

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Beadles Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Noble Alva, OK 73717	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure comprehensive care plan was developed for 1 (#14) of 23 sampled residents reviewed for care plans. The administrator identified 45 residents resided in the facility. Findings: On 01/12/26 at 12:54 p.m., Resident #14 was observed to be unable to hear what was being said. Hearing aides were observed on their table. A comprehensive care plan policy, dated 05/25/23, read in part, [NAME] Nursing Home will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth in the section on resident's rights, which includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. An admission assessment, dated 12/12/25, showed Resident #14 was admitted on [DATE]. The care planning decisions showed delirium, cognitive loss/dementia, communication, urinary incontinence and indwelling catheter, falls, nutritional status, dental care, pressure ulcer, and psychotropic drug use. There was no care plan developed for the care areas within seven days of completion of the admission assessment for Resident #14 located in the clinical record. On 01/13/26 at 1:31 p.m., minimum data set coordinator #1 stated they missed completing the comprehensive care plan for Resident #14.</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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