

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 04/24/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46702</p> <p>Based on observation, record review, and interview, the facility failed to ensure assessments were accurate for 2 (#1 and #3) of 2 sampled residents reviewed for accuracy of assessments.</p> <p>The DON identified 94 residents resided in the facility.</p> <p>Findings:</p> <p>1. Resident #1's care plan, dated 02/07/25, showed they were admitted on [DATE] and discharged on [DATE] with diagnosis which included unspecified dementia, hypotension, syncope and collapse, and arteriosclerotic heart disease of native coronary artery without angina pectoris.</p> <p>Resident #1's admission assessment, dated 05/07/24, showed their cognition was moderately impaired for decision making with a BIMS score of 10. The assessment showed the resident was at risk for pressure ulcers/injuries and did not have one or more unhealed pressure ulcers upon admission and did not have any unhealed deep tissue injuries upon admission.</p> <p>Resident #1's discharge assessment, dated 03/08/25, showed the resident had one unstageable pressure ulcer/injury that were present upon admission/entry or reentry and two unstageable deep tissue injuries present upon admission or reentry.</p> <p>2. On 04/23/25 at 3:13 p.m., Resident #3 was observed in bed and was edentulous (no natural teeth or tooth fragments).</p> <p>Resident #3's care plan, dated 04/09/25, showed they were admitted on [DATE] with diagnoses which included pressure ulcers and atherosclerosis.</p> <p>Resident #3's admission assessment, dated 05/22/24, showed their cognition was moderately impaired for decision making with a BIMS score of 12. The assessment showed the resident was not edentulous (no natural teeth or tooth fragments).</p> <p>Resident #3's quarterly assessment, dated 03/08/25, showed the resident did not have difficulty chewing.</p> <p>On 04/23/25 at 3:13 p.m., Resident #3 stated they had no natural teeth in their mouth, did not have dentures, and had difficulty chewing food.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/23/25 at 4:03 p.m., a family representative stated Resident #3 was admitted without natural teeth.</p> <p>On 04/24/25 at 11:07 a.m., the DON was shown Resident #3's admission assessment, dated 05/22/24. They were asked what section L documented. The DON stated section L was not accurate because the resident was admitted edentulous.</p> <p>On 04/24/25 at 11:54 a.m., the MDS coordinator was shown Resident #3's admission assessment, dated 05/22/24, section L. They were asked what was documented. They stated it showed Resident #3 was not edentulous. They stated the assessment was not accurate because the resident was edentulous upon admission. The MDS coordinator was showed resident #1's discharge assessment dated [DATE]. They stated the assessment was not accurate based upon it documented the resident had two unstageable deep tissue injuries present upon admission and one unstageable pressure/ulcer injury that was present upon admission.</p>