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	01/13/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960 Based on record review and interview, the facility failed to ensure residents were [NAME] from abuse and misappropriation for two (#1 and #2) of three sampled residents reviewed for abuse. The administrator identified 109 residents resided in the facility. Findings: The facility policy titled Resident Abuse, Neglect and Misappropriation of Property, last revised 01/01/22, read in parts, The resident has the right to be free from verbal, sexual, physical and mental abuse .the facilty will not tolerate mistreatment, neglect, or abuse of residents, including sexual or .misappropriation of property. 1. Resident #1 was admitted to the facility on [DATE] with diagnoses which included cerebral infraction, DM II; hyperlipidemia, cannabis use, anxiety, quadriplegia, and retention of urine. Resident #1's care plan, last revised 02/26/24, documented they had a decline in asssistance with daily living performance and required maximum asssistance with care. Resident #1's quarterly MDS assessment, dated 11/18/24, documented their cognition was intact with a brief interview for mental status score of 15. The assessment further documented Resident #1 had impairment to both sides of the upper and lower extremities and was dependent on staff for toileting, dressing, and personal hygiene. An incident report form to the OSDH, dated 01/02/25, read in parts, Resident [Resident #1] stated that [they] was sexually assaulted by a female staff member .also stated the same staff member stole [their] [name deleted drinks]. On 01/08/25 at 1:05 p.m., Resident #1 stated they had lived at the facility for six months and a staff member put their hands on their groin and stated, You know you want me. Resident #1 stated the aide also took their personal drinks from them and took them all of the time. Resident #1 stated when they confronted the aide about taking their drinks the aide stated, You know that I did. Resident #1 identified the aide as CNA #1. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Resident #2 was admitted to the facility on [DATE] with diagnoses which included dementia, COPD, recurrent depression, seizures, reflux, and hemiplegia affecting left side. Resident #2's quarterly MDS assessment, dated 12/16/24, documented their cognition was moderately impaired with a BIMS of 12. The assessment further documented Resident #2 had lower extremity deficits to both sides and impairment to one side of the upper extremity. It documented Resident #2 had no behaviors and did not resist care. Resident #2's care plan, last revised 12/26/24, documented they had impaired cognitive function and had a self-care performance deficit related to their disease process, limited mobility, and contractures to the left upper extremities. An incident report form to the OSDH, dated 01/02/25, documented Resident #2 alleged CNA #1 was rough during the provision of care and stole their personal drinks. On 01/08/25 at 2:40 p.m., Resident #2 stated CNA #1 was very rough and mean during care and stole their drinks from their room all of the time. On 01/09/25 at 10:30 a.m., the administrator stated they had two allegations on CNA #1 related to stealing and mistreatment and the aide was fired. The administrator stated it was abuse and was not tolerated in the facility. The administrator stated it was not right to touch a resident's groin area and say what they said and to take their personal property. A review of the in-service documentation related to the investigation documented the facility completed an all staff training on abuse, neglect, and misappropriation on 01/02/25. A review of the employee list and signatures indicated all employees had been in-serviced. There was documentation the facility interviewed other residents regarding abuse and misapplication on 01/02/25. Interviews with staff during all days of the survey indicated the had knowledge of the in-service education provided regarding the abuse and misapplication of Resident #1 and Resident #2. Staff demonstrated knowledge of identification and reporting and different types of abuse. The facility initiated a QA plan of improvement with monitoring on 01/02/25. The facility provided ongoing monitoring and interviews with residents for abuse.