

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2026
NAME OF PROVIDER OR SUPPLIER McMahon-Tomlinson Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2007 NW 52nd Street Lawton, OK 73505	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure an allegation of abuse was reported to the state agency within the 2-hour required timeframe for 1 (#1) of 3 sampled residents reviewed for abuse. The DON reported the facility census was 133. Listed below are abbreviations that will be used throughout this document. ADON - Assistant Director of Nursing APS - Adult Protective Service BIMS score - Brief Interview for Mental Status DON - Director of Nursing A Abuse and Neglect policy, dated 09/12/25, read in part, The facility shall immediately report allegations, suspicions, or incidents of abuse, neglect, exploitation, misappropriation of resident property, or injuries of unknown source involving residents. The admission assessment, dated 12 /05/25, showed Resident #1 was admitted to the facility on [DATE] with diagnosis of congestive heart failure. The assessment showed the residence's cognition was intact with a BIMS score of 15. A skilled assessment, dated 12/05/25, showed Resident #1 had a skin assessment and was found to have bruises on the right lateral thigh, left inner thigh, and one near the rib cage. On 03/06/26 at 8:22 a.m., an interview with the APS investigator took place. The APS investigator stated, They went to the facility on 12/05 and informed them they were there to investigate an allegation of abuse for Resident #1. On 03/05/26, at 10:50 a.m., the DON reported a meeting was held regarding Resident #1 for an allegation of abuse. The DON reported the meeting included the Administrator, DON, ADON and Skilled Nurse Manager. They discussed and investigated the bruising on Resident #1 and concluded the bruising was from the lift sling and did not find it to be abuse. They decided an investigation into the allegation of abuse would not be reported. On 03/05/26, at 2:20 p.m., the Administrator reported APS came to the facility on [DATE] and informed them they were there to do an investigation concerning an allegation of abuse for Resident #1. The Administrator reported they thought they would not have to report the allegation since APS is part of a state agency. The Administrator reported the abuse allegation should have been reported to OSDH and investigated.</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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(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 - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure an allegation of abuse was investigated to make certain residents were free from abuse for 1 (#1) of 3 sampled residents reviewed for abuse. The DON reported the facility census was 133. Listed below are abbreviations that will be used throughout this document. ADON - Assistant Director of Nursing APS - Adult Protective Service BIMS score - Brief Interview for Mental Status DON - Director of Nursing A Abuse and Neglect policy, dated 09/12/25, read in part, The facility shall immediately report allegations, suspicions, or incidents of abuse, neglect, exploitation, misappropriation of resident property, or injuries of unknown source involving residents. The admission assessment, dated 12/05/25, showed Resident #1 was admitted to the facility on [DATE] with diagnosis of congestive heart failure. The assessment showed the residence's cognition was intact with a BIMS score of 15. A skilled assessment, dated 12/05/25, showed Resident #1 had a skin assessment and was found to have bruises on the right lateral thigh, left inner thigh, and one near the rib cage. On 03/06/26 at 8:22 a.m., an interview with the APS investigator took place. The APS investigator stated, They went to the facility on 12/05 and informed them they were there to investigate an allegation of abuse for Resident #1. On 03/05/26, at 10:50 a.m., the DON reported a meeting was held regarding Resident #1 for an allegation of abuse. The DON reported the meeting included the Administrator, DON, ADON and Skilled Nurse Manager. They discussed and investigated the bruising on Resident #1 and concluded the bruising was from the lift sling and did not find it to be abuse. They decided an investigation into the allegation of abuse would not be reported. On 03/05/26, at 2:20 p.m., the Administrator reported APS came to the facility on [DATE] and informed them they were there to do an investigation concerning an allegation of abuse for Resident #1. The Administrator reported they thought they would not have to report the allegation since APS is part of a state agency. The Administrator reported the abuse allegation should have been reported to OSDH and investigated.</p>		