STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375371	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health Services	1008 Arkansas Street Arkoma, OK 74901

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, the facility failed to report an allegation of abuse to the state agency for 1 (#1) of 3 sampled residents reviewed for abuse.The DON identified 38 residents resided in the facility.Findings:An undated Abuse, Neglect and Exploitation policy, read in part, The facility will have written procedures that include: 1. Reporting of alleged violations to the administrator, state agency, adult protective services and to all other required agencies.An admission assessment, dated 01/22/26, showed Res #1 had a Brief Interview for Mental Status (a test for cognition) score of 3, which indicated severely impaired cognition.A physician progress note, dated 04/29/26 at 7:57 a.m., read in part, Follow-up evaluation conducted today regarding prior concerns of potential inappropriate physical contact involving the patient and spouse. There have been allegations of possible sexual behavior; however, no such activity has been witnessed by staff.On 05/06/26 at 11:00 a.m., the DON stated on 04/28/26, the administrator was notified by a certified nurse aide of concerns related to potential sexual contact between Res #1 and their spouse. The DON stated they immediately started an investigation but did not report the concerns to the health department.On 05/06/26 at 4:15 p.m., the administrator stated that all abuse allegations must be reported to the health department within two hours. The administrator stated this incident was not reported to the health department because they did not think it was an allegation of abuse.

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