

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Village Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1709 South Main Broken Arrow, OK 74012	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review and interview, the facility failed to ensure an initial comprehensive care plan was completed within seven days of admission assessment for 1 (#1) of 7 sampled residents reviewed for comprehensive care plans. The administrator identified 52 residents resided in the facility. Findings: A facility policy titled Care Planning-Interdisciplinary Team, dated 09/2013, read in part, A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (MDS). An admission assessment for Resident #1, dated 02/10/26, showed the assessment was completed on 02/12/26. Resident #1's EMR was reviewed for a comprehensive care plan. There was not a care plan in the EMR. On 04/10/26 at 2:30 p.m., an undated Baseline Care plan was provided by the facility for Resident #1. On 04/10/26 at 2:35 p.m., the MDS coordinator stated they did not develop a comprehensive care plan for Resident #1. On 04/10/26 at 2:40 p.m., the administrator stated they could only find the baseline care plan for Resident #1. They stated they were aware a comprehensive care plan had not been done.</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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