STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375107	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand at Bethany Skilled Nursing and Therapy	7000 Northwest 32nd Street Bethany, OK 73008

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 48344 Based on record review and interview, the facility failed to ensure an allegation of abuse was reported within two hours to OSDH for one (#3) of three sampled residents reviewed for allegations of abuse. The administrator identified 118 residents resided in the facility. Findings: The facility's Allegation of Abuse Guideline policy, revised 09/06/16, read in part, Director of nursing/Administrator do initial state report. The policy also read, .Immediately but not later than 2 hours-if the alleged violation involves abuse. A nursing note, dated 07/23/24 at 1:09 p.m., documented Resident #3 made a statement to a [company name withheld] driver that they were raped last night. A document titled Incident Report Form reported on 07/25/24 at 11:02 a.m., documented an incident date of 07/22/24. On 07/30/24 at 2:42 p.m., the Administrator stated they were the abuse coordinator. On 07/30/24 at 2:48 p.m., the Administrator stated when made aware of an abuse allegation, they were to filed an initial report to OSDH within two hours. On 07/30/24 at 3:00 p.m., the Administrator stated they were aware of the abuse allegation by Resident #3 on 07/23/24 when the [company name withheld] driver brought the Resident back and reported it to the facility. On 07/30/24 at 3:06 p.m., the Administrator stated they could not provide documentation the initial report to OSDH was sent on 07/23/24 within two hours.

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