
Delivery via email to: smanor.inc@yahoo.com

January 28, 2025

License Number: RC5512
Survey Event ID: C2FW11

Ms. Tracy Estrada, Administrator
Shiloh Manor
8528 Southwest 74th Street
Oklahoma City, OK 73169

Dear Ms. Estrada:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **January 15, 2025**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- A reasonable date of correction, which will normally be within 30 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process.** Please retain a copy of this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

In accordance with O.S. 63 830.1, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833-RC). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER SHILOH MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 8528 SOUTHWEST 74TH STREET OKLAHOMA CITY, OK 73169		
(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
R 000	INITIAL COMMENTS A relicensure survey was conducted from 01/14/25 to 01/15/25. Facility Census: 33	R 000		
R 311 SS=F	310:680-5-2 (a) PLUMBING AND ELECTRICAL (a) Electrical, heating, and plumbing facilities must be certified by a licensed plumber, licensed electrician, or municipal building inspector as being in good working order, of safe design and installation, and meet local code requirements. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to an ensure yearly electrical inspection was completed. The administrator identified the facility census at 33. Findings: A review of the electrical inspections reports documented the last inspection was completed on 08/17/23. On 01/15/25 at 10:30 a.m., the owner stated the inspection was completed on 08/17/23 and it had been overlooked for 2024. They then stated it should be conducted yearly.	R 311		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Delivery via email to: smanor.inc@yahoo.com

February 26, 2025

License Number: RC5512
Survey Event ID: C2FW11

Ms. Tracy Estrada, Administrator
Shiloh Manor
8528 Southwest 74th Street
Oklahoma City, OK 73169

Dear Ms. Estrada:

On **January 15, 2025**, a State Licensure survey was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **January 16, 2025**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2025
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NAME OF PROVIDER OR SUPPLIER SHILOH MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 8528 SOUTHWEST 74TH STREET OKLAHOMA CITY, OK 73169
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(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
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R 000 INITIAL COMMENTS

A relicensure survey was conducted from 01/14/25 to 01/15/25.

Facility Census: 33

R 311 310.680-5-2 (a) PLUMBING AND ELECTRICAL SS=F

(a) Electrical, heating, and plumbing facilities must be certified by a licensed plumber, licensed electrician, or municipal building inspector as being in good working order, of safe design and installation, and meet local code requirements.

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure yearly electrical inspection was completed.

The administrator identified the facility census at 33.

Findings:

A review of the electrical inspections reports documented the last inspection was completed on 08/17/23.

On 01/15/25 at 10:30 a.m., the owner stated the inspection was completed on 08/17/23 and it had been overlooked for 2024. They then stated it should be conducted yearly.

R 000

R 311

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mary Shade

Administrator

2/13/25

Plan of Correction

1. R311-310:680-5-2(a) Plumbing and electrical
Electrical inspection was completed on 1/16/2025

Please let me know if you need any additional documentation or information to clear this deficiency.

Sincerely,

Tracy Estrada- Administrator

ELECTRICAL INSPECTION

Name of Home:

Shiloh Manor Inc

Address:

8528 SW 74th St

OKC OK 73169

Re: Electrical Inspection Report:

This letter is to certify that the electrical systems at the above named home do comply with safe standards for state and local codes.

Arod's Electric

Name of Company

Abel Rodriguez

Name of Person Doing Inspection

405-589-6015

Phone number

1-16-25

Date

172 947

License Number

Delivery via email to: smanor.inc@yahoo.com

March 7, 2025

License Number: RC5512
Survey Event ID: C2FW12

Ms. Tracy Estrada, Administrator
Shiloh Manor
8528 Southwest 74th Street
Oklahoma City, OK 73169

Dear Ms. Estrada:

On **March 7, 2025**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **January 15, 2025**, have now been corrected and your facility is in compliance with licensure standards effective **January 16, 2025**.

If you have any questions concerning the information in this letter, please contact this office 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/07/2025
NAME OF PROVIDER OR SUPPLIER SHILOH MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 8528 SOUTHWEST 74TH STREET OKLAHOMA CITY, OK 73169		
(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
{R 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 03/07/25. The facility was in substantial compliance.	{R 000}		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE