

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Southern Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 4th Street Pawnee, OK 74058	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a comprehensive care plan included interventions for behaviors for 1 (#37) of 15 sampled residents whose care plans were reviewed. The DON identified 57 residents resided at the facility. Findings: On 03/17/26 at 11:14 a.m., Res #37 was observed sitting in a chair beside the bed. There was a strong odor of urine in the room. An admission form, dated 05/21/26, showed Res #37 had diagnoses which included dementia and depression. A care plan, dated 05/28/25 did not show interventions for behaviors. A behavior note, dated 02/26/26 at 9:35 p.m., read in part, What was the behavior?: resident is aggressive when asked about showers Did anything worsen the behavior?: yes, asking her to get up. What was the resident doing just prior to the onset of the behavior?: sleeping What non-pharmacological approaches were attempted to reduce/resolve the behavior?: tried to explain the importance of a shower What were the results of the non-pharmacological interventions?: na Did the behavior resolve?: yes What interventions are in place to prevent a recurrence?: na Was there a medical or physical cause for the behavior?: dementia What there a psychosocial reason for the behavior?: dementia Was there an environmental reason for the behavior?: no What there a medication reason for the behavior?: dementia Has delerium been ruled out as a cause for the behavior?: yes Was the physician notified?: no Was the family/responsible party notified?: no A quarterly assessment, dated 03/03/26, showed the Res was moderately impaired in cognition for daily decision making with a BIMS score of 11. On 03/19/26 at 12:45 p.m., CNA #1 stated Res #37 frequently refused showers and would get agitated when asked to shower. CNA #1 stated would attempt two or three times to get Res #37 to shower and if they were unsuccessful they notified the charge nurse. On 03/19/26 at 12:50 p.m., CNA # 2 stated Res #37 could be hateful. CNA #2 stated they attempted to give Res #37 a shower, but they often refused. CNA #2 stated if the Res refused more than three times they notified the charge nurse who documented it in the progress notes. On 03/19/26 at 12:50 p.m., CNA #3 stated at times Res #37 would not get out of bed and would not allow staff to change their brief or shower them. CNA #3 stated they attempt two or three times to shower Res #37 and if they still refused, they notify the charge nurse. On 03/19/26 at 12:55 p.m., LPN #3 stated if Res #37 refused to shower the CNA's reported this to them and they would attempt to get the resident to shower. LPN #3 stated if they could not get Res #37 to shower, they documented it in the progress notes. On 03/19/26 at 1:00 p.m., MDS coordinator #1 stated Res #37's behavior for agitation and refusing showers did not show in the care plan but it should have been care planned. They stated they needed help and could not keep up with the care plans.</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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