OKLAHOMA
State Department of Health

Delivery via email to: tellis@shawneememorycare.com

March 6, 2024

License Number: AL6304

Ms. Teri Ellis, Administrator
Shawnee Memory Care
1723 N Airport Drive
Shawnee, OK 74804

RE: Survey Event ID: P9BT11

Dear Ms. Ellis:

Enclosed is a report of the Relicensure with complaint inspection conducted at your Assisted Living Center on **March 1, 2024.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Shawnee Memory Care
Address: 1723 Airport Drive
City, State, Zip: Shawnee, OK. 74804
Provider #: AL6304
Complaint #: OK00062038
Investigation Date(s): 02/28/24 – 03/01/24

ALLEGATION(S)

The center failed to ensure resident had appropriate furniture, i.e., a bed.
The center failed to ensure residents were treated with dignity and respect.
The center failed to ensure newly admitted residents were not above the level of care the center could provide.

An unannounced on-site investigation was initiated 02/28/2024 at 8:30 a.m.

A sample of eight residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the center was conducted upon entrance and throughout the survey. Residents were observed to be clean and dressed appropriately. Resident rooms were observed to be clean and homelike. Resident rooms were observed to have a bed, armoire, bedside table, and personal items of their choice. Staff was observed assisting residents with activities of daily living. Staff were observed treating residents with dignity and respect.

Resident records were reviewed, i.e., resident contracts, care plans, assessments, and physician orders. Incident reports were reviewed.

Residents reported they are supplied with furniture if they do not have their own. Residents reported staff treats them with dignity and respect. Staff were interviewed regarding furniture in resident rooms, treating residents with dignity and respect, and ensuring residents receive their level of care in the resident contract.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/01/2024

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6304	A. BUILDING: _____ B. WING _____	C 03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE MEMORY CARE	1723 N AIRPORT DRIVE SHAWNEE, OK 74804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS A relicensure survey was conducted from 02/28/24 through 03/01/24. A complaint investigation (#OK00062038) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 34	C 000		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE