

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 06/26/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>20960</p> <p>Based on record review and interview, the facility failed to ensure allegations of abuse were thoroughly investigated for three (#1, #2, and #3) of three residents reviewed for abuse investigations.</p> <p>The Administrator identified 52 residents who currently resided in the facility.</p> <p>Findings:</p> <p>The facility policy, Abuse Prevention Program dated 10/12/20, read in part, .The development of investigative protocols governing resident abuse .Timely and thorough investigations of all reports and allegations of abuse .</p> <p>1. A Report to the Oklahoma State Department of health, dated 05/14/24, documented an allegation of abuse from Resident #1 who alleged Certified Medication Aide #1 told them everyone was special at the facility and Resident #1 was not the only at the facility.</p> <p>A review of the investigation of the allegation contained no documented statements from other employees regarding the allegation of abuse.</p> <p>On 06/26/2024 at 12:54 p.m., the social service director was asked about the investigation of the alleged abuse and if they had completed a through investigation. The social service director stated they would look and see if there were any employee interviews about the allegation.</p> <p>No additional investigation documentation was provided by the social service director.</p> <p>2. A Report to the Oklahoma State Department of health, dated 06/20/24, documented an allegation of abuse from Resident #2 who alleged Certified Nurse Aide #1 was rough with them and slammed them into the bed, breaking the bed frame.</p> <p>A review of the investigation of the allegation contained no documented interviews with additional residents regarding the allegation of abuse other than the roommate of Resident #1. There was no documentation of the alleged perpetrator statement.</p> <p>On 06/26/24 at 10:05 a.m., the Corporate Nurse Consultant was asked about resident and staff interviews for the allegation made from Resident #2. They stated the social service director and director of nursing were told to interview residents and staff statements and interviews.</p> <p>(continued on next page)</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 - Some</p>	<p>On 06/26/24 at 10:13 a.m., the Social Service Director stated he took a statement from Resident #2 that Certified Nurse Aide #1 was rough with them and slammed them in bed so hard the bed broke. The Social Service Director stated he got the roommates statement and provided it to the director of nursing and they did not take any statements from any other residents or staff. They then stated the director of nursing was to complete the statements and interviews.</p> <p>On 06/26/24 at 11:20 a.m., the director of nursing stated they only spoke with Resident #2 and no other residents. The director of nursing then stated everything was provided to the corporate nurse consultant and the surveyor.</p> <p>06/26/24 at 11:27 a.m., Certified nurse aide #1 stated they had been suspended due to an allegation of abuse from Resident #2. The certified nurse aide stated she was only told over the phone they were suspended and no statement was every taken in regards to the allegation.</p> <p>3. A Report to the Oklahoma State Department of health, dated 05/17/24, documented an allegation of abuse from Resident #32 who alleged Certified Nurse Aide #5 was rough with them when assisting them to bed</p> <p>A review of the investigation of the allegation contained no documented interviews with staff including the alleged perpetrator.</p> <p>On 06/26/24 at 12:54 p.m., the social service director stated they did interviews for the investigation and all information was provided to the corporate nurse. They stated this was the first investigation and their were no attempts to interview the alleged perpetrator or other staff because Certified Nurse Aide #5 quite.</p> <p>On 06/26/24 at 2:10 p.m. the Corporate Nurse Consultant was asked if the facility had thoroughly investigated the allegations abuse from Resident #1, Resident #2 and Resident #3. They stated based on what the facility had completed they were not thoroughly investigated.</p> <p>06/26/24 at 2:20 p.m. the administrator and director of nursing were made aware of the concerns with the investigations. The director of nursing stated they did not know investigations included resident interviews. The administrator acknowledged that the investigations were not through.</p>		