

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/27/2025
NAME OF PROVIDER OR SUPPLIER Cedarcrest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1306 East College 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 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 recognize and submit a report of abuse within 2 hours for 2 (#30 and #212) of 2 sampled residents reviewed for abuse.</p> <p>The DON identified 60 residents resided in the facility.</p> <p>Findings:</p> <p>A facility policy titled Abuse Prevention and Procedure, dated 04/07/25, read in part, all violations involving allegations of abuse, neglect, mistreatment, including injuries of unknown source, and misappropriation of resident property are to be reported immediately, but no more than two hours after the allegation was made.</p> <p>An initial incident report made to the OSDH, dated 03/13/25, showed an unwitnessed resident to resident incident that occurred on 03/12/25. The report showed Resident #30 was in Resident #212's room when staff heard a boom and found Resident #30 on the ground. Resident #30 was assessed for injuries and none were found. Resident #212 was sent out of the facility for a psychiatric evaluation.</p> <p>On 05/22/25 at 12:18 p.m. the resident care coordinator stated the facility needed to send a report of abuse within two hours of the incident.</p> <p>On 05/22/25 at 12:28 p.m. the DON stated they filed the incident report as soon as they were made aware of the incident. They stated the report was marked as reporting as certain injuries, but should have been marked as abuse because it involved a resident to resident altercation. The DON stated the incident should have been recognized as abuse and reported as abuse. The DON stated all incidences involving potential abuse should be reported to the OSDH within two hours.</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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