

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Shawnee Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1202 West Gilmore Shawnee, OK 74804	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>43023</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident centered fall prevention plan was completed for one (#3) of three sampled residents reviewed for falls.</p> <p>The ADON reported 55 residents resided in the facility.</p> <p>Findings:</p> <p>A facility Fall Protocol Policy documented: the staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls.</p> <p>Res #3 admitted to the facility with diagnoses of vascular disturbance with psychotic disturbance, anxiety, and altered mental status.</p> <p>A fall report, dated 11/25/23, documented the resident had a fall. The care plan was not reviewed or revised.</p> <p>A fall report, dated 12/07/23, documented the resident had a fall. The care plan was not reviewed or revised.</p> <p>A fall report, dated 01/10/24, documented he resident had a fall. The care plan was not reviewed or revised.</p> <p>A fall report, dated 02/09/24, documented the resident had a fall. The care plan was not reviewed or revised.</p> <p>A fall report, dated 02/16/24, documented the resident had a fall. The care plan was not reviewed or revised.</p> <p>On 03/06/24 the corporate nurse consultant reported the resident did not have a fall prevention plan.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>43023</p> <p>Based on observation and interview, the facility failed to post nurse staffing information, which included all the required components, in an area where it could be reviewed by all the residents and visitors.</p> <p>The ADON reported 55 residents resided in the facility.</p> <p>Findings:</p> <p>On 03/04/24 at 12:05 p.m., no nurse staffing information was posted.</p> <p>On 03/05/24 at 9:08 a.m., no nurse staffing information was posted.</p> <p>On 03/06/24 at 10:00 a.m., no nurse staffing information was posted.</p> <p>On 03/07/24 at 10:30 a.m., the corporate nurse consultant reported the staffing information should have been posted daily.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43023</p> <p>Based on observation, record review, and interview, the facility failed to ensure medication was no set up and left sitting on top of the medication cart.</p> <p>The ADON reported 55 residents resided in the facility.</p> <p>Findings:</p> <p>On 03/06/24 at 5:16 a.m., the medication cart for the south hall was observed to have four medication cups containing one pill each and one cup containing unknown amount of crushed medication sitting on top of the cart. The medication cups were not labeled or dated. There was no staff observed near or around the cart.</p> <p>On 03/06/24 at 5:20 a.m., LPN #1 was asked how she knew whose medications were in the cups. LPN #1 stated I have them memorized.</p> <p>On 03/06/24 at 5:36 a.m., LPN #1 was asked if medications are supposed to be set up before time to administer. LPN #1 reported no they are not. LPN #1 was asked if medications are supposed to be left unattended on top of carts. LPN #1 reported no they are not.</p>