

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2025
NAME OF PROVIDER OR SUPPLIER  The Regency Skilled Nursing and Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE  1610 North Bryan Avenue 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43023</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure infection control program guidelines were implemented for 2 (#79 and #108) of 19 residents sampled for infection control.</p> <p>The regional nurse consultant reported five residents in the facility had C. diff.</p> <p>Findings:</p> <p>1. On 04/30/25 at 2:18 p.m., Res # 79's door was observed to have personal protective equipment and a contact precaution sign on the door . The resident was observed resting in bed with eyes closed. A biohazard trashcan and a biohazard bed linen container were observed placed by the door upon entry.</p> <p>On 05/01/25 at 11:20 a.m., Res #79 was observed resting in bed watching television.</p> <p>A facility policy titled Infection Control Program Guidelines for Clostridium Difficile (C Diff), dated 06/14/06, read in part Contract Controls for C. Diff.</p> <p>1. Contact precautions are recommended to prevent transmission of C. Difficile in the health care setting (CDC [Centers for Disease Control and Prevention] information for healthcare providers July 22, 2005).</p> <p>2. Place residents with C Diff in private rooms or consolidate them together with other residents who have been diagnosed with C Diff.</p> <p>3. Use gloves and gowns for all resident contact.</p> <p>4. Use disposable items and equipment when possible.</p> <p>5. Continue these precautions until the diarrhea ceases.</p> <p>An undated medical diagnoses list for Res #79's showed the resident admitted with acute cystitis with hematuria.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Res #79 s progress notes, dated 04/19/25 through 05/01/25, showed the resident had been on precautions for c-diff since 04/19/25.</p> <p>On 04/30/25 at 2:18 p.m., Res #79 reported feeling better than they did three days ago. The resident reported their appetite was coming back and they were not having bowel movements as often.</p> <p>On 05/01/25 at 11:20 a.m., Res #79 reported they had four roommates since they admitted . The resident was asked about their last roommate. Res #79 stated they were not here for very long. Res #79 was asked how long it had been since their last roommate. Res #79 reported about a week.</p> <p>2. A review of the facility's admissions in the last 30 days showed Res #108 admitted on [DATE].</p> <p>An undated medical diagnoses list for Res #108 showed diagnoses of dementia, dysphagia, and sever protein-calorie malnutrition.</p> <p>A Grievance Form, dated 04/23/25, showed Res #108 was placed in the room with Res #79 upon admission.</p> <p>On 05/01/25 at 12:02 p.m., the IP was asked what the policy was on a resident with/or suspected c-diff and a roommate. They reported they did not cohort residents with C. diff with a negative resident, They stated they isolated the positive resident. The IP was made aware of Res #79 and Res #108 being placed in the same room on 04/23/25. The IP was asked why a negative resident was placed with a positive resident. The IP reported they would have to check with the DON.</p> <p>On 05/01/25 at 12:22 p.m., the DON was asked if any resident should have been put in the room with Res #79. The DON reported maybe if they had c-diff also.</p>		