

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 06/13/2025
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>Based on record review and interview, the facility failed to ensure APS was notified of an allegation of abuse for 1 (#3) of 3 sampled residents reviewed for abuse.</p> <p>The DON reported the facility census was 59.</p> <p>Findings:</p> <p>An admission record, dated 05/12/22, showed Res #1 had diagnoses which included Alzheimer's disease and anxiety.</p> <p>A facility document titled Abuse-Neglect-Misappropriation-Mistreatment Policy, dated 02/16/24, read in part, The facility will send a report to all reporting agencies as required by OSDH guidelines .The facility will send copies of the report to the OSDH/Adult Protective Services at the same time the report is sent to the OSDH.</p> <p>A quarterly assessment, dated 05/15/25, showed Res #3 had a brief interview for mental status score (a test for cognitive function) of 3, which was indicative of severe cognitive impairment. The assessment also showed Res #3 was dependent on staff for care.</p> <p>A nurse's note, dated 06/09/25 at 8:28 a.m., showed an allegation of abuse was reported to facility staff involving Res #3. The note also showed the OSDH, police department, power of attorney, administrator, and the physician were notified. The note did not show APS was notified.</p> <p>An incident report form, dated 06/09/25, showed an allegation of abuse was reported involving Res #3. The report also showed the physician, family, resident's legal representative, and local law enforcement were notified. The report did not show APS was notified.</p> <p>On 06/13/25 at 1:10 p.m., the DON stated APS should be contacted with any allegation of abuse. The DON also stated they could not find any documentation APS was notified of the allegation of abuse involving Res #3.</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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