

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2025
NAME OF PROVIDER OR SUPPLIER Betty Ann Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 South Main Street Grove, OK 74344	

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	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure an allegation of abuse was reported to the health department within the required 2-hour timeframe for 1 (#1) of 4 sampled residents reviewed for abuse. The DON reported the facility census was 53. Findings: An admission record, dated 08/06/25, showed Res #1 had diagnoses which included aphasia and weakness. A social service note, dated 08/20/25 at 11:44 a.m., showed Res #1 had signed the room change agreement form and moved from room [ROOM NUMBER]-A to room [ROOM NUMBER]-B. An Incident Report Form, dated 08/20/25, showed Res #1 reported they had been sexually abused by another resident. The inbound notification notation on the report showed it had been received by the health department on 08/20/25 at 5:23 p.m. The report showed local law enforcement was notified of the allegation on 08/20/25 at 1:40 p.m., and the facility began an investigation. The incident report showed that Res #1 had been moved to a different room on another hall for safety. On 09/03/25 at 9:30 a.m., registered nurse #1 stated allegations of abuse should be reported to administration as soon as possible because they were required to make a report to the health department within two hours. On 09/03/25 at 10:55 a.m., the DON stated they were unsure what time the allegation was made, but agreed more than two hours had elapsed between the allegation and sending the initial report to the health department.</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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