy titled Abuse, Neglect, and Exploitation, revised 10/2023, read in parts, Reporting of alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g. , law enforcement when applicable) within specified timeframes .Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury.</p> <p>Resident #4 had diagnoses which included quadriplegia and generalized anxiety disorder.</p> <p>An Incident Report Form, dated 08/10/24, documented around midnight on 08/10/24, Resident #4 and their significant other were having a physical altercation in the resident's room and the police were called. The inbound notification documented the report was received by the OSDH on 08/10/24 at 4:13 p.m.</p> <p>On 12/27/24 at 2:00 p.m., the administrator stated allegations of abuse should be reported to the OSDH within two hours.</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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