
Delivery via email to: jbbyerly@homesteadofelkcity.com

February 1, 2023

License Number: AL0501

Ms. Julie Byerly, Administrator
Homestead Of Elk City
1000 Elkwood Blvd
Elk City, OK 73644

RE: Survey Event ID: 07XT11

Dear Ms. Byerly:

On **January 25, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on January 25, 2023.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: <http://www.ok.gov/health>. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

- (1) Address how corrective action will be accomplished for affected residents;
- (2) Address how other residents with the potential to be affected will be identified;

- (3) Address measures or systemic changes to ensure the deficiency will not recur;
- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action and monitoring will be completed for each violation;
- (6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. 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 the completed form for your files.

In accordance with O.S. 63-1-895, 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 833AL). 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 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,



Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

INVESTIGATIVE REPORT

Facility: Homestead of Elk City
Address: 1000 Elkwood Blvd
City, State, Zip: Elk City, OK 73644
Provider #: AL0501
Complaint #: OK00059755
Investigation Date(s): 01/23/23 through 01/25/23

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The center failed to ensure medication was administered according to physician's orders.	S
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☒ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated 01/23/2023 at 09:30 a.m.

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

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1505 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The survey team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (S) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies, Form 2567.

Thank you for bringing these concerns to our attention.

Julie Edmiaston RN, BSN

Date report completed: 01/25/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF ELK CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELKWOOD BLVD ELK CITY, OK 73644		
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C 000	INITIAL COMMENTS A relicensure survey was conducted from 01/23/22 through 01/25/23. Complaint investigation (#OK00059755) was conducted in conjunction with the survey. The following are abbreviations which may be included in this document: APAP- Tylenol ED- Executive Director hrs- hours MAR- Medication Administration Record mg- milligrams	C 000		
C 321 SS=E	310:663-3-3(a)(1) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (1) assistance with personal care meals, housekeeping and laundry; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe laundry services as a	C 321		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

Oklahoma State Department of Health

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C 321	Continued From page 1 component of the contract for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled residents reviewed for contracts. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not describe laundry services to be provided or arranged in the assisted living center. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same. She reported they were all the same contract. On 01/23/23 at 3:53 p.m., the RN was asked to review the resident contracts. The RN reviewed the contracts and was asked if there was a statement related to laundry services such as when or how often laundry services would be provided. She stated, "I do not see laundry."	C 321		
C 322 SS=E	310:663-3-3(a)2 DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (2) nursing supervision during	C 322		

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C 322	Continued From page 2 nursing intervention; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe nursing supervision during nursing intervention, as a component of the contract for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled residents reviewed for contracts. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not describe service to be provided or arranged in the assisted living center with respect to nursing supervision during nursing intervention. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same. She reported they were all the same contract. On 01/24/23 at 3:55 p.m., the ED was asked to review resident #1- #8's contracts. The ED reviewed the contracts and was asked if the statement related to nursing supervision was	C 322		

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C 322	Continued From page 3 included in resident's contracts and she stated, "no."	C 322		
C 323 SS=E	310:663-3-3(a)(3) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (3) intermittent or unscheduled nursing care as defined in this chapter; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe intermittent or unscheduled nursing care, as a component of the contract, for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled residents reviewed for contracts. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for Residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not describe intermittent or unscheduled nursing care as a component for the contract. On 01/23/23 at 9:30 a.m., the ED was asked	C 323		

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C 323	Continued From page 4 about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same. The ED reported they were all the same contract. On 01/24/23 at 3:55 p.m., the ED was asked if resident #1-#8's contract described the service to be provided related to intermittent or unscheduled nursing care, and she stated, "no."	C 323		
C 324 SS=E	310:663-3-3(a)(4) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (4) medication administration; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe the service to be provided or arranged related to medication administration for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled residents reviewed for contracts. The ED reported 38 residents resided in the center. Findings:	C 324		

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C 324	Continued From page 5 The "Assisted Living Lease Agreement," for Residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not describe service to be provided or arranged in the assisted living center with respect to medication administration. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same and she reported they were all the same contract. On 01/24/23 at 3:55 p.m., the ED was asked to review resident #1- #8's contracts. The ED reviewed the contracts and was asked if the assisted living contract described the services to be provided or arranged related to medication administration. She stated, "no, it does not."	C 324		
C 325 SS=E	310:663-3-3(a)(5) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (5) assistance with cognitive orientation; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe the service to be provided or	C 325		

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C 325	Continued From page 6 arranged related to assistance with cognitive orientation for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled residents reviewed for contracts. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for Residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not describe service to be provided or arranged in the assisted living center related to cognitive orientation. The "Assisted Living Lease Agreement," not dated, read in parts, "...Residents may suffer from cognitive impairment may choose to live in our Community knowing that our Community is not a locked Community..." The assisted living center has a locked memory care unit. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same and she reported they were all the same contract. On 01/24/23 at 3:50 p.m., the ED was asked if the assisted living center and the memory care unit resident contracts were the same. She stated, "yes." On 01/24/23 at 3:55 p.m., the ED was asked if the center's contract contained information related to assistance with cognitive orientation. She reported it did state the facility was not a locked facility, but stated, "we do have a locked	C 325		

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C 325	Continued From page 7 memory care unit."	C 325		
C 326 SS=E	310:663-3-3(a)(6) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (6) any specialized service or unit for residents with Alzheimer's disease and related dementias, physical disabilities or other special needs that the facility intends to market; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe any specialized service or unit for Alzheimer's disease and related dementia, physical disabilities or other special needs that the facility intended to market, as a component of the contract, for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled residents reviewed for contracts. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for residents #1, 2, 3, 4, 5, 6, 7, and #8 were	C 326		

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C 326	Continued From page 8 reviewed and did not describe the service to be provided or arranged in regard to any specialized service or unit for Alzheimer's disease and related dementia, physical disabilities, or other special needs that the facility intended to market as a component of the contract. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same and she reported they were all the same contract. On 01/24/23 at 3:55 p.m., the ED was asked if the center's contract for residents #1-#8 described the service to be provided or arranged in regard to any specialized service or unit for Alzheimer's disease and related dementia, physical disabilities, or other special needs to assistance with cognitive orientation. She reported it did state the facility was not a locked facility, and stated, "we do have a locked memory care unit." Resident #6, 7, and #8 resided in the memory care unit.	C 326		
C1303 SS=E	310:663-13-1(c) RESIDENT SERVICE CONTRACT (c) The assisted living center shall ensure that the resident or the resident's representative, if any, is informed of all provisions of the resident service contract.	C1303		

Oklahoma State Department of Health
STATE FORM

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C1321	Continued From page 10 Each resident service contract shall contain a clear statement of the following: (1) assisted living center's name and address; This Rule is not met as evidenced by: Based on record review and interview, the center failed to include the assisted living center's address in the contract for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled resident contracts reviewed. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for Residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not contain the center's address in the contract. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same and she reported they were all the same contract. On 01/23/23 at 12:43 p.m., the ED was asked if the center's address was in resident #1'-#8's contracts. She stated, "I don't believe our address is on it."	C1321		
C1324 SS=E	310:663-13-2(4) CONTENTS OF CONTRACT	C1324		

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C1324	Continued From page 11 Each resident service contract shall contain a clear statement of the following: (4) discharge criteria; This Rule is not met as evidenced by: Based on record review and interview, the center failed to include a clear statement for the discharge criteria in the contract for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled residents reviewed for contracts. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not contain a clear statement for the discharge criteria. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same and she reported they were all the same contract. On 01/23/23 at 3:55 p.m., the ED was asked if the contract had a clear statement for the discharge criteria in resident #1'-#8's contracts. She stated, "No, it does not." The ED identified an area related to the terms, renewal, and cancellation of the contract.	C1324		

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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
C1327	Continued From page 12	C1327		
C1327 SS=E	310:663-13-2(7) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (7) a provision that the written contract constitutes the entire agreement between the resident and the assisted living center not excluding the marketing materials and the requirements of this Chapter; This Rule is not met as evidenced by: Based on record review and interview, the center failed to include a clear statement related to the entire agreement between the resident and the assisted living center, not excluding the marketing materials and the requirements of this Chapter, for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled resident contracts reviewed. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not contain a statement related to the entire agreement between the resident and the assisted living center not excluding the marketing materials and the requirements of this Chapter. On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time	C1327		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF ELK CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELKWOOD BLVD ELK CITY, OK 73644		
(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
C1327	Continued From page 13 of admission was requested. The ED was asked if the contracts were all the same and she reported they were all the same contract. On 01/24/23 at 3:55 p.m., the ED was asked to review resident #1- #8's contracts. The ED reviewed the contracts and was asked if the statement related to the entire agreement between the resident and the assisted living center included the statement "not excluding the marketing materials and the requirements of this Chapter." She reported it did not include the required statement.	C1327		
C1329 SS=E	310:663-13-2(9) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (9) conformity with state law; This Rule is not met as evidenced by: Based on record review and interview, the center failed to include a clear statement for the conformity with state law for eight (#1, 2, 3, 4, 5, 6, 7, and #8) of eight sampled resident contracts reviewed. The ED reported 38 residents resided in the center. Findings: The "Assisted Living Lease Agreement," for residents #1, 2, 3, 4, 5, 6, 7, and #8 were reviewed and did not contain a statement of conformity with state law in the agreement.	C1329		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF ELK CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELKWOOD BLVD ELK CITY, OK 73644		
(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
C1329	Continued From page 14 On 01/23/23 at 9:30 a.m., the ED was asked about the center's contracts. She stated in October 2021, the center had implemented new contracts. A copy of the contract used at the time of admission was requested. The ED was asked if the contracts were all the same and she reported they were all the same contract. On 01/24/23 at 3:55 p.m., the ED was asked to review resident #1- #8's contracts. The ED reviewed the contracts and was asked if the statement related to conformity with state law was located in the contracts and she stated, "no."	C1329		
C1505 SS=E	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF ELK CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELKWOOD BLVD ELK CITY, OK 73644		
(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
C1505	Continued From page 15 of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to follow physician's orders for one (#4) of eight sampled residents reviewed for medications. The Executive Director reported 38 residents resided in the center. Findings: A "Plan of Care," dated 10/25/21, read in parts, "...Focus Medications...(Resident #4) will continue to have meds administered by facility staff..." A "Physician's Order," dated 01/01/23, for resident #4, read in parts, "...Acetaminophen tablet 500 mg Give 1000 mg by mouth every 6 hours for pain... Not to exceed 3,000 mg APAP (Tylenol) in 24 hrs from all combined meds..." A "Medication Administration Record," dated 01/01/23, for resident #4, read in parts, "Acetaminophen tablet 500 mg Give 1000 mg by mouth every 6 hours for pain ... Not to exceed	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2023
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF ELK CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELKWOOD BLVD ELK CITY, OK 73644		
(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
C1505	Continued From page 16 3,000 mg APAP (Tylenol) in 24 hrs from all combined meds...Start Date: 03/09/22..." The MAR was initialed by the center's staff to indicate Tylenol was administered to resident #4 every six hours and the resident received 4,000 mg Tylenol in 24 hours. An "Annual Assessment," dated 05/03/22, for resident #4, included diagnoses as scoliosis unspecified, essential hypertension, and type 2 Diabetes Mellitus without complications. On 01/24/23 at 09:00 a.m., resident #4 was asked if staff administered her Tylenol for pain. She stated, "yes, the staff bring it regularly day and night." On 01/24/23 at 2:28 p.m., the regional resource nurse was asked if resident #4 exceeded the 3,000 mg limit of Tylenol for a 24 hour period. She stated, "yes ma'am, she does."	C1505		

Delivery via email to: jbyerly@homesteadofelkcity.com

February 24, 2023

License Number: AL0501

Ms. Julie Byerly, Administrator
Homestead Of Elk City
1000 Elkwood Blvd
Elk City, OK 73644

RE: Survey Event 07XT11

Dear Ms. Byerly:

On **January 25, 2023**, agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C1327:** The verbiage “**a provision** that the written contract constitutes the entire agreement between the resident and the assisted living center, not excluding the **marketing materials and the requirements of this Chapter**” is not found in this contract per regulation.
- **C1324:** The center’s policies for discharge criteria/transfer policy/immediate transfer were provided; however, the address for the Oklahoma State Department of Health does not contain updated information and policies and procedures are subject to being revised or updated. A clear statement for the “**Discharge Criteria**” is not listed as an actual component in the contract.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Sincerely,



Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services



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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C321

Based on: The center failed to describe laundry services as a component for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- a. How the correction will be evaluated for effectiveness;

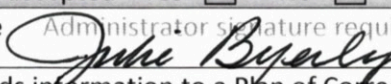
ASSISTED LIVING CENTER'S PLAN ELEMENTS

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers laundry services. The center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

All residents are included in this corrective action. The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement beginning 2/6. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers laundry services. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

a. Routine audits will be performed by the Director of the center to ensure state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		b. The plan of correction will be written to address this deficiency and include monitoring by the Director. The plan will be written by 2/6 and implemented immediately. c. Director will keep a log of reviews upon completion of each review. Implement on 2/6. Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/13/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F) 		Date Enter a date of signature. 2-14-23	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C322

Based on: The center failed to describe nursing supervision during nursing intervention as a component for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. The center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

All residents are included in this corrective action. The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately..

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement beginning 2/6. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

a. How the correction will be evaluated for effectiveness;

a. Routine audits will be performed by the of the center to ensure state approved Lease Agreement is being used at all times beginning 3/7 and ongoing

b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		b. The plan of correction will be written to address this deficiency and include monitoring by the Director. The plan will be written by 2/6 and implemented immediately. c. Director will keep a log of reviews upon completion of each review. Implement on 2/6 and ongoing Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/1/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)		Date Enter a date of signature.	
Administrator signature required. <i>[Signature]</i>		2-14-23	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C323

Based on: The center failed to describe intermittent or unscheduled nursing care as a component for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

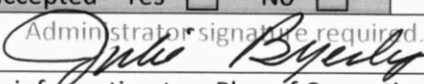
ASSISTED LIVING CENTER'S PLAN ELEMENTS

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement covers services. The center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

All residents are included in this corrective action. The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement beginning 2/6. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

a. Routine audits will be performed by the Director of the center to ensure state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		b. The plan of correction will be written to address this deficiency and include monitoring by the Director. The plan will be written by 2/6 and implemented immediately. c. Director will keep a log of reviews upon completion of each review. Implement on 2/6. Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/13/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F) 		Date Enter a date if signature. 2-14-23	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C324

Based on: The center failed to describe the service to be provided or arranged related to medication administration as a component for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement covers services. The center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

All residents are included in this corrective action. The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement beginning 2/6. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		a. Routine audits will be performed by the Director of the center to ensure state approved Lease Agreement is being used at all times beginning 3/7 and ongoing. b. The plan of correction will be written to address this deficiency and include monitoring by the Director. The plan will be written by 2/6 and implemented immediately. c. Director will keep a log of reviews upon completion of each review. Implement on 2/6. Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/13/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required <i>[Signature]</i>		Date Enter a date of signature. <i>2-14-23</i>	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C325

Based on: The center failed to describe the service to be provided or arranged related to assistance with cognitive orientation as a component for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement covers services. The center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

All residents are included in this corrective action. The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement beginning 2/6. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		a. Routine audits will be performed by the Director of the center to ensure state approved Lease Agreement is being used at all times beginning 3/7 and ongoing. b. The plan of correction will be written to address this deficiency and include monitoring by the Director. The plan will be written by 2/6 and implemented immediately. c. Director will keep a log of reviews upon completion of each review. Implement on 2/6. Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/13/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		Date Enter a date of signature.	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C326

Based on: The center failed to describe any specialized service or unit for Alzheimer's disease and related dementia, physical disabilities or other special needs that the facility intended to market as a component for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement covers services. The center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

All residents are included in this corrective action. The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Center will implement on 2/6 and request return of signed contracts by 3/7. The ED will contact any residents and family/POA members who have not signed, to complete immediately.

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

The center will use the state approved Lease Agreement going forward. All previous versions will be removed. All residents will sign the state approved Lease Agreement beginning 2/6. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

a. Routine audits will be performed by the Director of the center to ensure state approved Lease Agreement is being used at all times beginning 3/7 and ongoing.

a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		b. The plan of correction will be written to address this deficiency and include monitoring by the Director. The plan will be written by 2/6 and implemented immediately. c. Director will keep a log of reviews upon completion of each review. Implement on 2/6. Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/13/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)		Date Enter a date of signature.	
Administrator signature required.		<i>Julie Byrd</i>	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
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Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1303

Based on: The center failed to ensure residents or their representatives were informed of all provisions of the contract as a component for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

All residents will sign the state approved Lease Agreement. Implementing 2/6 and request return of signed contract by 3/7. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

All residents are included in this correction. All residents will sign the state approved Lease Agreement. Implementing 2/6 and request return of signed contract by 3/7. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

All residents will sign the state approved Lease Agreement. Implementing 2/6 and request return of signed contract by 3/7. The Negotiated Service Agreement, as referenced in the Lease Agreement, covers services. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

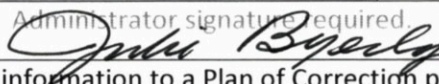
OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and

a. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 2/6 and ongoing.

b. The plan of corrections will be written to address this citation and include the monitoring plan by the ED. The plan will be written by 2/6 and implemented immediately.

c. How monitoring records will be kept to evidence the correction.		c. The ED will keep a log of reviews completed upon completion of each review. Implement on 2/6 and ongoing Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/13/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		Date Enter a date of signature.	
			
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1321

Based on: The center failed to include the assisted living center's address in the contract for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

All residents will sign the state approved Lease Agreement which includes the address. Implementing 2/6 and request return of signed contract by 3/7. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

All residents are included in this correction. All residents will sign the state approved Lease Agreement which includes the address. Implementing 2/6 and request return of signed contract by 3/7. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

All residents will sign the state approved Lease Agreement which includes the address. Implementing 2/6 and request return of signed contract by 3/7. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

a. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 2/6 and ongoing.

b. The plan of corrections will be written to address this citation and include the monitoring plan by the ED. The plan will be written by 2/6 and implemented immediately.

c. The ED will keep a log of reviews completed upon completion of each review. Implement on 2/6 and ongoing

Enter methods to keep monitoring records:

5. On what date will corrective action be completed?		3/13/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		Date Enter a date of signature. 2-14-23	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/6/2023

Facility Name: Homestead of Elk City

License Number: AL0501

Survey Event ID: 07XT11

Date Survey Completed: 1/25/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1324

Based on: The center failed to include a clear statement for the discharge criteria in the contract for eight (#1,2,3,4,5,6,7 and 8) of eight sampled residents reviewed for contracts

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

ASSISTED LIVING CENTER'S PLAN ELEMENTS

All residents will sign the state approved Lease Agreement which includes the discharge criteria. Implementing 2/6 and request return of signed contract by 3/7. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

All residents are included in this correction. All residents will sign the state approved Lease Agreement which includes the discharge criteria. Implementing 2/6 and request return of signed contract by 3/7. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

All residents will sign the state approved Lease Agreement which includes the discharge criteria. Implementing 2/6 and request return of signed contract by 3/7. The ED will audit completion of this action on 3/10 and will contact any residents and family/POA members who have not signed, to complete immediately.

a. Routine audits will be performed by the ED of the center to ensure the state approved Lease Agreement is being used at all times beginning 2/6 and ongoing.

b. The plan of corrections will be written to address this citation and include the monitoring plan by the ED. The plan will be written by 2/6 and implemented immediately.

c. The ED will keep a log of reviews completed upon completion of each review. Implement on 2/6 and ongoing