STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375460	A. Building B. Wing	04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montereau, Inc	6800 South Granite Avenue Tulsa, OK 74136

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 46703 Based on record review and interview, the facility failed to implement their abuse policy by immediately reporting abuse for one of three sampled residents reviewed for abuse. The Administrator identified 67 residents resided in the facility. Findings: The Abuse policy, dated 2023, read in parts .physical abuse includes yelling, slapping, pinching, kicking, and controlling behavior through corporal punishment .mental abuse includes, but not limited to, nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident. Resident #2 had diagnoses which included cognitive communication deficit, displaced intertrochanteric fracture, and depression. On 04/01/24 at 12:57 p.m., The administrator stated on 03/18/24, at approximately 5:30 a.m., CNA #1 witnessed and videotaped CNA #2 yelling and kicking resident #2. The incident was reported to the administrator at 2:30 p.m. on 03/18/24. The Administrator stated they immediately reported the incident to OSDH, began an investigation and terminated CNA #2. They stated CNA #1 did not report it immediately because she was afraid of CNA #2. The Administrator stated the CNA #1 should have stopped the abuse and reported it immediately.

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