

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 37E109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2024
NAME OF PROVIDER OR SUPPLIER Colonial Manor II		STREET ADDRESS, CITY, STATE, ZIP CODE 120 West Versa Hollis, OK 73550	

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>46653</p> <p>Based on record review and interview, the facility failed to ensure an allegation of abuse was reported within 24 hours to OSDH of an incident of abuse for one (#1) of three sampled residents reviewed for allegations of abuse.</p> <p>The DON reported 38 residents resided in the facility.</p> <p>Findings:</p> <p>An incident report dated 06/03/24 at 2:57 p.m. CNA#1 reported alleged abuse occurred on 06/01/24. CNA #1 did not report to LPN#1 until 06/02/24.</p> <p>On 06/06/24 at 4:15 p.m., CNA#1 stated the alleged abuse occurred on 06/02/24 at 6a.m. during the 11a.m. -7p.m. shift. The alleged abuse was reported on 06/02/24 11p.m. to 7a.m. shift to LPN #1 charge nurse.</p> <p>On 06/07/24 at 1:04 p.m., the Administrator reported CNA #1 witnessed an abuse on 06/01/24 and reported to LPN #1. On 06/02/24, the incident report was faxed on 06/03/24 at 2:57 p.m. The 24 hours had exceeded.</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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>46653</p> <p>Based on record review and interview, the facility failed to ensure that training was being provided for activities that contribute abuse/neglect, procedures for reporting incidents of abuse/neglect, and abuse prevention for one (#1) of one records records reviewed for abuse.</p> <p>The DON reported 38 residents reside in the facility.</p> <p>Findings:</p> <p>A Policy and Procedure: Training for Nurses and CNAs policy, undated, read in parts .Documentation will include dates and training, completion status, competency assessment results, and certificates of participation or completion .The Quality Assurance department will conduct periodic audits of training records to verify compliance with training .</p> <p>On 06/06/24 at 3:58 p.m., there was no documentation of CNA #1 of having abuse/neglect training of which includes reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property during CNA #1's orientation.</p> <p>On 06/07/24 at 1:06 p.m., the DON reported CNA #1 had no abuse/neglect training's completed during orientation.</p>