STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375470	A. Building B. Wing	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chandler Therapy & Living Center LLC	601 West 1st Street Chandler, OK 74834

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on record review and interview, the facility failed to ensure residents were free from abuse for 1 (#31) of 2 sampled residents reviewed for abuse.The administrator identified 37 residents resided in the facility. Findings:An undated Abuse Policy and Procedure, read in part, We will endeavor to protect our occupants from maltreatment, which means adult abuse, exploitation, neglect, physical abuse, sexual abuse, neglect, and the misappropriation of resident property. It recognizes resident rights to be free from physical or mental abuse, corporal punishment, involuntary seclusion, and any chemical and physical restraints as defined by federal regulation.An incident report form, dated 12/08/25, showed on 12/08/25 Res #31 made an allegation of verbal abuse against CNA #1. The report also showed CNA #1 was suspended pending an investigation. An annual assessment, dated 09/29/25, showed Res #31 had a BIMS (a test for cognition) of 11 which was indicative of moderately impaired cognition. The assessment showed Res #31 had diagnoses which included diabetes mellitus and anxiety disorder. On 12/08/25 at 2:19 p.m., Res #31 stated CNA #1 was verbally abusive to them earlier in the day. Res #31 stated they had not reported the abuse.On 12/08/25 at 2:25 p.m., Res #31's allegation of verbal abuse was reported to the administrator.On 12/10/25 at 12:10 p.m., CMA #5 stated they had reported CNA #1 in the past for verbal abuse and was not sure if it was investigated.On 12/10/25 at 12:20 p.m., CNA #4 stated they had reported CNA #1 in the past for verbal abuse and does not know if it was investigated. On 12/10/25 at 3:00 p.m., the administrator stated during the investigation CNA #1 resigned. They also stated the facility had substantiated the allegation of abuse and they were reporting their findings to the nurse aide registry.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on record review and interview, the facility failed to ensure an allegation of abuse was investigated for 1 (#21) of 2 sampled residents reviewed for abuse.The administrator identified 37 residents resided in the facility.Findings:An undated Abuse Policy and Procedure, read in part, The administrator or administrative designee will conduct an immediate investigation of all alleged or actual incidents of abuse, neglect, or misappropriation of property.A quarterly assessment, dated 10/16/25, showed Res #21 had a BIMS score (a test for cognition) of 04, which was indicative of severe cognitive impairment. The assessment showed Res #21 had diagnoses which included anxiety and depression.An undated statement form, signed by CNA #4, showed Res #21 expressed suicidal thoughts and CNA #1 antagonized Res #21.An undated statement form, signed by CMA #5, showed Res #21 was yelling and CNA #1 was yelling back at Res #21.On 12/10/25 at 12:10 p.m., CMA #5 stated they witnessed CNA #1 shout at Res #21 and wrote a statement about it and slid it under the administrator's door. On 12/10/25 at 3:15 p.m., CNA #4 stated on 10/04/25 they, along with CMA #1 and CMA #5, witnessed CNA #1 verbally abuse Res #21. CNA #4 stated the administrator was not in the building at the time of the incident, so they all wrote statements and slid them under the administrator's door. They stated the administrator was sent a text message to inform them of the situation.On 12/15/25 at 10:15 a.m., the administrator stated calling a resident names, cursing at a resident, or yelling at a resident were all examples of verbal abuse. The administrator stated the incident which involved Res #21 and CNA #1 was not investigated because they did not think it was verbal abuse.