

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Vian Nursing & Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  305 North Thornton Vian, OK 74962	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>34270</p> <p>Based on record review and interview, the facility failed to ensure form CMS-10055 included an estimated cost of skilled services the resident would need to pay in the absence of Medicare coverage for 3 (#31, 37, and #60) of 3 sampled residents reviewed for beneficiary notices.</p> <p>MDS Coordinator #1 stated nine residents had been discharged from skilled nursing services between 10/21/24 and 04/21/25.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of a CMS-10055 form, dated 12/03/24, for Res #37 showed an estimated cost for ending skilled nursing services was not provided to the resident. In the section of the form where the estimated cost of services was to be provided the word Pending was written.</li> <li>2. A review of a CMS-10055 form, dated 01/21/25, for Res #31 showed an estimated cost for ending skilled nursing services was not provided to the resident. In the section of the form where the estimated cost of services was to be provided the word Pending was written.</li> <li>3. A review of a CMS-10055 form, dated 03/12/25, for Res #60 showed an estimated cost for ending skilled nursing services was not provided to the resident. In the section of the form where the estimated cost of services was to be provided the word Pending was written.</li> </ol> <p>On 04/24/25 at 9:03 a.m., MDS Coordinator #1 was shown the CMS-10055 forms for Residents #31, 37, and #60. They stated the form appeared complete to them. They were asked how the residents and their representatives would determine the estimated costs of the services that were ending. MDS Coordinator #1 stated they wrote pending in the space on the forms for the estimated cost because they had no way to determine those costs. They stated the corporation that operated the facility contracted with an organization to do the billing for them.</p> <p>MDS Coordinator #1 stated they turned in information to the contracted service provider but never saw prices for each service billed. They were asked who may have that information. They stated the contracted service provider and corporate headquarters would know. They were asked if they had attempted to contact those individuals to determine an estimate of the costs of services. They stated they had not.</p> <p>(continued on next page)</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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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/25 at 9:26 a.m., the DON was shown the CMS-10055 forms for Residents #31, 37, and #60. The DON stated the estimated costs of the skills services were not provided on the forms. They stated the importance of the estimated costs was for residents or their representatives to make an informed decision about continuing to receive skilled services that Medicare may not cover. The DON stated in these instances the residents and their representatives would have been unable to figure in the cost of the services when making the decision to keep the services or not.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to ensure a resident received prescribed supplemental feedings for 1 (#50) of 1 sampled resident reviewed for neglect.</p> <p>The administrator reported the facility census was 56.</p> <p>Findings:</p> <p>A facility policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 04/2021, read in part, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation.</p> <p>An admission record, dated 08/28/23, showed Res #50 had diagnoses which included dementia and dysphagia (difficulty swallowing).</p> <p>A physician order, dated 07/08/24, read in part, If resident eats 50%or less of meal, administer Jevity 1.5 [a nutritional supplement] via bolus [a single large dose] feeding method.</p> <p>An initial incident report, dated 01/20/25, showed an allegation of CMA #1 not administering Res #50's breakfast and lunch tube feedings and they documented the feedings had been given. The report also showed CMA #1 had been suspended pending an investigation.</p> <p>A final incident report, dated 01/20/25, showed after reviewing records and camera footage for 01/20/25 they determined CMA #1 documented they administered the breakfast and lunch supplemental feeding, but did not enter the resident's room after breakfast or after lunch to administer the feedings. The report also showed the facility substantiated the neglect allegation and terminated CMA #1.</p> <p>On 04/24/25 at 8:40 a.m., the administrator reported the allegation of CMA #1 neglecting Res #50 was substantiated, and the facility terminated CMA #1. They also reported they had educated staff regarding percutaneous endoscopic gastrostomy (PEG) tube feedings and were monitoring for compliance.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>42171</p> <p>Based on record review and interview, the facility failed to thoroughly investigate an allegation of neglect for 1 (#50) of 2 sampled residents reviewed for neglect.</p> <p>The administrator reported the facility census was 56.</p> <p>Findings:</p> <p>A facility policy titled Abuse, Neglect, Exploitation of Misappropriation - Reporting and Investigating, revised 09/2022, read in part, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. The individual conducting the investigation as a minimum: .interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident: .interviews other residents to whom the accused employee provides care or services.</p> <p>An admission record, dated 08/28/23, showed Res #50 had diagnoses which included dementia and dysphagia (difficulty swallowing).</p> <p>A physician order, dated 07/08/24, read in part, If resident eats 50% or less of meal, administer Jevity 1.5 [a nutritional supplement] via bolus [a single large dose] feeding method.</p> <p>An incident report form, dated 01/20/25, showed an allegation of CMA #1 not administering Res #50's breakfast and lunch tube feedings and they documented the feedings had been given. The report also showed CMA #1 had been suspended pending an investigation.</p> <p>The facility's investigation of the incident was reviewed. The investigation did not show any interviews with other residents or staff had been conducted.</p> <p>On 04/24/25 at 8:40 a.m., the administrator stated they had not interviewed any other residents or staff related to the incident. They also stated they substantiated the allegation based on video evidence and record review, and terminated CMA #1's employment.</p>

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42171</p> <p>Based on record review and interview, the facility failed to ensure an admission MDS assessment was completed within 14 days of admission for 1 (#110) of 5 sampled residents reviewed for MDS assessments.</p> <p>The administrator reported the facility census was 56.</p> <p>Findings:</p> <p>An admission record, dated 04/02/25, showed Res #110 was admitted to the facility on [DATE].</p> <p>Res 110's electronic health record was reviewed. The health record showed the status of the admission MDS was in progress.</p> <p>On 04/23//25 at 9:14 a.m., MDS Coordinator #1 stated an admission MDS should be competed within 14 days of admission. They also stated Res #110's admission MDS had not been completed in the required timeframe.</p>