

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375572	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/01/2026
NAME OF PROVIDER OR SUPPLIER Beacon Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East Line Avenue Sapulpa, OK 74066	
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on record review and interview, the facility failed to effectively manage pain for 1 (#3) of 1 sampled resident reviewed for pain management. The DON identified 55 residents resided in the facility. Findings: An admit form for Resident #3, dated 07/17/23, showed the resident had diagnoses which included cerebral palsy, migraines, and chronic pain. A physician's order for Resident #3, dated 10/12/24, showed Tylenol (an analgesic) oral tablet 325 mg, give two tablets orally every four hours as needed for pain. A care plan for Resident #3, dated 01/27/25 read in part, resident had chronic pain r/t [related to] cerebral palsy. Interventions included repositioning, administer in analgesia, evaluate the effectiveness of the pain interventions after medication is administered, monitor/document for side effects of pain medication, monitor/document for side effects of pain medication, monitor/record/report to nurse any s/sx [signs/symptoms] of non-verbal pain, observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decrease ROM [range of motion], withdrawal or resistance to care. A quarterly assessment for Resident #3, dated 04/25/26, showed the resident was cognitively intact with a brief interview for mental status of 15. A physician's order for Resident #3, dated 04/01/26, showed Zanaflex (a muscle relaxer) oral capsule 2 mg, give two by mouth three times a day for muscle spasms. A physician's order, dated 05/21/26, showed Ultram (an analgesic) 50 mg, give 50 mg by mouth every eight hours as needed for pain. On 05/21/26 at 8:30 a.m., Resident #3 stated they were recently in the hospital for abdominal pain. Resident #3 stated they also had back pain which they had Tylenol, but it did not work. Resident #3 stated they did not know why there was nothing stronger ordered for pain. Resident #3 stated when they went to the hospital, they were given oxycodone (an opioid analgesic), and it helped. On 05/21/26 at 8:51 a.m., LPN #1 stated Resident #3 had Tylenol and Zanaflex ordered for pain. LPN #1 stated If Tylenol did not work the resident would ask to be sent to the hospital. LPN #1 stated the resident would be asked what their pain level was before taking pain medication. LPN #1 stated they asked Resident #3 what their pain level was after taking the pain medication and documented it on the resident's medication administration record. On 05/21/26 at 10:15 a.m., the DON stated on 11/10/25, 04/13/26, 04/22/26, and 05/13/26 Resident #3 was sent to the hospital for pain. The DON stated chronic pain was care planned, but the pain was not being effectively managed. The DON stated they did not know why Resident #3's pain was not being effectively managed, but they should have been on something stronger than Tylenol. On 05/22/26 at 10:00 a.m., Resident #3 stated they were having pain rated at an 8 out of 10 on the pain scale. Resident #3 stated the Tylenol did not help much, but repositioning to the left side relieved their pain. Resident #3 stated a pain of 3 out of 10 was acceptable. Resident #3 stated they would like to have oxycodone for the pain because it was effective. On 06/27/26 at 1:00 p.m., the medical director stated on 05/21/26, they ordered Ultram 50 mg every six hours for pain for Resident #3. The medical director stated if the Ultram did not relieve the pain, they would order something stronger. The medical director stated they did not know why something stronger had not been ordered previously.		

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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