

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375553	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Memory Care Center at Emerald		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 North Hickory Street Claremore, OK 74017	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and interview, the facility failed to report allegations of abuse to the Oklahoma State Department of Health for 1 (#1) of 3 sampled residents reviewed for abuse.</p> <p>The administrator reported 56 residents resided at the facility.</p> <p>Findings:</p> <p>A facility policy titled Abuse, Neglect, and Exploitation, dated 11/17, read in part, In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property are reported immediately, but not later that 2 hours after the allegation is made .to the administrator of the facility and other officials .in accordance with State law through established procedures.</p> <p>A progress note titled Mood/Behavior, dated 04/28/25 at 8:51 p.m., showed Res #1 had reported to LPN #2 that Res #1 was having a romantic relationship with CNA #1, an unidentified LPN had twice sexually assaulted a resident, and an unidentified CNA was living at Res #1's home and receiving money from Res #1 monthly. LPN #2 further wrote in the note that they had spoken to the ADON and the administrator about the reports.</p> <p>On 05/12/25 at 10:22 a.m. the administrator was asked about LPN #2's progress note, dated 04/28/25 at 8:51 p.m. They stated they were aware of each of the allegations mentioned in the note. They stated they had not reported the incident or participated in the investigation as they had assigned those tasks to the DON.</p> <p>On 05/12/25 at 10:47 a.m., the DON was asked about LPN #2's progress note dated 04/28/25 at 8:51 p.m., that contained Res #1's allegations of sexual abuse and misappropriation. The DON stated she had not seen that progress note by LPN #2 or heard of those allegations before this surveyor showed them, so the allegations had not been reported to state and had not been investigated.</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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interview, the facility failed to:</p> <ul style="list-style-type: none"> a. thoroughly investigate allegations of sexual abuse; b. investigate an allegation of misappropriation; and c. initiate precautions to protect residents from the alleged perpetrators for 1 (#1) of 3 sampled residents reviewed for abuse <p>The administrator stated the facility had 56 residents resided at the facility.</p> <p>Findings:</p> <p>A facility policy titled Abuse, Neglect, and Exploitation, dated 11/17, read in part, When suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur, an investigation is immediately warranted.</p> <p>An MDS admission assessment, dated 03/16/25, showed in Section C that Res. #1 had been assessed and found to have a BIMS score of 03 which indicated their cognition was severely impaired.</p> <p>A progress note titled Mood/Behavior, dated 04/28/25 at 8:51 p.m., showed Res #1 had reported to LPN #2 that Res #1 was having a romantic relationship with CNA #1, an unidentified LPN had twice sexually assaulted a resident, and an unidentified CNA was living at Res #1's home and receiving money from Res #1 monthly. The note showed they had spoken to the ADON and the administrator about the reports.</p> <p>A progress note titled Mood/Behavior, dated 05/01/25 at 6:35 p.m., showed LPN #1 had been informed by CNA #2 that Res #1 had alleged CNA #1 had stolen credit cards. The note did not show if this allegations were passed on to the administration.</p> <p>On 05/12/25 at 10:22 a.m. the administrator was asked about LPN #2's progress note, dated 04/28/25 at 8:51 p.m. They stated they were aware of each of the allegations mentioned in the note. They stated they had not reported the incident or participated in the investigation as they had assigned those tasks to the DON. When asked about LPN #1's progress note of 05/01/25 at 6:35 p.m., which contained the allegation from Res #1 about their credit cards having been stolen, the administrator stated they were not aware of that note or allegation.</p> <p>On 05/12/25 at 10:47 a.m., the DON was asked about LPN #2's progress note dated 04/28/25 at 8:51 p.m., that contained Res #1's allegations of sexual abuse and misappropriation. The DON stated they had not seen that progress note by LPN #2 or heard of those allegations before this surveyor showed them. They stated they had not conducted any investigation related to the allegations identified in that note. The DON was asked about LPN #1's progress note, dated 05/01/25 at 6:35 p.m. which contained the allegation of stolen credit cards. The DON stated they had never been told about that report so there was no investigation.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/12/25 at 11:20 a.m., ADON was asked about LPN #2's progress note dated 04/28/25 at 8:51 p.m. The ADON stated they had been told about the allegations but believed it was the next morning [04/29/25] about 7:00 a.m., when they were told about them. They stated they then informed the DON about the allegations at about 8:00 a.m.</p> <p>On 05/12/25 at 11:32 a.m., the DON was asked if CNA #1 had been suspended at any time after the allegations against them had been made. The DON stated CNA #1 had not been suspended. The DON stated the reason was because when they did find out about CNA #1 having been named by Res #1 as an alleged perpetrator, the administrator told them they had enough information about the allegations to unsubstantiate the allegations. The DON was asked when they discovered CNA #1 had been named. The DON stated it was on 05/02/25.</p> <p>On 05/12/25 at 12:50 p.m., CNA #1 was asked about the allegations Res #1 had made against them. CNA #1 stated they had not been aware the resident had made those accusations. They stated they found out about the allegations against them after Res #1 had been moved to a different hall and they went over there to visit them. CNA #1 stated when they left the hall after the visit, the administrator told them they should not go over there and then about Res #1's allegations. CNA #1 stated they had not been suspended from work because of any allegation from Res #1. CNA #1 stated they had not, and worked each of their scheduled shifts in April and May 2025.</p> <p>On 05/12/25 at 1:37 p.m., LPN #1 was asked about their progress note, dated 05/01/25 at 6:35 p.m. LPN #1 stated it was their understanding that anytime Res #1 had made an allegation, they were to make a note of it. They stated when they were told by CNA #2 of the allegation of stole credit cards, they wrote the note and informed the ADON the next morning.</p> <p>On 05/12/25 at 4:21 p.m., LPN #2 returned the surveyor's telephone call. LPN #2 was asked about their progress note, dated 04/28/25 at 8:51 p.m. They stated the note contained Res #1's multiple allegations about sexual abuse and a staff member getting money from them. They stated they had reported the information to the ADON but did not know what the ADON had done with the information.</p>		