

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2024
NAME OF PROVIDER OR SUPPLIER Grand Lake Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 103 Har-Ber Road Grove, OK 74344	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure an alleged incident of physical and verbal abuse was reported to the facility administrator and Oklahoma State Department of Health within two hours of the allegation for one (#1) of four sampled resident reviewed for abuse.</p> <p>A facility census report, dated 07/08/24, documented 56 residents resided in the facility.</p> <p>Findings:</p> <p>An Abuse Investigating and Reporting policy, dated 2017, read in part, An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR (sic) resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation does not involve abuse AND (sic) has not resulted in serious bodily injury.</p> <p>An ODH 283 form (incident report form) documented an allegation of physical and verbal abuse occurred on 06/08/24. The form documented the allegation was reported to the DON on 06/10/24.</p> <p>A facility employee counseling form, dated 06/10/24, documented RN #1 had been disciplined for not reporting and allegation of abuse to the DON and not following the facility abuse policy regarding reporting. The form further documented RN #1's statement that they had been informed of the allegation by CNA #2 and instructed an LPN to assess the resident. The statement said RN #1 did not inform the DON of the allegation.</p> <p>On 07/08/24 at 10:10 a.m., CNA #2 stated they had witnessed CNA #1 curse at Resident #1 and grab the wrist of the resident and forcibly pull the resident's hands from their grip on the table. They stated about 45 minutes later they reported the incident to RN #1. They stated on the morning of 06/10/24 they also reported the incident to the DON.</p> <p>On 07/08/24 at 10:25 a.m., DON stated they had been told of the allegation that involved CNA #1 and Resident #1 on 06/10/24 by CNA #2. They stated that was the first time they heard about the allegation. They stated RN #1 reported they had been informed of the allegation on 06/08/24 but had not contacted the administration. They stated RN #1 had not followed policy regarding reporting and was counseled and reeducated on reporting allegation of abuse.</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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