STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375568	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tulsa Center for Rehabilitation and Healthcare	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on record review and interview, the facility failed to ensure residents were free from abuse for 1 (#5) of 3 sampled residents reviewed for abuse. The administrator identified 125 residents resided in the facility. Findings:An undated facility policy titled Abuse and Neglect Policy and Procedure, read in part, Identify, assess, care-plan, and monitor residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, residents with self-injurious behaviors, residents with communication disorders and those that require heavy nursing care or are totally dependent on staff. Monitor the resident for early warning signs or any changes that would trigger abuse behavior and reassess strategies on a regular basis. An undated admission record showed Resident #5 had diagnoses which included violent behavior, dementia, depression, mood disorder, anxiety, and conduct disorder. An Incident Report Form, dated 10/27/25, showed Resident #5 threw soda on CNA #2 who threw a drink back in Resident #5's face. The form showed as CNA #2 was walking down the hall they were heard saying Ya'll better get ahold of that [explicit language]. I don't even play like that. CNA #2 was immediately suspended pending investigation and terminated on 10/30/25.A care plan for Resident #5, dated 01/11/26, showed the resident had the potential to demonstrate behaviors such as yelling out, swinging at staff and residents, cussing, and making racial slurs toward staff. A quarterly assessment for Resident #5, dated 01/11/26, showed the resident had a brief interview for mental status score of 7, which indicated they were moderately impaired for daily decision making. An in-service form titled Abuse In-service sign in sheet, dated 02/07/26 was provided by the administrator.On 02/24/26 at 11:30 a.m., the administrator provided a form titled QAPI [quality assurance and performance improvement] AGENDA, dated 11/20/25, which showed topics: a. falls with and without injury,b. infection,c. wounds -pressure ulcers,d. outstanding reportables,e. abuse and neglect,f. laboratory,g. performance improvement plans,h. quality measures, and i. staffing and retention. On 02/26/26 at 2:00 p.m., the administrator stated Resident #5 was known to be combative, yelled, and called staff racial slurs and vulgar names. The administrator stated they explained to CNA #2, they could not react to the resident's behavior by throwing things at them and they terminated CNA #2. The administrator stated they presented an in-service regarding abuse for all staff on 02/09/26.On 02/26/26 at 3:00 p.m., receptionist #1 stated they saw Resident #5 sitting near CNA #2 in the common room. Receptionist #1 stated CNA #2 was charting on an iPad when Resident #5 suddenly threw a can of soda at CNA #2. Receptionist #1 stated CNA #2 immediately jumped up and threw the soda can back into Resident #5's face. Receptionist #1 stated CNA #2 walked off down the hall stating, Yall better get that [explicit language], I don't even play like that. Receptionist #1 stated they immediately reported the incident to the administrator.On 03/02/26 at 1:11 p.m., Resident #5 stated they have not had a staff member throw a drink at them or abuse them. On 03/03/26 at 9:47 a.m., during a phone interview, CNA #2 stated they were at a table feeding residents when Resident #5 began calling them racial names. CNA #2 stated they turned their back to Resident #5. CNA #2 stated when they turned back around Resident #5 threw their drink at them. CNA #2 stated they had a bowl in their hand and the drink hit the bowl knocking it to the table spilling all the other cups on the table. CNA #2 stated some of the drinks splashed on Resident #5 causing the resident to start yelling CNA #2 had thrown a drink at them.

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