

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375573	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Cross Timbers Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Buena Vista Avenue Midwest City, OK 73110	

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>46216</p> <p>Based on record review and interview, the facility failed to ensure an allegation of abuse was reported to the required agencies for one (#2) of three sampled resident whose financial records were reviewed.</p> <p>The Administrator identified 67 residents resided in the facility</p> <p>Findings:</p> <p>An Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating policy, revised 09/22, read in part, .All reports of resident abuse .neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported .The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <ul style="list-style-type: none"> a. The state licensing/certification agency responsible for surveying/licensing the facility; a. The local/state ombudsman; b. The resident's representative; c. Adult protective services (where state law provides jurisdiction in long-term care); d. Law enforcement officials; e. The resident's attending physician; and f. The facility medical director . <p>Resident #2 had diagnosis which include Parkinson's and schizoaffective disorder, bipolar type.</p> <p>An annual assessment, dated 06/12/24, documented Resident #2's cognition was severely impaired.</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>On 08/28/24 at 4:05 p.m., OSDH received a state reportable which documented CNA #1 was providing care to Resident #2. They photographed Resident #2 and it was later posted on social media by their significant other. The report documented the following agencies were notified of the alleged abuse: Physician, Local Law enforcement and the Nurse Aide Registry.</p> <p>There was no documentation of Adult Protective Services being notified.</p> <p>On 09/05/24 at 11:43 a.m., the Administrator stated these are the complete investigations, I have no other documentation.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>46216</p> <p>Based on record review and interview, the facility failed to maintain documentation that an alleged violation was thoroughly investigated.</p> <p>The Administrator identified 67 residents resided in the facility</p> <p>Findings:</p> <p>An Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating policy, revised 09/22, read in part, .All reports of resident abuse .neglect, exploitation, or theft/misappropriation of resident property are . thoroughly investigated by facility management. Findings of all investigations are documented and reported . documents the investigation completely and thoroughly .Witness statements are obtained in writing .</p> <p>Resident #2 had diagnosis which include Parkinson's and schizoffective disorder, bipolar type.</p> <p>An annual assessment, dated 06/12/24, documented Resident #2's cognition was severely impaired.</p> <p>On 08/28/24 at 4:05 p.m., OSDH received a state reportable which documented CNA #1 was providing care to Resident #2. They photographed Resident #2 and it was later posted on social media by their significant other.</p> <p>There was no documentation of any staff being interviewed by the facility.</p> <p>On 09/06/24 at 8:57 a.m., the Administrator stated they did not have any documentation of staff being interviewed. They stated they did not keep the interviews, the took notes and they would keep them until the investigation was completed and then the notes were discarded.</p>		