

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375577	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2026
NAME OF PROVIDER OR SUPPLIER Senior Village Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 North Madison Blanchard, OK 73010	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, facility document and policy review, and the United States Food and Drug Administration 2022 Food Code, the facility failed to ensure food items were stored in a sanitary manner. Specifically, the facility failed to ensure opened items were properly labeled and dated in a facility freezer, failed to ensure items were labeled with a date and name prior to storage in the resident nourishment refrigerator, and failed to maintain temperature logs in the resident nourishment refrigerator. Findings included: The U.S. [United States] Food and Drug Administration 2022 Food Code, dated 2022, in section 3-501 Temperature and Time Control revealed, Ready-to-Eat, Time/Temperature Control for Safety Food prepared and held in a Food Establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 [degrees] C [Celsius] (41 [degrees] F [Fahrenheit]) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. The Food Code continued, Refrigerated, Ready-to-Eat time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations. An observation of a facility freezer was conducted with the Dietary Manager (DM) on 06/29/2026 at 9:01 AM. The observation of the freezer adjacent to the ice machine revealed: (1) one opened and undated vanilla ice cream container and (2) opened and undated sherbet containers. The DM discarded the vanilla ice cream and stated that the activities staff used the items. A follow-up observation was made of the facility freezer on 07/01/2026 at 11:15 AM. The observation revealed the same opened and undated vanilla ice cream from the first observation. During an interview on 07/01/2026 at 11:20 AM, the Director of Culinary Services (DCS) confirmed that the vanilla ice cream in the freezer was opened and not dated and should have been. During an interview on 07/02/2026 at 1:19 PM, the Administrator (ADM) stated he was surprised by the undated items found in dietary and said it was ultimately the responsibility of the DM. A facility policy titled, Dining Services Policy and Procedure Handling of Outside Food, dated 11/28/2017, indicated, 2. All outside food brought to dining services for storage will be properly secured and labeled as to prevent cross contamination and confusion with facility food. 3. Outside foods will be labeled with, the date it was brought into the dining services department for storage, the food item name and resident name if intended for an individual resident. 4. All outside foods will be subject to the same food handling/safety/storage practices as the facility foods. a. PHF/TCS [potentially hazardous foods and time /temperature control for safety] leftovers will only be kept for 24 hours and then discarded. b. Any container of food that has been directly eaten out of, will not be stored in (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 375577
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the dining services department. c. PHF/TCS foods that were manufactured in a food processing facility, and have not been previously heated for service, will be kept for 7 days after the original package is opened. If it is unknown when the package was opened, the item will only be kept for 24 hours. An observation of the facility's resident nourishment refrigerator was conducted on 06/29/2026 at 2:40 PM. The observation of the resident nourishment refrigerator revealed: styrofoam container of Mexican food- no use-by date or name. opened 20-ounce bottle of vanilla coke- no use-by date or name. (1) opened jar of maraschino cherries- no use-by date or name. During an interview on 06/29/2026 at 2:43 PM, Certified Nursing Assistant (CNA) #3 stated nursing staff were responsible for maintaining the resident nourishment refrigerator. She stated the refrigerator was used for both residents and staff, and she was unsure of who the Styrofoam container of Mexican food belonged to. CNA #3 stated that the sandwiches in the bottom of the refrigerator were for residents. CNA #3 stated the nursing staff were responsible for ensuring all foods brought in for residents from families were labeled and dated. A follow-up observation of the facility's resident nourishment refrigerator was conducted on 06/30/2026 at 2:36 PM. The observation of the resident nourishment refrigerator revealed: the same opened jar of maraschino cherries- no use-by date or name. (1) opened bag of shredded [NAME] cheese- no use-by date or name (1) an opened bag of Monterey [NAME] cheese- no use-by date or name. During an interview on 06/30/2026 at 2:39 PM, Registered Nurse (RN) #2 stated nursing staff were responsible for ensuring items brought in for residents were labeled and dated. An observation of the facility's resident nourishment refrigerator was conducted on 07/01/2026 at 8:49 AM. The observation of the resident nourishment refrigerator revealed a temperature log on the refrigerator door. The first date entered was 06/30/2026, and indicated the temperature was 40 F. During an interview on 07/01/2026 at 9:11 AM, RN #2 stated the facility had no documentation, prior to 06/30/2026, to indicate they monitored the nourishment room refrigerator temperatures. During an interview on 07/01/2026 at 9:27 AM, the Regional Nurse Consultant stated there were no temperature logs for the resident refrigerator, and there should have been. During an interview on 07/01/2026 at 3:23 PM, the DM stated the kitchen was responsible for the resident refrigerators, though she did not realize that until recently. She knew the kitchen staff stocked the refrigerator with resident snacks, but they had not been monitoring the temperatures in the resident refrigerator. During an interview on 07/02/2026 at 1:19 PM, the ADM stated the nourishment refrigerator was used by staff and that resident snacks were stored in the bottom of the refrigerator. He stated that no one had been assigned to monitor the temperatures of the refrigerator.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to provide a homelike environment for 8 (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]) of 28 rooms. Specifically, the privacy curtains in eight resident rooms had visible stains of varying sizes. Findings included: A facility policy titled, Resident's Rights and Confidentiality, revised 08/01/2017, revealed, At the facility it is your responsibility to protect and promote the rights of each resident, including the following: and included, 29. The right to a safe, clean, comfortable homelike environment. A facility policy titled, Housekeeping Policies & Procedures, revised 06/29/2012, revealed, under the title, Basic Housekeeping Procedures, included, The housekeeping supervisor is responsible for the delegation of the facilities [sic] cleaning duties. During an observation in room [ROOM NUMBER] on 06/29/2026 at 10:49 AM, a dark, stained area was on the resident's pink privacy curtain. The stained area began at the bottom edge of the curtain and was an approximate foot in length and six inches in width. During a follow-up observation in room [ROOM NUMBER] on 07/02/2026 at 8:49 AM, the stained area remained on the bottom edge of the resident's pink privacy curtain. During an interview on 07/02/2026 at 9:09 AM, Certified Nursing Assistant (CNA) #3 stated housekeeping staff washed privacy curtains. CNA #3 said if staff noticed a stain on a privacy curtain, they reported it to the Administrator (ADM). CNA #3 stated she went into room [ROOM NUMBER] often but had not noticed the stained area on the privacy curtain previously. During an interview on 07/02/2026 at 9:20 AM, the Laundry/Housekeeping Director (LHD) stated that several privacy curtains at the facility were stained and needed to be replaced. She said she had been aware of the issue for years and that prior administrators had purchased some new privacy curtains, the blue ones. The LHD said the pink privacy curtains were the older curtains. The LHD said she had brought up the need to replace the older curtains with the ADM about a month or two prior, and the ADM was looking for replacement curtains. During a tour of the facility on 07/02/2026 at 9:40 AM with the LHD, the following observations were made: (1) room [ROOM NUMBER] - a brown stained area covered approximately one square foot of the pink privacy curtain. (2) room [ROOM NUMBER] - two pink privacy curtains had multiple large brown stained areas scattered along the curtains. (3) room [ROOM NUMBER] - a gray and brown stained area covered half a square foot of area along the bottom edge of the pink privacy curtain. (4) room [ROOM NUMBER] - a large gray and brown stained area covered between one to two square feet along the bottom edge of the pink privacy curtain. (5) room [ROOM NUMBER] - multiple large, discolored stained areas covered a square foot along the bottom edge and side corner of the pink privacy curtain. On the other side of the same curtain was a smaller brown stain that covered a few square inches. (6) room [ROOM NUMBER] - multiple dark brown stained areas were on the privacy curtain. (7) room [ROOM NUMBER] - a large brown discolored stain along the bottom edge of the pink privacy curtain. (8) room [ROOM NUMBER] - multiple dark brown discolored stains covered half a square foot area on the pink privacy curtain. During a follow-up interview on 07/02/2026 at 10:00 AM, the LHD confirmed all the discolored, stained areas on the privacy curtains were washed in and would not come out. She stated she had informed the ADM of the stains but was not sure whether he had observed the stains. The LHD stated she had previously washed pink privacy curtains, and they fell apart in the laundry, so she was hesitant to wash them. During an interview on 07/02/2026 at 9:31 AM, the ADM stated he had been at (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the facility for about a year and was slowly replacing the privacy curtains due to them being expensive. The ADM stated that the privacy curtains should be clean and said the LHD should monitor the curtains and notify maintenance if any needed taken down and washed. The ADM said he was unaware of any privacy curtains that were stained. During a follow-up interview on 07/02/2026 at 10:13 AM, the ADM stated he was unaware of stains on the privacy curtains or difficulties with washing the pink privacy curtains prior to the survey. The ADM said a few months prior, when he and the LHD discussed the issue with the pink privacy curtains; the facility had spare curtains. He stated he was unaware the facility no longer had spare curtains. The ADM stated his plan was to purchase a few privacy curtains at a time due to the cost; although he had not purchased any since he had been at the facility.		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, record review, and facility policy review, the facility failed to provide care and treatment according to professional standards for a peripherally inserted central catheter (PICC) line (long, thin, flexible tube inserted through a peripheral vein in the upper arm and advanced to the large vein near the heart) for 1 (Resident #43) of 1 resident reviewed for PICC line. Findings included: A facility policy titled, Care and Removal of Peripherally Inserted Central Catheters (PICC) and midline Catheters, revised 12/18/2025, revealed, Sterile dressing changes will be performed every 7 days and immediately if the integrity of the dressing is compromised. An admission Record revealed the facility admitted Resident #43 on 06/16/2026. According to the admission Record, the resident had a medical history that included a diagnosis of effusion (excess fluid), left knee. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/22/2026, revealed Resident #43 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated the resident had severe cognitive impairment. The MDS indicated that the resident received intravenous (IV) medications within the last 14 days of the look-back period. Resident #43's Care Plan Report, revealed a focus area initiated on 06/22/2026, that indicated the resident was at risk for infection related to a PICC line. Interventions directed staff to perform a sterile dressing change every seven days and as needed. Resident #43's Order Summary Report, with active orders as of 07/01/2026, contained an order, dated 06/17/2026 for sterile dressing change and injection cap change within 48 hours of insertion of PICC and then every seven days and as needed. An observation on 06/29/2026 at 9:52 AM revealed Resident #43 had a PICC line dressing on the inside of the right upper arm. A handwritten date of 06/17/2026 (12 days prior) was observed on the PICC line dressing. The PICC line dressing was clean, dry, and intact, and showed no signs of infection. During a concurrent interview and observation on 06/30/2026 at 4:00 PM with Registered Nurse (RN) #2, Resident #43's PICC line dressing remained dated 06/17/2026 (13 days prior). RN #2 confirmed Resident #43 received IV antibiotics through the PICC line and that she administered the medication to the resident that morning. RN #2 confirmed that the physician orders were to change the PICC line dressing every seven days and stated that she would change the dressing at that time. During an interview on 07/01/2026 at 12:02 PM, the Director of Nursing stated it was her expectation that staff changed the PICC line dressing every seven days. During an interview on 07/02/2026 at 4:06 PM, the Administrator stated it was his expectation that the policy for dressing changes be followed.		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and facility document review, the facility failed to post complete nursing staffing data for 3 (06/29/2026, 06/30/2026, and 07/01/2026) of 4 days of the survey and failed to maintain the nurse staffing data for 18 months. This had the potential to affect all 43 residents who currently resided in the facility. Findings included: During an observation on 06/29/2026 at 8:30 AM, a facility document which included nurse staffing data was observed in the lobby of the facility. The document included the name of the facility, the date, the resident census for the day, and the total nurse staffing hours for the day. The document did not include the resident census and nurse staffing hours for each shift. During an observation on 6/30/2026 at 8:16 AM, a facility document which included nurse staffing data was observed in the lobby of the facility. The document included the name of the facility, the date, the resident census for the day, and the total nurse staffing hours for the day. The document did not include the resident census and nurse staffing hours for each shift. During an observation on 07/01/2026 at 8:19 AM, a facility document which included nurse staffing data was observed in the lobby of the facility. The document included the name of the facility, the date, the resident census for the day, and the total nurse staffing hours for the day. The document did not include the resident census and nurse staffing hours for each shift. A facility document dated 07/01/2026 revealed the census for the day, registered nurse (RN) hours, licensed practical nurse (LPN) hours, other direct care hours, and the RN coverage for the day. The document further indicated, Staffing assignments for the day of who is working and where the staff will be assigned is posted on the white board at the nurses' station. The document did not include the resident census and nurse staffing hours for each shift. During a concurrent observation and interview with the Staffing Coordinator/Human Resources (SC/HR) on 07/01/2026 at 11:39 AM, a dry erase board was observed. The dry erase board included the name of the facility, the resident census, and the dates 6/29/2026 through 07/04/2026 with the names of the nursing staff scheduled for each shift. The dry erase board did not include the resident census and nurse staffing hours for each shift. The SC/HR stated she did not keep hard copies of the data and erased the board daily. The SC/HR stated that she also created a nurse staffing document that was posted in the lobby each day. She stated the document posted in the lobby included the facility name, date, census for the day, and the total hours worked each day for registered nurses, licensed nurses, and certified nursing assistants. The SC/HR stated she posted the data daily and did not update the data for each shift. The SC/HR stated she created a new document each day and did not keep the previous documents. She stated she was unaware of the requirement to record the census and nurse staffing data per shift or to maintain the records for 18 months. During a concurrent interview on 07/01/2026 at 12:35 PM with both the Administrator (ADM) and the Director of Nursing (DON), the ADM stated he was not aware that the facility should retain nurse staffing data records for 18 months or that the nurse staff posting should include the census and nurse staffing hours per shift. The DON stated she was aware that nursing hours had to be posted daily, but she was not aware that the requirement was to post the information per shift or that the facility should retain the information for 18 months. The ADM stated he expected staff to follow the regulation. During an interview on 07/01/2026 at 2:06 PM, the Regional Nurse Consultant stated the facility did not have a policy on nurse staff posting, but that the facility should follow the federal and state regulation.		