

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375107	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2025
NAME OF PROVIDER OR SUPPLIER  The Grand at Bethany Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>41318</p> <p>Based on record review and interview, the facility failed to ensure appointments were scheduled for 1 (#1) of 3 sampled residents reviewed for appointments.</p> <p>ADON #1 identified 95 residents resided at the facility.</p> <p>Findings:</p> <p>A Procedural Visit note from a local eye specialty hospital, dated 10/15/24, showed to follow up in about four months (around 02/15/25).</p> <p>There was no documentation located in the resident's clinical record which showed the follow up appointment had been scheduled.</p> <p>Resident #1's annual assessment, dated 10/16/24, showed the resident's vision was highly impaired. The assessment showed the visual function care area was triggered related to the resident's diagnoses of glaucoma and macular degeneration.</p> <p>Resident #1's quarterly assessment, dated 01/07/25, showed the resident's vision was highly impaired. It showed the resident's brief score for mental illness was 15, which indicated the resident's cognition was intact.</p> <p>On 04/07/25 at 1:20 p.m., Resident #1 stated they had missed an eye appointment in February 2025. They stated they thought it was forgotten about, but they were not sure.</p> <p>On 04/08/25 at 1:54 p.m., ADON #3 stated they started making the residents' doctor's appointments around October 2024. They stated if the residents expressed the need to see a physician outside of the facility, they made the appointment for them and sat up transport. ADON #3 stated Resident #1's family member complained the resident had missed an eye appointment. ADON #3 stated when they called the eye specialty hospital, the hospital confirmed Resident #1 had missed an appointment in February 2025. ADON #3 was asked why Resident #1 had missed the appointment. They stated they were not sure but stated staff might not have communicated it.</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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