STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375246	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shawnee Care Center	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure the care plan was revised to include catheter care for 1 (#2) of 13 sampled residents reviewed for care plans. The administrator identified 39 residents resided in the facility and three residents had catheters.On 05/13/26 at 10:35 a.m., Resident #2 was observed sitting in their wheelchair at a table waiting for activities to start. Resident #2 was observed to have a catheter bag hanging from the bottom of their wheelchair.An undated face sheet showed Resident #2 admitted to the facility on [DATE] with diagnoses which included urinary tract infection and neuromuscular dysfunction of the bladder.A physician order, dated 03/03/26, showed to place an indwelling catheter due to recurrent urinary tract infections related to poor bladder emptying. The order showed to change the catheter monthly and as needed.There was no documentation in Resident #2's care plan to show a catheter was present or what care was required for the catheter.On 05/15/26 at 11:34 a.m., the DON stated catheter care should have been added to the care plan.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure physician orders were followed for 1 (#2) of 13 sampled residents reviewed for quality of care. The administrator identified 39 residents resided in the facility. An undated face sheet showed Resident #2 admitted to the facility on [DATE] with diagnoses which included acute kidney failure and congestive heart failure.A physician order, dated 10/21/24, showed to document fluid intake three times a day. An ADL (activities of daily living) administration history, dated 3/15/26 through 4/13/26, showed fluids consumed with meals were not documented for:a. 03/15/26 (Sunday) lunch,b. 03/16/26 (Monday) dinner,c. 03/17/26 (Tuesday) breakfast and lunch,d. 03/18/26 (Wednesday) lunch and dinner,e. 03/19/26 (Thursday) lunch,f. 03/20/26 (Friday) lunch,g. 03/21/26 (Saturday) lunch,h. 03/22/26 (Sunday) lunch and dinner,i. 03/23/26 (Monday) lunch and dinner,j 03/24/26 (Tuesday) lunch and dinner,k. 03/25/26 (Wednesday) lunch,l. 03/26/26 (Thursday) lunch,m. 03/27/26 (Friday) lunch,n. 03/28/26 (Saturday) lunch and dinner,o. 03/29/26 (Sunday) breakfast, lunch, and dinner,p. 03/30/26 (Monday) lunch,q. 03/31/26 (Tuesday) lunch,r. 04/01/26 (Wednesday) lunch,s. 04/02/26 (Thursday) lunch, t. 04/03/26 (Friday) lunch,u. 04/04/26 (Saturday) lunch,v. 04/05/26 (Sunday) lunch,w. 04/06/26 (Monday) lunch,x. 04/07/26 (Tuesday) lunch,y. 04/08/26 (Wednesday) lunch,z. 04/09/26 (Thursday) lunch and dinner,aa. 04/10/26 (Friday) breakfast, lunch, and dinner, bb. 04/11/26 (Saturday) breakfast and lunch,cc. 04/12/26 (Sunday) lunch, anddd. 04/13/26 (Sunday) lunch.On 05/15/26 at 11:34 a.m., the DON stated the 1400 mililiter fluid restriction was not documented appropriately. The DON stated they would add the order for the nurses to complete.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, record review, and interview, the facility failed to ensure medication carts were secured for 2 (#1 and #2) of 4 medication carts observed for medication storage.The DON identified four medication carts. On 05/12/26 at 5:45 a.m., LPN #2 was observed sitting at the nurse's station where the medication carts were in direct sight. The medication carts were observed to be unlocked. LPN #2 was observed to have walked down the hallway, leaving the medication carts unsecured while out of direct line of vision. The Medication and Treatment Cart Policy, undated, read in part, medication and treatment carts shall remain locked at all times when not under direct supervision of authorized staff . Staff must maintain visual control of unlocked carts during medication and treatment pass. Carts shall not be left unattended in hallways or resident rooms. On 05/12/26 at 5:48 a.m., LPN #2 stated they had just passed meds. LPN #2 stated medication carts were to be locked when out of direct line of vision of responsible staff members. On 05/12/26 at 6:14 a.m., the administrator stated LPN #2 had admitted to them they had walked away from the unsecured medication cart upon the surveyors' arrival.

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(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 - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to ensure: a. sanitizer solution was dispensed and tested in the dishwasher during 1 of 2 observations made in the kitchen, b. a clean and sanitary kitchen during 1 of 2 observations made in the kitchen, and c. all items were labeled and dated in 2 of 2 refrigerators sampled for labeling and dating of food items. The administrator identified 38 residents received nutrition from the kitchen. Findings: On 05/12/26 at 6:57 a.m., dietary aide #1 was observed using the dish machine. The sanitizer solution was observed under the machine and empty. The sanitizer was observed to not be dispensing during the wash and rinse cycle. There was no sanitizer and temperature testing log observed on the wall clip board designated to log the daily dish machine testing. On at 05/12/26 at 7:00 a.m., the following observations were made in the kitchen: a. grease and food debris was on the wall above the microwave and fire suppression system, b. grease and food debris was on the right side of the oven, c. grease and food debris was on the pipes and table legs to the right of stove, d. food debris, sediment, and dust were above the grill on the on the hood vent lip, e. turkey lunch meat in a container with a green lid had no date or label, f. fruit salad in a plastic container with a green lid in the refrigerator was not labeled with a date, g. four cups of fruit salad covered in plastic wrap in the refrigerator was not labeled with the date, and h. a dish machine testing log designated to track safe temperature and proper sanitization levels was not being utilized. On 05/18/26 at 12:09 p.m., the dishwasher specification tag was observed on the dish machine. The tag showed the dish machine was a low temperature machine with a minimum temperature of 120 degrees Fahrenheit and a minimum amount of sanitizer to be used as 50 parts per million. A facility policy titled Dishwasher Policy, undated, read in part, The facility shall use commercial dishwashing equipment, according to manufactures instructions, local health department, regulations, and infection prevention standards. All dietary staff must follow, approved dishwashing, and sanitizing procedures at all times.The commercial dishwasher must: Be maintained in proper working order, Reach required wash and rinse temperatures, dispense sanitizer at approved concentrations when applicable, be clean daily.The following must be checked and documented each shift: Wash temperature, Final rinse temperature, Sanitizer concentration.Sample Dishwasher Log Date time wash Temp Rinse temp Sanitizer ppm Employee Initials. A facility policy titled Kitchen, Sanitation, and Cleaning Policy, undated, read in part, To ensure a clean, sanitary, and safe kitchen environment that protects residents from foodborne illness and complies with federal, state, and local health regulations for long-term care facilities.1. General kitchen cleaning .Walls, ceilings, vents, and light fixtures shall be clean routinely to prevent grease, dust, and debris buildup. On 05/12/26 at 6:57 a.m., dietary staff # 1 stated they could not locate the testing strips to test the sanitizer and had not tested the dish machine prior to using it that morning. On 05/12/2026 at 7:19 a.m., the administrator stated everything in the refrigerators should have had a date and all leftovers should have been used in 24 hours. On 05/12/26 at 7:30 a.m., cook #1 stated the fruit salad and turkey lunch meat were not labeled and should have been labeled with the date. On 05/12/2026 at 7:48 a.m., the administrator stated the sanitizer on the dishwasher was empty and they could not locate the testing strips to test the sanitizer. They stated the kitchen should have been clean and sanitary.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure proper infection control for 1 (#1) of 2 sampled residents reviewed for appropriate use of enhanced barrier precautions.The administrator identified 10 residents required enhanced barrier precautions. On 05/13/26 at 2:14 p.m., LPN #1 and the DON were observed to don PPE which included gown and gloves prior to providing wound care to Resident #1. LPN #1 removed the dressing from Resident #1's right hip and cleansed with normal saline soaked gauze. LPN #1 applied medication on Resident #1's right hip and secured with a new dressing. The DON and LPN #1 were observed to have repositioned Resident #1 for wound care on Resident #1's left above the knee amputation.On 05/13/26 at 2:19 p.m., LPN #1 was observed to have removed the old dressing from the left above knee wound. LPN #1 was then observed to have cleansed the wound and applied a new dressing to the wound. LPN #1 was not observed to have changed their gloves or perform hand hygiene throughout the wound care on the two different wounds on Resident #1. On 05/13/2026 at 2:27 p.m., CNA #2 and CNA #4 were observed wearing gown and gloves to clean Resident #1 of bowel movement and change linen. CNA #4 cleansed the catheter tubing at the insertion site with a washcloth and wiped bowel movement from the buttocks with the same washcloth. CNA #4 then replaced dirty linen with clean linen. CNA #4 was observed to not change their gloves between cleaning Resident #1 of bowel movement and positioning the clean linen beneath the resident.On 05/13/26 at 2:42 pm., LPN #1 was observed to remove their gown and gloves and remove the wound supplies from the room. CNA #2 and CNA #4 gathered dirty supplies, placed them into appropriate bins, removed their gown and gloves, and left the room. LPN #1, CNA #2, and CNA #4 were not observed to wash their hands before exiting the room. An admission assessment, dated 04/13/26, for Resident #1 showed the resident was admitted on [DATE] with diagnoses which included sepsis, surgical amputation, necrosis of amputation stump left lower extremity, dehiscence (broke open along the suture line) of amputation stump, and open wound of right hip. The admission assessment showed Resident #1 was moderately cognitively impaired with a BIMS (brief interview for mental status) score of 11. The assessment showed Resident #1 required substantial to maximum assistance from staff for all activities of daily living including bed mobility and toileting hygiene. An undated Infection Control Policy, showed all employees shall be instructed in proper hand-washing techniques. Protective clothing-gowns, gloves, masks-shall be provided to employees required for protection of the resident or the employee. The policy showed gloves were to be removed and hand hygiene performed before donning clean gloves and continuing care after cleaning up blood or body fluid contamination.A Handwashing/Hand Hygiene policy, revised 08/2019, read in part, The facility considers hand hygiene the primary means to prevent the spread of infections .Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .Before and after direct contact with residents; .Before and after handling an invasive device (e.g. urinary catheter); .Before handling clean or soiled dressings, gauze pads, etc,; Before moving from a contaminated body site to a clean body site during resident care; .After handling used dressings, contaminated equipment, etc,; .After removing gloves; . Hand hygiene is the final step after removing and disposing of personal protective equipment. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.On 05/13/2026 at 2:50 p.m., LPN #1 stated they should have changed their gloves after cleaning the wounds and between providing care for different wounds. LPN #1 stated hands should be washed before and after providing wound care and gloves should be changed between dirty and clean aspects of providing wound care to help prevent the spread of infection. On 05/13/2026 at 2:52 p.m., the DON stated they would have to check the policy for when gloves needed to be changed and hands needed to be washed.On 05/13/26 at 2:59 p.m., CNA #4 stated they wished they would have brought more (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	gloves into the room with them. CNA #4 acknowledged they did not change their gloves after cleaning bowel movement off Resident #1 and before preparing and positioning clean linen to be used beneath Resident #1. CNA #4 stated they were supposed to wash their hands before and after providing care and before exiting the room. CNA #2 nodded in agreement. On 05/18/26 at 4:13 p.m., the IP stated all the rooms that require enhanced barrier precautions have the PPE outside of the door and signs hanging up to inform staff of what PPE is necessary to wear for what type of interactions. The IP stated the observed staff members were new and were not used to being watched by surveyors.