OKLAHOMA
State Department of Health

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

March 23, 2026

License Number: RC5512
Survey Event ID: NF9411

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

Dear Ms. Estrada:

Enclosed is a report of the inspection conducted at your Residential Care facility on **March 11, 2026**. No deficiencies were cited. Oklahoma Statutes 63, Section 1-840 requires 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: Shiloh Manor**
**Address: 8528 SW 74th St**
**City, State, Zip: Oklahoma City, OK 73169**
**Provider #: RC5512**
**Complaint #: OK00089296**
**Investigation Date(s): 03/10/26-03/11/26**

| ALLEGATION(S) |
|---|
| The facility failed to ensure residents right to choose their physician and pharmacy |
| The facility failed to ensure the residents right to be free from seclusion |
| The facility failed to ensure the residents right to privacy |
| The facility failed to ensure the residents right to retain personal possessions |
| The facility failed to ensure residents were free from abuse |
| The facility failed to ensure diets were provided according to the physician orders |
| The facility failed to ensure residents were not involuntarily discharged |

An unannounced on-site investigation was initiated 03/10/2026 at 12:10 p.m.

A sample of 8 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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: Observations of residents entering and leaving facility at will, residents' meal times and food served, residents' rooms, residents' physical presentation, and medications were observed. Records of residents' health charts, special diets, medications, physician notes, resident council minutes, facility policies, incident reports, and behavioral reports were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the facility was in compliance with regulations.**

The attached State form, Statement of Deficiencies, 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: 03/11/2026

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 |
|---|---|---|---|
| | RC5512 | A. BUILDING: _____ B. WING _____ | C 03/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SHILOH MANOR | 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<br><br>A relicensure survey with complaint (#OK00089296) was conducted from 03/10/26 through 03/11/26. No deficiencies were cited.<br><br>Facility Census: 34 | R 000 | | |

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