

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375582	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2025
NAME OF PROVIDER OR SUPPLIER Park Place Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 NE Grand Blvd Oklahoma City, OK 73117	

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 - Immediate jeopardy to resident health or safety</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>(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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 08/13/25, an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure supervision was provided to a resident who smoked and used oxygen that resulted in Resident #20 igniting themselves and received second degree burns to their face. On 08/13/25 at 5:09 p.m., the Oklahoma State Department of Health was notified and verified the existence of an IJ situation. On 08/13/25 at 5:23 p.m., the administrator and the DON were notified of the IJ situation and the IJ template was provided. On 08/14/25 at 11:40 a.m., an acceptable plan of removal was approved by the Oklahoma State Department of Health. The plan of removal, read in part, Incident: Resident was smoking while wearing oxygen and accidentally ignited [themselves], resulting in burn injuries and immediate life-threatening risk. 1. Immediate Action Taken- Oxygen was removed from the resident's vicinity and turned off to eliminate fuel source. Staff responded immediately, extinguishing the fire, and activated emergency medical response, first aid was provided at the facility prior to transport. Resident transferred to the emergency department for burn evaluation/treatment. 2. Identification of All Residents at Risk- Facility wide audit within 2 hours to identify all residents who use oxygen and smoke. Each identified resident immediately educated on fire risks and safe practices. Residents using oxygen prohibited from smoking without staff present; oxygen removed at least 10 feet for 10 minutes from ignition source before lighting any smoking material. 3. Education- 07/17/2025: All staff and residents were in-serviced on the smoking policy, confiscating smoking materials, lighting equipment and vapes. Fire drills were carried out per CMS and NFPA regulations. Competency verified through verbalization of hazard recognition. 08/13/2025 at 6:50 p.m.: All staff educated on the importance of communications of hazard identification related to smoking and oxygen supervision. Staff is to immediately communicate if a resident is placing themselves in danger. 4. Systemic Changes to Prevent Recurrence- Smoking Policy revised to mandate staff removal of oxygen and confirmation of safe distance and time frame before resident smokes. Care plan updated for all residents who smoke. Maintenance to inspect and ensure No Smoking Oxygen in Use is posted and visible in all relevant areas. If a resident is observed attempting to smoke with oxygen in place- Staff will immediately notify licensed nurse on duty- staff will 1:1 resident until licensed nurse arrives.- Licensed nurse will assess respiratory status prior to oxygen removal.- Licensed nurse will remove the oxygen tubing/tank from the resident before smoking in accordance with the facility smoking policy.- Licensed nurse will notify Administrator, Director of Nursing, or designee immediately. Any staff member who observes a resident not following the smoking policy will immediately:- Immediately notify the nurse on duty.- Remain with the resident until the nurse arrives to prevent unsafe action.- Licensed nurse will: Intervene to stop unsafe behavior and secure any smoking materials Notify the Admin/DON or designee immediately Document the incident and interventions in the resident's medical record. 5. Monitoring & QASupervised smoking will continue for all residents. Any non-compliance will be clearly documented with results reported to QAPI: corrective action taken immediately if deviation noted. 6. Completion Date for Immediate Jeopardy Removal All immediate corrective actions completed by 08/14/25 at 2:00 p.m. The IJ was lifted, effective 08/14/25 at 2:00 p.m., when all components of the plan of removal had been completed. Multiple staff on different shifts were interviewed regarding the in-service they received; and audits were reviewed. In-services and fire drills were reviewed. The revised smoking policy was reviewed. Care plans were reviewed, and no smoking signs were observed in designated areas. The deficiency remained at an isolated level with the potential for more than minimal harm. Based on record review and interview, the facility failed to ensure supervision was provided to a resident who smoked and used oxygen for 1 (#20) of 4 sampled residents reviewed for accidents. The administrator identified 53 residents resided in the facility, 6 residents smoked and wore oxygen frequently/routinely, and 14 residents smoked and had as needed orders for oxygen. Findings: An undated Smoking and Oxygen Use Policy-Long-Term Care Facility, read in part, Residents have the right to smoke if medically cleared; however, safety must be prioritized when oxygen therapy is involved. The facility may limit or revoke smoking privileges for residents who are noncompliant with safety protocols. Residents must be removed from oxygen for at least 10 minutes before smoking. Smoking is only permitted in the designated outdoor smoking areas under staff supervision. Oxygen equipment must be stored away from the smoking area. Staff must verify that the resident has complied with the disconnection time before allowing smoking. An undated order summary showed Resident #20 had diagnoses which include hypoxemia, congestive heart failure, and chronic obstructive pulmonary disease. An evaluation Smoking and Safety, dated 12/14/24, showed Resident #20 had balance problems while sitting or</p>		