STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375351	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspen Health and Rehab	1251 West Houston 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and interview, the facility failed to develop a resident's care plan for dementia for 1 (#14) of 23 sampled residents reviewed for dementia. Findings: An undated care plan policy, read in part, Facility will develop and review the care plan of each resident .the IDT team will develop and review the care plan .The care plan will specify the opportunities, goal and interventions. A medical diagnoses list for Resident #14, dated 12/20/24, showed the resident had a diagnosis of dementia. A care plan for Resident #14, dated 04/09/26, showed the resident had dementia as a diagnosis which had not been cared planned. On 05/18/26 at 3:13 p.m., RN #1 stated Resident #14 had a diagnosis of dementia which had not been care planned. On 05/18/26 at 4:38 p.m., the administrator stated it was their expectation for an RN to care plan a resident's diagnosis of dementia.

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