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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375476 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Covenant Living at Inverness | | STREET ADDRESS, CITY, STATE, ZIP CODE 3800 West 71st Street South Tulsa, OK 74132 | |

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) |
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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>Based on observation, record review, and interview, the facility failed to ensure informed consent was obtained prior to the utilization of bed rails for two (#13 and #25) of two sampled residents reviewed for bed rails.</p> <p>The administrator identified 40 residents whose beds were equipped with a bed rail of any type.</p> <p>Findings:</p> <p>1. Res #13 had diagnoses which included dementia, abnormalities of gait and mobility, and muscle weakness.</p> <p>A physician order, dated 07/07/23, documented the resident could use assist handle to assist with turning or repositioning.</p> <p>An admission assessment, dated 07/13/23, documented the resident was severely impaired in cognition, required extensive assistance with bed mobility, and had one fall with injury.</p> <p>On 09/24/24 at 10:08 a.m., Res #13 was observed in their room with a family member present. Bilateral half bed rails were observed on the upper half of the bed in the up position. Res #13's family member stated the bed rails were used to aide in the turning and repositioning of Res #13.</p> <p>There was no documentation of informed consent for bed rails found in the medical record. There was no documentation of the utilization of bed rails found in the care plan.</p> <p>2. Res #25 had diagnoses which included dementia, adult failure to thrive, and muscle weakness.</p> <p>A quarterly assessment, dated 07/04/23, documented the resident was moderately impaired in cognition, required extensive assistance with bed mobility, and had no falls.</p> <p>A physician order, dated 07/18/23, documented the resident could use assist handle to assist with bed mobility.</p> <p>On 09/24/24 at 10:00 a.m., Res #25 was observed lying in bed. Bilateral half bed rails were observed on the upper half of the bed in the up position. Res #25 stated the bed rails were used for turning from side to side in the bed.</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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>There was no documentation of informed consent for bed rails found in the medical record. There was no documentation of the utilization of bed rails found in the care plan.</p> <p>On 09/25/24 at 8:46 a.m., the DON stated informed consents had not been documented for Res #13 and Res #25 prior to the implementation of bed rails. They stated the utilization of bed rails as an assistive device had not been documented in the residents' care plan. The DON stated the facility did not have a policy specific to bed rails.</p> <p>On 09/25/24 at 9:39 a.m., the administrator stated informed consent had not been obtained prior to the implementation of bed rails. They stated the facility had no specific policy regarding bed rails at this time.</p> |