

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:  375362	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2025
NAME OF PROVIDER OR SUPPLIER  Shanoan Springs Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2500 South 12th Street Chickasha, OK 73018	
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 0628  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49701</p> <p>Based on record review and interview, the facility failed to ensure advanced directives were sent with a resident during a transfer for 1 (#205) of 1 sampled residents reviewed for appropriate documentation sent to receiving provider.</p> <p>The administrator identified 49 residents resided in the facility.</p> <p>Findings:</p> <p>A policy Transfer or Discharge, Information for Receiving Provider, dated 2001, read in part, Should a resident be transferred to another facility or discharged to the care of another provider, the following information is communicated to the receiving facility or provider .Advance directive information.</p> <p>On 02/01/25, a nurses note showed Resident #205 was transferred out to a hospital due to labored breathing and coughing up thick green phlegm.</p> <p>On 02/06/25, a nurses note showed hospital staff called Shanoan Springs to request a copy of the medications that were in effect at the time of the transfer to theER on [DATE].</p> <p>On 02/10/25, a nurses note showed hospital staff called Shanoan Springs to request a copy of Resident #205's advance directive.</p> <p>On 05/30/25 at 10:07 a.m., the DON stated they normally send out face sheets, orders, and advance directives. They stated the advance directive did not get sent.</p> <p>On 05/30/25 at 10:11 a.m., LPN #2 stated they sent the face sheet that stated Resident #205 had an advance directive and the medication list, but did not actually send a copy of the signed advance directive. They stated the advance directive should have been sent with Resident #205.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46216</p> <p>Based on observation, record review, and interview, the facility failed to ensure proper personal protective equipment was used for 1 (#42) of 4 sampled residents reviewed for enhanced barrier precautions.</p> <p>The administrator identified 19 residents resided in the facility required enhanced barrier precautions.</p> <p>Findings:</p> <p>On 05/29/25 at 9:10 a.m., LPN #1 was observed to enter Resident #42's room to administer medications via enteral tube. LPN #1 did not don PPE prior to administering the medications via enteral tube.</p> <p>An undated policy Enhanced Barrier Precautions, read in part, Enhanced barrier precautions (EBP) are an infection control intervention designed to reduce the transmission of multidrug-resistant organisms . Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities.</p> <p>A policy Administering Medications Through an Enteral Tube, revised 11/2008, read in part, The purpose of this procedure is to provide guideline for the safe administration of medications through an enteral tube .The following equipment and supplies will be necessary when performing this procedure .Personal protective equipment (e.g.,gowns, gloves, mask, etc., as needed).</p> <p>An Order Summary Report, dated 05/30/25, showed Resident #42 had diagnoses which included traumatic brain injury and the need for assistance with personal care.</p> <p>On 05/29/25 at 9:20 a.m., LPN #1 stated the sticker on the name plate outside of room was inform staff that the resident was on enhanced barrier precautions.</p> <p>On 05/29/25 at 9:21 a.m., LPN #1 stated they should have donned gown and gloves prior to administering Resident #42's medications.</p> <p>On 05/29/25 at 9:25 a.m., the administrator stated PPE was for direct resident care for those with peg tubes, wounds, and catheters.</p>		