

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Pleasant Valley Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1120 Illinois Street Muskogee, OK 74403	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to ensure residents' private information was not released on social media for 3 (#2, 4 and #5) of 3 sampled residents reviewed for privacy. The DON identified 74 residents resided in the facility. Findings: An undated Social Media Policy, read in part, DO NOT use Social Media to post, upload, send, or otherwise share or disclose a photo or video of a resident without prior written permission of the resident or the residents authorized agent as required by applicable law. This prohibition includes photos and videos where the resident is not easily identifiable. An incident report form, dated 07/21/26, showed a caller had informed facility staff that two former facility employees had posted photos and names of Residents #2, #4, and #5 on two social media platforms. On 07/24/26 at 10:20 a.m., licensed practical nurse #2 stated photos and resident information should never be shared on social media without the consent of the resident. On 07/24/26 at 1:10 p.m., certified nurse aide #3 stated photos of residents should not be shared on social media. On 07/24/26 at 1:45 p.m., the DON stated they were not sure when the photos and resident names had been posted on social media. They stated the two employees that had posted the information had been terminated prior to the facility becoming aware of the incident. The DON stated the former employees were in violation of the facility's social media policy. On 07/24/26 at 2:00 p.m., the assistant administrator stated the former employees had failed to ensure the privacy of the residents.		

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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