

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Sand Springs Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 North Adams Sand Springs, OK 74063	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>A past noncompliance immediate Jeopardy situation was determined to exist effective 12/01/25 related to the facility's failure to ensure residents were free from abuse by facility staff. Based on record review and interview, the facility failed to protect the resident's right to be free from sexual abuse by staff for 1 (#29) of 2 sampled residents reviewed for allegations of abuse. The administrator identified 59 residents resided in the facility. Findings: An annual assessment for Resident #29, dated 11/21/25, showed a BIMS of 15 which indicated Resident #29 was cognitively intact for daily decision making. The assessment showed diagnoses which included heart failure, DVT, HTN, depression, and bipolar disorder. An investigation for an allegation of sexual abuse, dated 11/27/25, showed an investigation began on 11/27/25 when the facility learned of the allegation of an oral sex interaction with a staff member and Resident #29. The investigation showed CNA #1 was suspended pending the investigation. The facility investigation showed the administrator discovered CNA #1 was unable to be located for 45 minutes during their shift and had been providing care to Resident #29 on a hall they were not assigned to. The investigation showed the facility substantiated the allegation of sexual abuse and provided in-service to all staff for sexual abuse, appropriate/inappropriate relationships with residents, conducted safe surveys with all residents and began same sex only care with two staff for Resident #29. An in-service, dated 11/28/25, showed staff were educated on appropriate/inappropriate relationships with residents. A QA/QAPI was completed on 12/02/25 with follow up QAPIs on 12/03/25, 12/10/25, 12/11/25 and 12/17/25. Interviews were conducted with staff and residents during initial pool to ensure in-services were completed. Staff were interviewed regarding different types of abuse and who to report abuse to and when. A care plan for Resident #29, dated 12/02/25, showed a focus for resident relationships related to seeking out sexual relationships with caregivers of the opposite sex. The care plan showed interventions which included, administer medications as ordered, monitor/document for side effects and effectiveness, caregivers to provide opportunity for positive interaction, education for successful coping and interaction strategies, intervene as necessary to protect the rights and safety of others and same sex caregivers for personal care/showers.</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
---	-------	-----------