



Oklahoma State Department of Health
Creating a State of Health

January 21, 2020

License Number: AL0502

Ms. Cathy Henderson, Administrator
The Neighborhoods At Baptist Village Of Elk City
1500 West Country Club Blvd
Elk City, OK 73644

RE: Survey Event ID: DZTO11

Dear Ms. Henderson:

On January 8, 2020, 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 no 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 8, 2020.

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;

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- (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) 271-6868 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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,



 Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/kgs

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2020
NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BAPTIST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST COUNTRY CLUB 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
C 000	INITIAL COMMENTS A re-licensure survey was conducted on 01/06/20 through 01/08/20. Census was 43. The following deficient practice was cited.	C 000		
C 552 SS=D	310:663-5-5(2) USE OF ASSESSMENT The assisted living center shall use the results of the resident's assessment for the following: (2) to develop a care plan for the resident, in consultation with the resident. This Rule is not met as evidenced by: Based on observation, interview, and record review it was determined the center failed to develop and/or ensure implementation of a home health plan of care for 1 (#4) of 1 sampled resident with a history of malnutrition and documented weight loss. This deficient practice resulted in the isolated potential for more than minimal harm. Findings: Resident #4 was admitted to the center on 11/15/19 with two open areas. One open area on his left foot and one open area in the midline area of his back. Resident #4's admission weight was 131 pounds and his height was 5'8" inches. Resident #4 required one person assist with all activities of daily living except eating. Resident was alert times 2 (person and place) with fair judgment. Resident #4 was admitted to the center with home health services. The certification period ranged from 11/18/19 through 01/18/20. The Procedures Order(s): Weights- Weigh one time per day for one week, weigh three times a week for six weeks, and weigh twice a week for one	C 552		

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 552	Continued From page 1 week. Resident #4's home health record located in a folder in resident #4's apartment documented the following weights: December 11, 2019: 127.4 pounds December 19, 2019: 123.7 pounds January 06, 2020: 122.5 pounds There was no documented weights from 11/18/19 through 12/10/19 when resident #4 was on home health services. Resident #4 was asked about losing weight. He stated his weight just comes and goes. On 01/07/20 at 2:22 p.m., the corporate registered nurse (RN) was asked about resident #4's weight loss. She asked a staff member to weigh resident #4 and he weighed 120.6 pounds. Resident #4 had a significant weight loss of 10.4 pounds, 7.9% change since his admission to the center on 11/15/19. The center did not have a nutritional plan of care for resident #4 and was not following resident #4's home health plan of care for weight monitoring. On 01/08/20 at 12:02 p.m., LPN #16 was asked if resident #4 was malnourished when he was admitted to the center. She stated resident #4 had a history of malnutrition. LPN #16 was asked about the date on resident #4's plan of care. She stated we created resident #4's plan of care for nutrition yesterday. She stated you can see the date on the plan of care in the computer; however, when printed out as a hard copy the plan of care will not show the date.	C 552			

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C 911	Continued From page 2	C 911		
C 911 SS=E	310:663-9-1(1) NURSE Each assisted living center shall provide adequate staffing as necessary to meet the services described in the assisted living center's contract with each resident and in compliance with the provisions of the Oklahoma Nursing Practice Act, 59 O.S. Supp. 1997 Section 567.1 et seq. Nurse staffing shall be provided or arranged: (1) registered nurse supervision of skilled nursing interventions; This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the registered nurse (RN) consultant #17 failed to: 1. Identify and monitor a resident at high risk for malnutrition with two documented open wounds upon admission to the center for 1 (#4) of 1 sampled resident with a 7.9% documented weight loss since admission to the center on 11/15/19. 2. Ensure qualified staff administered physician ordered breathing treatments and failed to notify the physician for 1 (#6) of 1 sampled resident when two consecutive doses of medication were withheld or refused. 3. Notify the physician for 1 (#6) of 1 sampled resident with physician's order to notify the physician for a weight gain greater than three (3) pounds. 4. Ensure staff administered blood pressure medication according to the physician ordered parameters for 1 (#6) of 1 sampled resident with	C 911 C 911		

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C 911	Continued From page 3 orders to hold medication for a systolic blood pressure less than 105 mm/hg (Millimeters of Mercury). These deficient practices resulted in the potential for more than minimal harm at a pattern. Findings: Resident #4 Resident #4's assessment documented an admission date on 11/15/19. Documented two open areas one to the left foot and one noted to the midline of resident #4's back. Resident #4 was admitted to the center with an albumin level of 2.2 low (normal range 3.4-5.0) and a total protein level of 5.6 low (normal range 6.2-8.2). Laboratory results were performed at the hospital on 11/15/19. On 01/06/20 at 11:00 a.m., resident #4 was asked about his breakfast. He stated really good in comparison to the place he used to live. On 01/07/20 at 2:22 p.m., the corporate registered nurse (RN) was asked about resident #4's weight today. She asked a staff member to weigh resident #4 and he weighed 120.6 pounds. Resident #4 had a significant weight loss of 10.4 pounds, 7.9% change since his admission to the center on 11/15/19. The center did not have a plan of care for resident #4 in place and did not ensure resident #4's home health plan of care was followed. On 01/08/20 at 9:50 a.m., licensed practical nurse (LPN)/director of health services #16 was asked if the home health agency notified resident #4's physician of a weight loss. She stated she called	C 911			

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C 911	Continued From page 4 the home health agency and they had no documentation to show they had notified the physician about resident #4's weight loss. At 12:02 p.m., LPN #16 was asked if resident #4 was malnourished when he was admitted to the center. She stated no, he was malnourished at another facility because they did not feed him. LPN #16 was asked about the date on resident #4's plan of care. She stated we created resident #4's plan of care for nutrition yesterday. She stated you can see the date on the plan of care in the computer; however, when printed out as a hard copy the plan of care will not show the date. Resident #6 Resident #6 was admitted to the center on 12/17/16. Resident #6's current diagnoses included: congestive heart failure and asthma. Resident #6 had a physician order dated 09/18/19 for daily weights and Albuterol-Ipratropium 2.5 mg-0.5 mg(milligram)/3 ml (milliliters) breathing treatments to be administered four times daily. On 01/06/20 at 11:00 a.m., a breathing treatment machine was observed on resident #6's night stand. Resident #6 was asked if she received breathing treatments. She stated she did not know. On 01/07/20 at 2:45 p.m., resident #6's weights and clinical notes for November 2019 and December 2019 were reviewed with (registered nurse) RN#15. On 11/26/19 a physician's order was received to continue daily weights and notify the physician if there was a three pound weight gain.	C 911		

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C 911	Continued From page 5 11/28/19 to 11/29/19: 3.4 pounds 11/30/19 to 12/01/19: 4.0 pounds New orders were received to weigh resident #6 on Monday and Friday. No notification was sent to the physician about resident #6's weight gain on: 12/11/19 to 12/12/19: 9.8 pounds 12/16/19 to 12/19/19: 11.0 pounds 12/24/19 to 12/29/19: 5.0 pounds On 01/07/20 at 3:10 p.m., corporate registered nurse (RN) #15 stated the (director of health services/licensed practical nurse) LPN #16 had daily oversight of clinical records. She stated the RN consultant #17 was in the center for eight hours per week and was ultimately responsible for oversight. . On 01/08/20 at 11:10 a.m., LPN #16 was asked how often she reviewed the medication administration records (MAR's) and what was the center's policy for missed or refused doses. LPN#16 stated she reviewed the MAR's at least once a week and if the resident missed a medication for more than three days she would notify the physician. Resident #6's MAR's were reviewed for November 2019 and December 2019 with LPN #16. She was unaware Losartan 50 milligram tablet, one tablet by mouth daily (hold if systolic blood pressure is less than 105) had been held two times in November 2019 and four times in December 2019. November 12, 2019: 130/58 November 17, 2019: 124/62	C 911			

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C 911	Continued From page 6 December 03, 2019: 151/52 December 09, 2019: 142/68 December 12, 2019: 148/66 December 24, 2019: 150/68 LPN #16 was asked if the blood pressure medication should have been held on the above dates. She stated no the blood pressure was within the parameter to administer the medication. Resident #6's MAR's were reviewed for Albuterol breathing treatments with LPN #16. The MAR dated November 2019 documented ten times that two consecutive Albuterol treatments were not administered. The MAR dated December 2019 documented five times that two consecutive Albuterol treatments were not administered. The MAR dated January 2020 documented six times that two consecutive doses of Albuterol treatments were not administered. She stated she did not know why resident #6 had not received her breathing treatments because a certified medication aide (CMA) with respiratory training was always available. The physician was not notified as LPN #16 was not aware of the missed breathing treatments. At 3:10 p.m., certified medication aide (CMA) #7 (who had no Department approved advanced training to administer breathing treatments) was asked what the process was if he had an order to administer a breathing treatment. CMA #7 stated he would get an ACMA trained in respiratory or a licensed nurse to administer the treatment. CMA #7 stated if the ACMA or licensed nurse administered the treatment they would initial the MAR. CMA #7 stated if he initialed the MAR for the breathing treatment the resident did not receive the medication. Resident #6's November	C 911			

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C 911	Continued From page 7 2019, December 2019, and January 2020 MAR's were reviewed with CMA #7. He stated if he initialed the MAR then resident #6 did not receive the medication on those days. CMA #7 was asked if an ACMA or a nurse was always available. He stated no sometimes they are not here. The center's registered nurse job description documented the registered nurse was responsible for all aspects of nursing staff, supervise staff at the Neighborhoods, including day to day supervision, counseling and scheduling. Policy Policy and Procedure for Medication Administration: If two consecutive doses of a vital medication are withheld or refused, the physician is notified.	C 911		
C1951 SS=E	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on interview and record review it was determined the center failed to maintain an accurate electronic record for weight	C1951		

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C1951	Continued From page 8 measurements for 2 (#4 and #6) of 2 sampled residents with physician's orders to monitor weight. This deficient practice resulted in the potential for more than minimal harm at a pattern. Findings: Resident #4's physician's order documented resident #4's weight to be recorded one time weekly for four weeks starting 11/16/19. The center's weight report for resident #4 documented the following weights: November 15, 2019: 131.0 pounds November 22, 2019: 132.8 pounds November 23, 2019: 134.0 pounds November 24, 2019: 107.3 pounds November 28, 2019: 107.6 pounds November 30, 2019: 107.2 pounds December 02, 2019: 131.4 pounds December 03, 2020: 126.0 pounds December 07, 2020: 120.6 pounds on the day of survey. On 01/07/20 at 1:27 p.m., licensed practical nurse (LPN)/director of health services #16 documented the weights recorded above in resident #4's electronic record on November 24th, 28th, and 30th were not accurately documented. Resident #4 was admitted to the center with home health services. The certification period ranged from 11/18/19 through 01/18/20. The Procedures Order(s): Weights- Weigh one time per day for one week, weigh three times a week for six weeks and weigh twice a week for one week.	C1951		

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C1951	Continued From page 9 Resident #4's home health records were located in a folder in resident #4's apartment and documented the following weights: December 11, 2019: 127.4 pounds December 19, 2019: 123.7 pounds January 06, 2020: 122.5 pounds There was no documented weights from 11/18/19 through 12/10/19 when resident #4 was certified for home health services. Resident #4 was asked about losing weight. He stated his weight just comes and goes. Resident #6 On 01/01/20 at 2:25 p.m., resident #6's daily weights were reviewed with corporate registered nurse (RN) #15 for accuracy. RN #15 stated she thought it was an error in data entry. 11/05/19 to 11/06/19: 14 pound loss 11/07/19 to 11/08/19: 10 pound gain 11/13/19 to 11/14/19: 9.6 pound gain 11/21/19 to 11/22/19: 15.4 pound loss 11/22/19 to 11/23/19: 9.8 pound gain 12/11/19 to 12/12/19: 9.8 pound gain 12/16/19 to 12/19/19: 11 pound gain	C1951		
C5010 SS=E	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the	C5010		

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C5010	Continued From page 10 provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the center failed to ensure coordination of care with home health providers for physician ordered weight monitoring for 1 (#4) of 1 sampled resident with a documented significant weight loss. This deficient practice resulted in the potential for more than minimal harm at a pattern. Findings:	C5010		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE NEIGHBORHOODS AT BAPTIST VILLAGE

**1500 WEST COUNTRY CLUB 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
C5010	Continued From page 11 Resident #4's assessment documented an admission date on 11/15/19. Documented two open areas one to the left foot and one noted to the midline of resident #4's back. Resident #4 was admitted to the center with home health services. The home health certification and plan of care documented the certification period ranged from 11/18/19 through 01/18/20. The Procedures Order(s): Weigh one time a day for one week, weigh three times a week for six weeks, and weigh twice a week for one week. Resident #4's medications included Megace ES (Extra Strength) 625 mg (Milligrams)/5 ml (Milliliters) oral suspension, 5 milliliters daily; Purpose: Appetite Stimulant. Resident #4's home health records were located in a folder in resident #4's apartment and documented the following weights: December 11, 2019: 127.4 pounds December 19, 2019: 123.7 pounds January 06, 2020: 122.5 pounds There was no documented weights from 11/18/19 through 12/10/19 when resident #4 was certified for home health services. Resident #4 was asked about losing weight. He stated his weight just comes and goes. The center's home health visit note for resident #4 documented the last recorded weight of 122.5 pounds on 01/06/20. The home health visit note for resident #4 documented the resident's weight and indicated the physician was not notified at that time. On 01/06/20 at 9:30 a.m., licensed practical nurse (LPN)/director of health services #16 was asked	C5010		

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BAPTIST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST COUNTRY CLUB BLVD ELK CITY, OK 73644		
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C5010	Continued From page 12 about resident #4. LPN #16 reported resident #4 had malnutrition at a previous place he had lived and was admitted to the center with the wounds. On 01/07/20 at 2:22 p.m., the corporate registered nurse (RN) was asked about resident #4's weight today. She asked a staff member to weigh resident #4 and he weighed 120.6 pounds. Resident #4 had a significant weight loss of 10.4 pounds, 7.9% change since his admission to the center on 11/15/19. The center did not have a plan of care for resident #4 in place and did not ensure resident #4's home health plan of care was followed to monitor weight.	C5010		

STATE WORKLOAD REPORT

Provider/Supplier Number AL0502	Provider/Supplier Name THE NEIGHBORHOODS AT BAPTIST VILLAGE OF ELK CITY
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Type of Survey (select all that apply)

2				
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- | | | |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification |
| B Dumping Investigation | F Inspection of Care | J Sanctions/Hearing |
| C Federal Monitoring | G Validation | K State License |
| D Follow-up Visit | H Life Safety Code | L CHOW |
| M Other | | |

Extent of Survey (select all that apply)

A				
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- A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 30875	01/06/2020	01/08/2020	0.50	0.00	19.00	0.00	4.50	12.00
2. 41872	01/06/2020	01/08/2020	0.50	0.00	19.75	0.00	7.50	11.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours..... 0.00

Total SA Clerical/Data Entry Hours..... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

JAN 22 2020 *jm*



Oklahoma State Department of Health
Creating a State of Health

February 7, 2020

License Number: AL0502

Ms. Cathy Henderson, Administrator
The Neighborhoods At Baptist Village Of Elk City
1500 West Country Club Blvd
Elk City, OK 73644

RE: Survey Event DZTO11

Dear Ms. Henderson:

On January 8, 2020, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **February 18, 2020**.

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) 271-6868.

Sincerely,

Sue Davis
Long Term Care Enforcement Coordinator
Oklahoma State Department of Health

SD/jt

Board of Health

Gary Cox, JD
Commissioner of Health

Timothy E Starkey, MBA (*President*)
Edward A Legako, MD (*Vice-President*)
Becky Payton (*Secretary*)

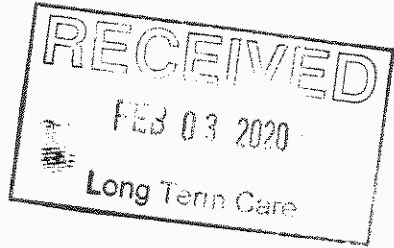
Jenny Alexopoulos, DO
Terry R Gerard II, DO
Charles W Grim, DDS, MHSA

R Murali Krishna, MD
Ronald D Osterhout
Charles Skillings

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C 000	INITIAL COMMENTS A re-licensure survey was conducted on 01/06/20 through 01/08/20. Census was 43. The following deficient practice was cited.	C 000		
C 552 SS=D	310:663-5-5(2) USE OF ASSESSMENT The assisted living center shall use the results of the resident's assessment for the following: (2) to develop a care plan for the resident, in consultation with the resident. This Rule is not met as evidenced by: Based on observation, interview, and record review it was determined the center failed to develop and/or ensure implementation of a home health plan of care for 1 (#4) of 1 sampled resident with a history of malnutrition and documented weight loss. This deficient practice resulted in the isolated potential for more than minimal harm. Findings: Resident #4 was admitted to the center on 11/15/19 with two open areas. One open area on his left foot and one open area in the midline area of his back. Resident #4's admission weight was 131 pounds and his height was 5'8" inches. Resident #4 required one person assist with all activities of daily living except eating. Resident was alert times 2 (person and place) with fair judgment. Resident #4 was admitted to the center with home health services. The certification period ranged from 11/18/19 through 01/18/20. The Procedures Order(s): Weights- Weigh one time per day for one week, weigh three times a week for six weeks, and weigh twice a week for one	C 552	Refer to POC template, Survey event DZT011, ID prefix tag C 552 Refer to POC template, Survey event DZT011, ID prefix tag C911 Refer to POC template, Survey event DZT011, ID prefix tag C5010 Refer to POC template, Survey event DZT011, ID prefix tag C1951 	

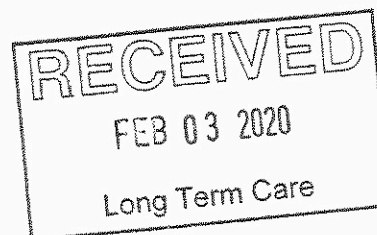
Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

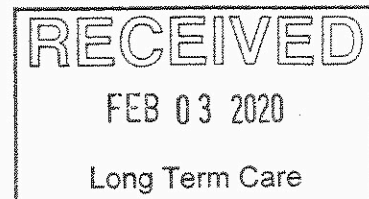
Oklahoma State Department of Health

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C 552	Continued From page 1 week. Resident #4's home health record located in a folder in resident #4's apartment documented the following weights: December 11, 2019: 127.4 pounds December 19, 2019: 123.7 pounds January 06, 2020: 122.5 pounds There was no documented weights from 11/18/19 through 12/10/19 when resident #4 was on home health services. Resident #4 was asked about losing weight. He stated his weight just comes and goes. On 01/07/20 at 2:22 p.m., the corporate registered nurse (RN) was asked about resident #4's weight loss. She asked a staff member to weigh resident #4 and he weighed 120.6 pounds. Resident #4 had a significant weight loss of 10.4 pounds, 7.9% change since his admission to the center on 11/15/19. The center did not have a nutritional plan of care for resident #4 and was not following resident #4's home health plan of care for weight monitoring. On 01/08/20 at 12:02 p.m., LPN #16 was asked if resident #4 was malnourished when he was admitted to the center. She stated resident #4 had a history of malnutrition. LPN #16 was asked about the date on resident #4's plan of care. She stated we created resident #4's plan of care for nutrition yesterday. She stated you can see the date on the plan of care in the computer; however, when printed out as a hard copy the plan of care will not show the date.	C 552		



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C 911	Continued From page 2	C 911		
C 911 SS=E	310.663-9-1(1) NURSE Each assisted living center shall provide adequate staffing as necessary to meet the services described in the assisted living center's contract with each resident and in compliance with the provisions of the Oklahoma Nursing Practice Act, 59 O.S. Supp. 1997 Section 567.1 et seq. Nurse staffing shall be provided or arranged: (1) registered nurse supervision of skilled nursing interventions; This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the registered nurse (RN) consultant #17 failed to: 1. Identify and monitor a resident at high risk for malnutrition with two documented open wounds upon admission to the center for 1 (#4) of 1 sampled resident with a 7.9% documented weight loss since admission to the center on 11/15/19. 2. Ensure qualified staff administered physician ordered breathing treatments and failed to notify the physician for 1 (#6) of 1 sampled resident when two consecutive doses of medication were withheld or refused. 3. Notify the physician for 1 (#6) of 1 sampled resident with physician's order to notify the physician for a weight gain greater than three (3) pounds. 4. Ensure staff administered blood pressure medication according to the physician ordered parameters for 1 (#6) of 1 sampled resident with	C 911		



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C 911	Continued From page 3 orders to hold medication for a systolic blood pressure less than 105 mm/hg (Millimeters of Mercury). These deficient practices resulted in the potential for more than minimal harm at a pattern. Findings: Resident #4 Resident #4's assessment documented an admission date on 11/15/19. Documented two open areas one to the left foot and one noted to the midline of resident #4's back. Resident #4 was admitted to the center with an albumin level of 2.2 low (normal range 3.4-5.0) and a total protein level of 5.6 low (normal range 6.2-8.2). Laboratory results were performed at the hospital on 11/15/19. On 01/06/20 at 11:00 a.m., resident #4 was asked about his breakfast. He stated really good in comparison to the place he used to live. On 01/07/20 at 2:22 p.m., the corporate registered nurse (RN) was asked about resident #4's weight today. She asked a staff member to weigh resident #4 and he weighed 120.6 pounds. Resident #4 had a significant weight loss of 10.4 pounds, 7.9% change since his admission to the center on 11/15/19. The center did not have a plan of care for resident #4 in place and did not ensure resident #4's home health plan of care was followed. On 01/08/20 at 9:50 a.m., licensed practical nurse (LPN)/director of health services #16 was asked if the home health agency notified resident #4's physician of a weight loss. She stated she called	C 911		

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C 911	Continued From page 4 the home health agency and they had no documentation to show they had notified the physician about resident #4's weight loss. At 12:02 p.m., LPN #16 was asked if resident #4 was malnourished when he was admitted to the center. She stated no, he was malnourished at another facility because they did not feed him. LPN #16 was asked about the date on resident #4's plan of care. She stated we created resident #4's plan of care for nutrition yesterday. She stated you can see the date on the plan of care in the computer; however, when printed out as a hard copy the plan of care will not show the date. Resident #6 Resident #6 was admitted to the center on 12/17/16. Resident #6's current diagnoses included: congestive heart failure and asthma. Resident #6 had a physician order dated 09/18/19 for daily weights and Albuterol-Ipratropium 2.5 mg-0.5 mg(milligram)/3 ml (milliliters) breathing treatments to be administered four times daily. On 01/06/20 at 11:00 a.m., a breathing treatment machine was observed on resident #6's night stand. Resident #6 was asked if she received breathing treatments. She stated she did not know. On 01/07/20 at 2:45 p.m., resident #6's weights and clinical notes for November 2019 and December 2019 were reviewed with (registered nurse) RN#15. On 11/26/19 a physician's order was received to continue daily weights and notify the physician if there was a three pound weight gain.	C 911		

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C 911	Continued From page 5 11/28/19 to 11/29/19: 3.4 pounds 11/30/19 to 12/01/19: 4.0 pounds New orders were received to weigh resident #6 on Monday and Friday. No notification was sent to the physician about resident #6's weight gain on: 12/11/19 to 12/12/19: 9.8 pounds 12/16/19 to 12/19/19: 11.0 pounds 12/24/19 to 12/29/19: 5.0 pounds On 01/07/20 at 3:10 p.m., corporate registered nurse (RN) #15 stated the (director of health services/licensed practical nurse) LPN #16 had daily oversight of clinical records. She stated the RN consultant #17 was in the center for eight hours per week and was ultimately responsible for oversight. On 01/08/20 at 11:10 a.m., LPN #16 was asked how often she reviewed the medication administration records (MAR's) and what was the center's policy for missed or refused doses. LPN#16 stated she reviewed the MAR's at least once a week and if the resident missed a medication for more than three days she would notify the physician. Resident #6's MAR's were reviewed for November 2019 and December 2019 with LPN #16. She was unaware Losartan 50 milligram tablet, one tablet by mouth daily (hold if systolic blood pressure is less than 105) had been held two times in November 2019 and four times in December 2019. November 12, 2019: 130/58 November 17, 2019: 124/62	C 911			

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C 911	Continued From page 6 December 03, 2019: 151/52 December 09, 2019: 142/68 December 12, 2019: 148/66 December 24, 2019: 150/68 LPN #16 was asked if the blood pressure medication should have been held on the above dates. She stated no the blood pressure was within the parameter to administer the medication. Resident #6's MAR's were reviewed for Albuterol breathing treatments with LPN #16. The MAR dated November 2019 documented ten times that two consecutive Albuterol treatments were not administered. The MAR dated December 2019 documented five times that two consecutive Albuterol treatments were not administered. The MAR dated January 2020 documented six times that two consecutive doses of Albuterol treatments were not administered. She stated she did not know why resident #6 had not received her breathing treatments because a certified medication aide (CMA) with respiratory training was always available. The physician was not notified as LPN #16 was not aware of the missed breathing treatments. At 3:10 p.m., certified medication aide (CMA) #7 (who had no Department approved advanced training to administer breathing treatments) was asked what the process was if he had an order to administer a breathing treatment. CMA #7 stated he would get an ACMA trained in respiratory or a licensed nurse to administer the treatment. CMA #7 stated if the ACMA or licensed nurse administered the treatment they would initial the MAR. CMA #7 stated if he initialed the MAR for the breathing treatment the resident did not receive the medication. Resident #6's November	C 911		

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C 911	Continued From page 7 2019, December 2019, and January 2020 MAR's were reviewed with CMA #7. He stated if he initialed the MAR then resident #6 did not receive the medication on those days. CMA #7 was asked if an ACMA or a nurse was always available. He stated no sometimes they are not here. The center's registered nurse job description documented the registered nurse was responsible for all aspects of nursing staff, supervise staff at the Neighborhoods, including day to day supervision, counseling and scheduling. Policy Policy and Procedure for Medication Administration: If two consecutive doses of a vital medication are withheld or refused, the physician is notified.	C 911		
C1951 SS=E	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on interview and record review it was determined the center failed to maintain an accurate electronic record for weight	C1951		

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C1951	Continued From page 8 measurements for 2 (#4 and #6) of 2 sampled residents with physician's orders to monitor weight. This deficient practice resulted in the potential for more than minimal harm at a pattern. Findings: Resident #4's physician's order documented resident #4's weight to be recorded one time weekly for four weeks starting 11/16/19. The center's weight report for resident #4 documented the following weights: November 15, 2019: 131.0 pounds November 22, 2019: 132.8 pounds November 23, 2019: 134.0 pounds November 24, 2019: 107.3 pounds November 28, 2019: 107.6 pounds November 30, 2019: 107.2 pounds December 02, 2019: 131.4 pounds December 03, 2020: 126.0 pounds December 07, 2020: 120.6 pounds on the day of survey. On 01/07/20 at 1:27 p.m., licensed practical nurse (LPN)/director of health services #16 documented the weights recorded above in resident #4's electronic record on November 24th, 28th, and 30th were not accurately documented. Resident #4 was admitted to the center with home health services. The certification period ranged from 11/18/19 through 01/18/20. The Procedures Order(s): Weights- Weigh one time per day for one week, weigh three times a week for six weeks and weigh twice a week for one week.	C1951		

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NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BAPTIST VILLAGE OF ELI		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST COUNTRY CLUB BLVD ELK CITY, OK 73644		
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C1951	Continued From page 9 Resident #4's home health records were located in a folder in resident #4's apartment and documented the following weights: December 11, 2019: 127.4 pounds December 19, 2019: 123.7 pounds January 06, 2020: 122.5 pounds There was no documented weights from 11/18/19 through 12/10/19 when resident #4 was certified for home health services. Resident #4 was asked about losing weight. He stated his weight just comes and goes. Resident #6 On 01/01/20 at 2:25 p.m., resident #6's daily weights were reviewed with corporate registered nurse (RN) #15 for accuracy. RN #15 stated she thought it was an error in data entry. 11/05/19 to 11/06/19: 14 pound loss 11/07/19 to 11/08/19: 10 pound gain 11/13/19 to 11/14/19: 9.6 pound gain 11/21/19 to 11/22/19: 15.4 pound loss 11/22/19 to 11/23/19: 9.8 pound gain 12/11/19 to 12/12/19: 9.8 pound gain 12/16/19 to 12/19/19: 11 pound gain	C1951		
C5010 SS=E	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the	C5010		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2020
NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BAPTIST VILLAGE OF ELI		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST COUNTRY CLUB 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
C5010	Continued From page 10 provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the center failed to ensure coordination of care with home health providers for physician ordered weight monitoring for 1 (#4) of 1 sampled resident with a documented significant weight loss. This deficient practice resulted in the potential for more than minimal harm at a pattern. Findings:	C5010		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/08/2020
NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BAPTIST VILLAGE OF ELI			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST COUNTRY CLUB BLVD ELK CITY, OK 73644		
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C5010	Continued From page 11 Resident #4's assessment documented an admission date on 11/15/19. Documented two open areas one to the left foot and one noted to the midline of resident #4's back. Resident #4 was admitted to the center with home health services. The home health certification and plan of care documented the certification period ranged from 11/18/19 through 01/18/20. The Procedures Order(s): Weigh one time a day for one week, weigh three times a week for six weeks, and weigh twice a week for one week. Resident #4's medications included Megace ES (Extra Strength) 625 mg (Milligrams)/5 ml (Milliliters) oral suspension, 5 milliliters daily; Purpose: Appetite Stimulant. Resident #4's home health records were located in a folder in resident #4's apartment and documented the following weights: December 11, 2019: 127.4 pounds December 19, 2019: 123.7 pounds January 06, 2020: 122.5 pounds There was no documented weights from 11/18/19 through 12/10/19 when resident #4 was certified for home health services. Resident #4 was asked about losing weight. He stated his weight just comes and goes. The center's home health visit note for resident #4 documented the last recorded weight of 122.5 pounds on 01/06/20. The home health visit note for resident #4 documented the resident's weight and indicated the physician was not notified at that time. On 01/06/20 at 9:30 a.m., licensed practical nurse (LPN)/director of health services #16 was asked	C5010			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2020
NAME OF PROVIDER OR SUPPLIER THE NEIGHBORHOODS AT BAPTIST VILLAGE OF ELI		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST COUNTRY CLUB 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
C5010	Continued From page 12 about resident #4. LPN #16 reported resident #4 had malnutrition at a previous place he had lived and was admitted to the center with the wounds. On 01/07/20 at 2:22 p.m., the corporate registered nurse (RN) was asked about resident #4's weight today. She asked a staff member to weigh resident #4 and he weighed 120.6 pounds. Resident #4 had a significant weight loss of 10.4 pounds, 7.9% change since his admission to the center on 11/15/19. The center did not have a plan of care for resident #4 in place and did not ensure resident #4's home health plan of care was followed to monitor weight.	C5010		



Oklahoma State
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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/23/2020

Facility Name: The Neighborhoods at Baptist Village of Elk City

License Number: AL0502

Survey Event ID: DZT011

Date Survey Completed: 1/8/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 552

Based on: Observation, interview, and record review it was determined the center failed to develop and/or ensure implementation of a home health plan of care for 1 (#4) of 1 sampled resident with a history of malnutrition and documented weight loss. This deficient practice resulted in the isolated potential for more than minimal harm.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is being submitted pursuant to the applicable State regulations. Nothing contained herein shall be construed as an admission that this assisted living center violated any State regulations or failed to follow any applicable standard of care.

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

1. A consultation with our dietician has been done, and her recommendations have been implemented and added to care plan.
2. Resident is offered supplements 2 x daily per physicians order, and added to care plan.
3. Snacks are available and offered daily, and added to careplan.
4. Resident is being weighed daily by our friends team and monitored daily by LPN. Any change over 2 pounds is being reported to physician immediately, documented by RN.

RECEIVED
FEB 03 2020

OSDH Response: Element accepted Yes ☐ No ☐

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

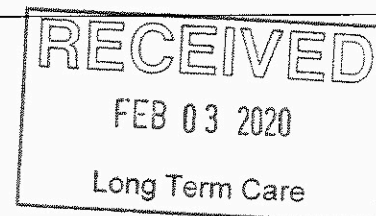
- Long Term Care
1. RN consultant will do an audit to see if other residents have a history of malnutrition, documented weight loss, or are on an appetite stimulant, such as megace, and will care plan.
 2. RN consultant will check to see if other residents have Albumin level less than 2.5, and will notify the physician and care plan.
 3. RN consultant will monitor weights and physician will be notified if more than a 2 pound weight loss/gain.

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?

1. Any resident with a history of malnutrition, or is on a weight stimulant will be care planned.
2. A consultation with our dietician will be requested, and recommendations implemented and care planned.

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; 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.	2. RN consultant will review physicians orders at move in, and will care plan if there is a history of weight loss, or an appetite stimulant is ordered. 3. Residents weights are being logged daily by LPN. If more than a 2 pound weight loss, the physician will be notified and RN consultant will document.
OSDH Response: Element accepted Yes ☐ No ☐ 5. On what date will corrective action be completed? OSDH Response: Element accepted Yes ☐ No ☐	Enter methods to ensure corrections are sustained: 1. To ensure that the deficient practice will not recur, all weights are now being logged and monitored daily by the LPN. If there is more than a 2 pound weight loss, the physician is notified, and the RN consultant will document. 2. The CMA will obtain the resident's weight. The LPN will log the weight, and call the physician if a resident has a 2 pound or greater weight loss. RN consultant will review weights and care plan as needed. The Quality First RN will review weights quarterly. 3. LPN has a log of each residents weight and monitors daily. RN will report to QA committee at quarterly QA meeting or more often as needed. Continued compliance will be monitored thru quarterly QA meetings or more often as needed.
Administrator's Signature <u>Cathy Henderson</u> OAC 310:663-25-4(F)	Date 1/23/2020
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.	





Oklahoma State
Department of Health
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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/27/2020

Facility Name: The Neighborhoods at Baptist Village of Elk City

License Number: AL0502

Survey Event ID: DZT011

Date Survey Completed: 1/8/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 911

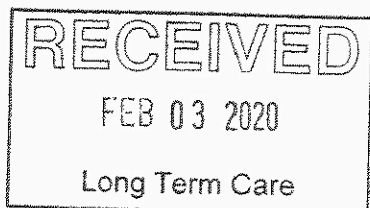
Based on: Based on observation, interview and record review, it was determined the registered nurse (RN) consultant (#17) failed to: 1. Identify and monitor a resident at high risk for malnutrition with two documented open wounds upon admission to the center for 1 (#4) of 1 sampled resident with a 7.9% documented weight loss since admission to the center on 11/15/19. 2. Ensure qualified staff administered physician ordered breathing treatments and failed to notify the physician for 1 (#6) of 1 sampled resident when two consecutive doses of medication were withheld or refused. 3. Notify the physician for 1 (#6) of 1 sampled resident with physician's order to notify the physician for a weight gain greater than three (3) pounds. 4. Ensure staff administered blood pressure medication according to the physician ordered parameters for 1 (#6) of 1 sampled resident with orders to hold medication for a systolic blood pressure less than 105 mm/hg (Millimeters of Mercury). These deficient practices resulted in the potential for more than minimal harm at a pattern.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is being submitted pursuant to the applicable State regulations. Nothing contained herein shall be construed as an admission that this assisted living center violated any State regulations or failed to follow any applicable standard of care.

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

RESIDENT #4:

1. RN Consultant has audited the chart for resident #4.
2. A dietary consultation has been implemented for resident #4, and all recommendations from that consult are being followed and added to the care plan.
3. Resident #4 is offered supplements 2x daily per physicians order.
4. Snacks are offered daily to resident #4, and added to the care plan.
5. Resident #4 is being weighed daily and weight is being monitored by LPN. Any weight loss of more than 2 pounds is being reported to physician/ RN.
6. Resident #4, wounds are almost healed, and continue to be monitored and measured by home health and Director of Health Services.
7. Resident #4 will continue to see his podiatrist until wound on foot is completely healed.

RESIDENT #6

1. RN consultant has audited chart, and notified physician of any discrepancies found.
2. CMA's will be inserviced that there is always a respiratory ACMA on the campus. If qualified

	ACMA can not be located, they are to notify the LPN to give breathing treatment. 3. CMA's and ACMA's will be inserviced that if a medication is refused or is not given that they are to report to Director of Health Services, and the physician will be contacted by DOHS if 2 doses are refused or not given. 4. CMA's and ACMA's will be inserviced that all weights must be reported to LPN. If there is a weight gain/loss of more than 2 pounds the physician/RN will be notified by nursing. 5. CMA's and ACMA's are being inserviced on following physician ordered parameters when giving a blood pressure medication.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	1. RN consultant will do an audit to see if other residents have had weight loss/gain of 2 pounds or more. 2. RN consultant will audit all recent lab results to see if any resident has an albumin of less than 2.5. RN consultant will ensure that any findings have been reported to the residents physician. 3. RN consultant will update residents care plans with any discrepancies found. 4. RN consultant will review MAR's to determine if any resident has missed more than 2 doses of medication, and will notify the physician. 5. BVC has implemented an RN workbook that the RN consultant will use to monitor new admissions, nutrition, weights, medications, labs, home health, self administration and non insulin dependent diabetics blood sugars are being recorded. 6. RN consultant will review all physician orders at move in, and will care plan if there is a history of weight loss, wounds, or Albumin level is less than 2.5. RN will notify the physician. 7. A dietary consultation will be requested if a resident is at risk for malnutrition. 8. LPN is monitoring weights daily, RN consultant will review weights and will report weight gain/loss of 2 pounds to physician. 9. Weights will be monitored quarterly by our Quality first RN. 6. All CMA's and ACMA's will be required to attend 4 inservices regarding: Accurate weights, reporting missed medication, physician parameters for blood pressure medications, and who is qualified to give breathing treatments.

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?	1. To ensure that the deficient practice does not occur again, RN consultant will use the log book to track each resident's admission orders, nutrition, weight, medications, labs, home health, self administration, blood sugar readings. 2. CMA's and ACMA's will be required to attend 4 inservices to understand the importance of accurate weights, reporting medications that are refused or not given, blood pressure parameters before giving a blood pressure medication, only ACMA's are certified to administer breathing treatments. If an ACMA is not on the campus, the LPN will be called to administer. 3. Any weight loss/gain of 2 pounds or greater will be reported to the physician. 4. Any medication that is missed or refused for 2 days will be reported to the physician. 5. RN consultant will monitor lab work and will report to physician any abnormal labs. 6. RN consultant will ensure that if a blood pressure medication is given, that the parameters have been followed per physicians order.
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; 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.	1. An RN oversight workbook has been implemented to assist RN consultant is monitoring new admissions, nutrition, weights, medications, labs, home health, resident's who self administer, and blood sugars for non insulin dependent diabetics. EFFECTIVENESS: 1. RN will monitor labs at admission and upon receiving new lab results. (a) will Notify PCP of any abnormal labs. (b) Will notify dietician for any albumin less than 2.5. (c) RN will update care plan with abnormal values and plan of care. 2. LPN/RN will get weekly wound measurements (a) Obtain weekly measurements from Home Health. (b) Update PCP on measures. (c) Care plan wound. i. Current treatment of care. ii. Notify PCP of size weekly. iii. Ensure Home health is getting measurements. 3. Daily weights will be monitored by LPN. (a) Greater than 2 lb weight loss/gain – RN/PCP will be notified. (b) Weekly/Monthly weights to be monitored by RN. (c) 5% weight loss/gain x 30 days RN/PCP will be notified. (d.) 7% weight loss or gain x 90 days RN and PCP notified. (e) 10% weight loss/gain x 180 days RN/PCP notified. (f) Dietary consult as needed for above changes.

- (g) RN consultant will run monthly reports to ensure.
 (h) Quality First RN to monitor quarterly.
 4. CMA to report missed medications daily.
 (a) Greater than 2 days LPN/RN to notify PCP.
 (b) LPN to run reports m-w-f to monitor for medications missed/refused.
 (c) RN consultant to run report weekly to monitor for missed medications, and will report to PCP any medications freequently refused.
 5. Director of health services will make sure ACMA is in the building to administer breathing treatments.
 (a) If ACMA is not available, nursing is to come administer breathing treatment.
 (b) must notify nursing prior to missed dose.
 6. RN will report to QA committee at quarterly QA meeting or more often as needed. Continued compliance will be monitored thru quarterly QA meeting or more often as needed.

Enter methods to evaluate for effectiveness:

Enter methods to incorporate into QA system:

Enter methods to keep monitoring records:

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

2/18/2020

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Cathy Henderson

OAC 310:663-25-4(F)

Cathy Henderson

Date 1/27/2020

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.



Oklahoma State
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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/23/2020

Facility Name: The Neighborhoods at Baptist Village of Elk City

License Number: AL0502

Survey Event ID: DZT011

Date Survey Completed: 1/8/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1951

Based on: Interview and record review it was determined the center failed to maintain an accurate electronic weight record for weight measurements for 2 (#4 and #6) of 2 sampled residents and physicians orders to monitor weight. This deficient practice resulted in the potential for more than minimal harm at a pattern.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is being submitted pursuant to the applicable State regulations. Nothing contained herein shall be construed as an admission that this assisted living center violated any State regulations or failed to follow any applicable standard of care.

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

1. RN consultant did a full audit of both residents #4 and #6 charts.
2. CMA obtains weight and reports to LPN. LPN is logging weights.
3. All CMA's and ACMA's will be inserviced on the importance of accurate weights, how to obtain an accurate weight, and what to report. Inservices will be: Jan. 28th, Feb. 4th, Feb. 11th and Feb. 18th. CMA's and ACMA's are required to be at all 4 inservices.
4. LPN is monitoring daily weights and reporting 2 pound loss or gain to physician immediately and to home health if applicable.
5. Scales will be left in each nursing nook and all residents will be weighed on the same scales each day. If resident refuses, they will be weighed on their personal scale.
6. Residents will be weighed at the same time each day, after toileting and prior to breakfast.

OSDH Response: Element accepted Yes ☐ No ☐

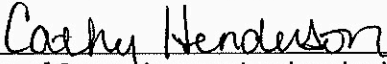
2. How will other residents having the potential to be affected by the same deficient practice be identified?

1. CMA obtains weight.
2. LPN is monitoring weights daily, and recording in a daily log. LPN/RN consultant reports to physician of any weight variance of 2 lbs or greater.
3. RN consultant is monitoring weights weekly.
4. Quality first RN is monitoring quarterly.

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?

1. LPN is monitoring and logging weights.
2. Team is being retrained on how to obtain weights properly.
3. Scales will not be moved.
4. Any questionable weight will be rechecked immediately.

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; 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.	4a. LPN will continue to monitor weights and record them in log book. Weights will remain stable, and if not physician will be notified. Weight log will be maintained. 4b. Reviewed daily by LPN, weekly by RN consultant and quarterly by Quality first RN. 4c. Weight log and charting. RN will report to QA committee at quarterly QA meeting or more often as needed. Continued compliance will be monitored thru quarterly QA meetings or more often as needed. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	2/18/2020
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature Cathy Henderson OAC 310:663-25-4(F)	Date 1/22/2020 
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.	



Oklahoma State
Department of Health
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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/23/2020

Facility Name: The Neighborhoods at Baptist Village of Elk City

License Number: AL0502

Survey Event ID: DZT011

Date Survey Completed: 1/8/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C5010

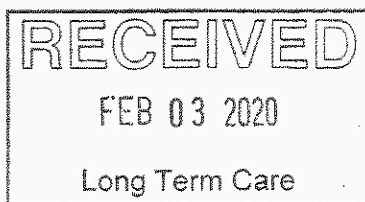
Based on: observation, interview and record review, it was determined the center failed to ensure coordination of care with home health providers for physician ordered weight monitoring for 1 (#4) of 1 sampled resident with a documented significant weight loss. This deficient practice resulted in the potential for more than minimal harm at a pattern.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is being submitted pursuant to the applicable State regulations. Nothing contained herein shall be construed as an admission that this assisted living center violated any State regulations or failed to follow any applicable standard of care.

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

1. RN consultant reviewed the home health chart and the 485 with plan of care for this resident to ensure coordination of care. RN consultant updated this resident's care plan with any discrepancies found.
2. RN consultant will review this resident's home health 485 each recertification period and make adjustments to resident's care plan.
3. Home Health team will be instructed on procedures to check in and out with DOHS each visit and to report any changes made to resident orders.
4. Physicians have been asked to copy BVC nurse in all order changes made through home health.
5. A letter explaining our procedures for coordination of care between BVC and home health was sent to all home health agencies and to all resident's physician.

OSDH Response: Element accepted Yes ☐ No ☐

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

1. RN consultant did a full audit of all residents home health charts and 485 with plan of care to ensure coordination of care for all residents on home health. RN consultant updated all residents care plans with any discrepancies found.
2. RN consultant will review all resident's home health 485 each recertification period and make adjustments to residents care plan.
3. Any resident found to have a skilled need that requires home health, will be evaluated by the DOHS and a meeting between BVC and home health agency nurse will be implemented prior to initiating visits.

OSDH Response: Element accepted Yes ☐ No ☐