

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 10/15/2024
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 - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>30875</p> <p>Based on record review and interview, the facility failed to ensure the results of an abuse investigation were submitted to the state within five business days for one (#1) sampled resident reviewed for abuse.</p> <p>The administrator identified 39 residents resided in the facility.</p> <p>Findings:</p> <p>An undated facility policy titled Policy: for reporting neglect and/or abuse, read in part, 1. Purpose: The purpose of this policy is to establish guidelines for reporting incidents of abuse and neglect in a long-term care facility, in compliance with state and federal regulations.</p> <p>Resident #1 had diagnosis which included mental disorder and was wheelchair bound.</p> <p>An Initial State Reportable Incident form, faxed 07/22/24 at 12:30 p.m., documented an allegation of abuse/mistreatment. It documented CNA #2 notified CNA #1 that Resident #1 had picked up their pizza box. CNA #1 grabbed Resident #1's wheelchair and spun them around and yelled in their face, and then again aggressively spun them around and pushed them from the table while being gruff and yelling at them. It documented cameras were in use at the time and the family, resident's legal representative, and police were notified. It documented the resident was no longer in danger and CNA #1 was sent home and the incident was reported to the nurse aide registry.</p> <p>An Initial and Final Reportable Incident form, faxed 08/07/24 at 11:42 a.m., documented in the final report the police chief was notified and reviewed the cameras and information was passed on to the district attorney and neither party wanted to prosecute. It documented CNA #1 was terminated and reported to the nurse aide registry.</p> <p>On 10/15/24 at 10:56 a.m., the administrator was asked about the facility policy to report abuse. They stated if there was bodily injury they reported within two hours and this incident was not. They stated the incident was reported within 24 hours. They were asked if the final report was submitted to the state within five business days. They stated the one labeled initial and final was the final report, however, they did not fax it within five days and did not keep the fax confirmation.</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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