



Oklahoma State Department of Health
Creating a State of Health

January 15, 2020

License Number: AL0907

Ms. Kimberly Bowles, Administrator
St Katharine Drexel Retirement Center
301 West Wade
El Reno, OK 73036

Survey Event ID: 5MIN11

Dear Ms. Bowles:

On January 6, 2020, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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;

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- (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 will be completed for each violation; and
- (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

**INVESTIGATIVE REPORT
LICENSURE**

Facility: St Katharine Drexel Retirement Center
Address: 301 West Wade
City, State, Zip: El Reno, OK, 73036
Provider #: AL0907
Complaint #: OK00054597
Investigation Date(s): 12/26/19, 12/27/19, and 01/06/20

ALLEGATION(S)	S = SUBSTANTIATED
	US = UNSUBSTANTIATED
1. The center failed to ensure assessments were conducted per regulations and used to determine appropriate placement.	US
2. The center failed to ensure records were not falsified.	US
3. The center failed to have adequate staff.	S
4. The center failed to have or implement their abuse policy.	US
5. The center failed to ensure medications were properly administered.	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Thursday, December 26, 2019 at 7:50 a.m.

A sample of 13 residents including any identified residents was selected for the investigation based on the concerns relevant to the allegations.

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

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to admission assessments accuracy and appropriate admission of residents was conducted.

The residents in the assisted living unit required no feeding assistance and no more than one person assistance with personal care. The residents in the memory care unit required re-orientation to time, place, or situation,

several residents required assistance to eat, and several residents required the employees to push their wheelchairs to their rooms, activities, and the dining room.

An employee stated a preadmission assessment was conducted on the resident prior to admission and a 14-day assessment was conducted after admission. She further stated the resident would not be admitted if they were not appropriate for the assisted living unit, the memory care unit, or if they were above the level of care the center could have provided to them. One resident resided in the assisted living unit, but ate her meals in the memory care unit because she had physical disabilities with increased choking hazards, and she required feeding assistance.

The assisted living and memory care residents' assessments reviewed indicated they were accurate at the time of admission and appropriate for admission to the center.

At the time of the investigation, there was no deficient practice related to inaccurate admission assessments or inappropriate admission of residents to the center.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the medication refrigerator temperatures was conducted.

The assisted living unit medication refrigerator thermometer registered 46 degrees Fahrenheit (F). The memory care unit medication refrigerator thermometer registered 40 degrees F.

An assisted living medication aide stated the medication refrigerator was checked every day by an evening medication aide. She stated she was told the medication refrigerator temperature was supposed to be between 39 degrees F and 46 degrees F. A memory care medication aide stated the medication refrigerator was checked every day by a morning shift medication aide.

The assisted living unit medication refrigerator temperatures for October, November, and December 2019 were consistently documented Monday thru Friday at 3:00 p.m. by the same medication aide. The memory care unit medication refrigerator temperatures for October 2019 were not documented eight times, November 2019 temperatures were not documented six times, and December 2019 temperatures were not documented two times. The memory care unit medication refrigerator temperature log documented the temperatures were not obtained during a specific shift.

At the time of the investigation, there was no deficient practice related to inaccurate medication refrigerator temperatures.

Allegation #3: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, and Tags N-1431, N-1437, and C-921 for details.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to an abuse policy implemented by the center was conducted.

The residents in the assisted living unit sat at tables in the dining room with four to six people seated at the table. They talked among themselves, visited with other residents at surrounding tables, and exchanged conversations with the employees. The residents were smiling and observant of the dining room activities.

One resident stated she always goes to the monthly resident council meetings but she would rather listen to the other residents' concerns. She could not remember being upset or crying after a meeting. She also stated if she had any concerns she would feel comfortable to talk to the administrator. None of the residents stated they were afraid or concerned about retaliation if they verbalized a complaint. None of the residents reported verbal abuse or stated they were afraid to voice their concerns. One employee stated the residents were good about expressing their opinions.

The center's abuse policy was reviewed and a copy was provided. Two incidents of abuse were reported to the Oklahoma State Department of Health, neither one was related to a resident who became upset after a resident council meeting. The monthly resident council meeting minutes documented the residents had an opportunity for positive or negative comments, concerns, or complaints related to administration, housekeeping, maintenance, laundry, dietary, and nursing.

At the time of the investigation, there was no deficient practice related to the center's abuse policy or their implementation of it.

Allegation #5: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to employee administered medications was conducted.

The medication aides were observed as they placed the medication in a medication cup, documented on the medication administration record, and observed the resident swallow the medication. One breathing treatment was observed, and it was administered by qualified staff.

A nurse stated one of the medication aides had some medication errors related to medications not administered as ordered. That medication aide was observed, educated, and trained with qualified staff without success. She was transferred to a different shift and does not administer medications now. The nurse stated the medication administration policy does not address medication errors or limit medication errors before termination. She further stated medication errors were tracked in the quality assurance meetings.

The quality assurance meetings for August, September, October, and November 2019 documented 15 medication errors were committed by five different medication aides or a nurse. The center had documentation that revealed after each medication error the employee reviewed the medication administration policy, was provided in-services, and their medication administration technique was observed which decreased medication errors except with one employee. The final disciplinary action for that medication aide occurred on 10/21/19.

At the time of the investigation, there was no deficient practice related to medication administration errors.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #3. The facility will be required to submit a plan of correction (POC). The surveyor 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 state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Deficient practice was unsubstantiated for allegation #1, 2, 4, and #5. No further action is required.

A determination that an allegation was unsubstantiated (US) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.



Denise Owen, RN

Date report completed: 01/07/2020

**INVESTIGATIVE REPORT
LICENSURE**

Facility: St Katharine Drexel Retirement Center
Address: 301 West Wade
City, State, Zip: El Reno, OK, 73036
Provider #: AL0907
Complaint #: OK00054602
Investigation Date(s): 12/26/19, 12/27/19, and 01/06/20

ALLEGATION(S)	S = SUBSTANTIATED
	US = UNSUBSTANTIATED
1. The center failed to administer medications according to physician's orders.	S
2. The center failed to ensure residents were properly assessed prior to admission.	US
3. The center failed to provide adequate staff to safely meet the needs of the residents.	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Thursday, December 26, 2019 at 7:50 a.m.

A sample of 13 residents including any identified residents was selected for the investigation based on the concerns relevant to the allegations.

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

A 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, Tags N-1431, N-1437, and C-921 for details.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to resident assessments prior to admission was conducted.

The residents in the assisted living unit required no feeding assistance and no more than one person assistance with personal care. The residents in the memory care unit required re-orientation to time, place, or situation, several residents required assistance to eat, and several residents required the employees to push their wheelchairs to their rooms, activities, and the dining room.

An employee stated a preadmission assessment was conducted on each resident prior to admission and a 14-day assessment was conducted after admission. She further stated the resident would not be admitted if they were not appropriate for the assisted living unit or the memory care unit. One of the assisted living residents level of care score was slightly higher than a level II. A third party provided services to the resident and his level of care decreased.

A licensed practical nurse and a registered nurse assessed the residents prior to admission and a registered nurse determined the residents' level of care. The registered nurse assessed the residents 14 days after admission, if the resident had a significant change in their condition, and annually.

At the time of the investigation, residents were properly assessed before they were admitted to the center.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to adequate staffing related to resident evacuation was conducted.

The residents in the assisted living were more independent with their activities and mobility. Several of the wheelchair bound residents in the memory care required the employees to push them in their wheelchairs to their destinations. At the time of survey there were 16 employees on duty. Sprinklers were observed in the ceiling throughout the center. One main control panel was observed at the main entrance to the center, a remote control panel screen was observed in the memory care and in the 500 hall. The remote control panel screen would document the location of an emergency.

Two assisted living residents stated the employees would have to push their wheelchair to evacuate out of the building for an emergency, and two other assisted living residents stated after they were assisted to transfer to their wheelchair, they would be able to evacuate out of the building by themselves for an emergency. Employees reported all of the employees in the center would assist in an evacuation of the residents if an emergency occurred. They also stated there were enough employees present to provide safety for the residents.

Documentation was provided for a tornado warning which occurred on 05/28/19; six employees evacuated 68 residents to the safe room in less than four minutes. Documentation of emergency drills for July 2019 through December 2019 were submitted, which included an evacuation in September and two incidents in December a memory care resident activated a fire alarm. Due to a lightning strike the control panel was replaced and inspected on 10/11/19.

At the time of the investigation, there was no deficient practice related to adequate staff meeting the needs of the residents.

Determination Summary and Follow-Up Action:

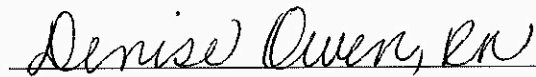
Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

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 state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Deficient practice was unsubstantiated for allegation #2 and #3. No further action is required.

A determination that an allegation was unsubstantiated (US) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.



Denise Owen, RN

Date report completed: 01/07/2020

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

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/06/2020
NAME OF PROVIDER OR SUPPLIER ST KATHARINE DREXEL RETIREMENT CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST WADE EL RENO, OK 73036		
(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	
N1431	Continued From page 1 advanced training on insulin administration for 1 (#1) of 1 sampled resident who required insulin administration. This failed practice had the potential for more than minimal harm at a pattern. Findings: RESIDENT #1 Resident #1 moved into the center on 06/02/14 with diagnoses which included diabetes mellitus type II. A physician's order for resident #1, dated November 2019, documented 10 units of Lantus insulin to be administered every day. A November 2019 medication administration record (MAR) for resident #1 documented Lantus insulin was administered on 15 days by CMA/employee #6, who did not have advanced training in insulin administration. Those days were as follows: 11/01/19; 11/04/19; 11/06/19; 11/09/19; 11/11/19; 11/13/19; 11/14/19; 11/15/19; 11/20/19; 11/21/19; 11/23/19; 11/24/19; 11/25/19; 11/26/19; and 11/30/19. A December 2019 MAR for resident #1 documented Lantus insulin was administered five times by CMA/employee #6 on 12/21/19, 12/22/19, 12/23/19, 12/24/19, and 12/25/19 . A physician's order for resident #1, dated December 18, 2019, documented Novolin insulin to be administered on a sliding scale, based on blood glucose results. The sliding scale was to be used and followed before each meal and at bedtime as follows:	N1431			

Oklahoma State Department of Health

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N1431	Continued From page 2 For blood glucose of: 151 - 200 Give 2 units; 201 - 250 Give 4 units; 251 - 300 Give 6 units; 301 - 350 Give 8 units; 401 - 450 Give 10 units; 451 - 500 Give 12 units; and 501 or greater give 14 units. Notify the physician if finger stick blood sugar (FSBS) is greater than 450. A December 2019 MAR for resident #1 documented Novolin insulin with a sliding scale was administered on eight days by CMA/employee #6 on the following dates; 12/19/19; 12/20/19; 12/21/19; 12/22/19; 12/23/19; 12/24/19; 12/25/19 and 12/26/19. On 12/26/19 at 2:14 p.m., a review of employee records confirmed CMA/employee #6 had not received advanced training for insulin administration. At 3:19 p.m., resident #1 stated her blood glucose levels were checked every morning and she was administered insulin every day by the employees. She resided in memory care and could not identify which employees administered the insulin. On 12/27/19 at 10:40 a.m., licensed practical nurse #1 stated she was unable to provide documentation that CMA/employee #6 had received advanced training for insulin administration. She stated she thought the glucose monitoring covered insulin administration. On 01/06/20 at 4:56 p.m., CMA/employee #6 was	N1431		

Oklahoma State Department of Health

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N1431	Continued From page 3 interviewed by telephone and stated she thought she had been certified to administer insulin to resident #1 and insulin administration was part of her job duties.	N1431		
N1437 SS=E	310:677-13-7 (b) (8) Skills And Functions Limitations. A certified medication aide shall not: (8) Administer medications or nutrition via nasogastric or gastrostomy tubes, or administer oral metered dose inhalers or nebulizers, unless the CMA has completed a Department-approved advanced training program and has demonstrated competency for such services; or This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure medications were administered by certified medication aides (CMA) who had received Department-approved advanced training on the administration of nebulizer respiratory treatments for 2 (#9 and #10) of 2 sampled residents. This failed practice had the potential for more than minimal harm at a pattern. Findings: RESIDENT #9 Resident #9 moved into the center on 11/19/18 with diagnoses which included chronic obstructive pulmonary disease.	N1437		

Oklahoma State Department of Health

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N1437	Continued From page 4 Physician's orders for resident #9, dated September 2019, October 2019, and November 2019, documented breathing treatments to be administered two times daily and an inhaler two times a day. On 12/27/19 at 10:28 a.m., resident #9's September, October, and November 2019 MAR were reviewed with LPN #1. The LPN stated in September 2019, resident #9 was administered breathing treatments two times (September 3rd and 10th) by CMA/employee #4. LPN #1 stated resident #9 was administered breathing treatments two times (on October 15th and 16th) and an inhaler two times (on October 1st and 8th) by CMA/employee #4 during the month of October 2019 . LPN #1 stated resident #9 was administered breathing treatments two times (on November 5th and 12th) by CMA/employee #4 during the month of November 2019. LPN #1 identified the initials on all of the MARs belonged to CMA/employee #4. She stated CMA/employee #4 had not received advanced training in respiratory treatments. No advanced training documentation for administration of respiratory medications for CMA/employee #4 was provided. RESIDENT #10 Resident #10 moved into the center on 10/4/19 with diagnoses which included chronic obstructive pulmonary disease and emphysema. A physician order for resident #10, dated	N1437			

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N1437	Continued From page 5 November 2019, documented an inhaler to be administered two times a day. A November MAR for resident #10 documented an inhaler had been administered three times (on November 18th, 19th, and 25th) by CMA/employee #4, who had not received advanced training in administering respiratory treatments via nebulizers or inhalers. The signature side of the MAR contained the initials and signature of CMA/employee #4. On 12/26/19 at 4:32 p.m., LPN #1 identified the initials on resident #10's November MAR as CMA/employee #4. She confirmed CMA/employee #4 had not received advanced training in respiratory treatments. On 01/06/20 at 5:28 p.m., CMA/employee #4 was interviewed by telephone and stated she had never received advanced training in respiratory treatments.	N1437			
C 000	INITIAL COMMENTS An abbreviated survey was conducted on 12/26/19, 12/27/19, and 01/06/20 to investigate complaints #OK00054597 and #OK00054602. Current census was 67. The following deficient practice was cited.	C 000			
C 921 SS=E	310:663-9-2(a) MEDICATION STAFFING (a) Each assisted living center shall provide or arrange qualified staff to administer medications based on the needs of residents. Medications shall be reviewed monthly by a registered nurse or pharmacist and quarterly by a consultant pharmacist.	C 921			

Oklahoma State Department of Health

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C 921	Continued From page 6 This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure only qualified staff administered physician ordered medications for: a. 3 (#8, 9, and #10) of 4 sampled residents who had routine scheduled breathing treatments; and b. 1 (#1) of 1 sampled resident who had routine scheduled administration of insulin. These failed practices resulted in the potential for more than minimal harm at a pattern. Findings: BREATHING TREATMENTS RESIDENT #8 Resident #8 moved into the center on 07/17/19 with diagnoses that included chronic obstructive pulmonary disease. A September 2019 physician's order for resident #8, documented breathing treatments to be administered two times a day. Resident #8's September 2019 medication administration record (MAR) documented the breathing treatment was administered on the 30th by medication administration technician (MAT)/employee #5. On 12/27/19 at 11:34 a.m., a review of resident #5's September 2019 MAR was conducted with licensed practical nurse (LPN) #1, who identified the signature and initials on the MAR for resident #8 as MAT/employee #5. She stated	C 921		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2020
NAME OF PROVIDER OR SUPPLIER ST KATHARINE DREXEL RETIREMENT CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST WADE EL RENO, OK 73036		
(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 921	Continued From page 7 MAT/employee #5 should not have administered a breathing treatment to resident #8 because she was not qualified. RESIDENT #9 Resident #9 moved into the center on 11/19/18 with diagnoses which included chronic obstructive pulmonary disease. Physician's orders for resident #9, dated September 2019, October 2019, and November 2019 documented breathing treatments to be administered two times daily and an inhaler two times a day. On 12/27/19 at 10:28 a.m., resident #9's September, October, and November 2019 MAR were reviewed with LPN #1, who stated in September 2019, resident #9 was administered breathing treatments two times (on September 3rd and 10th) by CMA/employee #4. LPN #1 stated resident #9 was administered breathing treatments two times (on October 15th and 16th) and an inhaler two times (on October 1st and 8th) by CMA/employee #4 in October 2019 . LPN #1 stated resident #9 was administered breathing treatments two times (on November 5th and 12th) by CMA/employee #4 in November 2019. LPN #1 identified the initials on all of the MARs belonged to CMA/employee #4. She stated CMA/employee #4 had not received advanced training in respiratory treatments. No advanced training documentation in administration of respiratory treatments for CMA/employee #4 was	C 921		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/06/2020
NAME OF PROVIDER OR SUPPLIER ST KATHARINE DREXEL RETIREMENT CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST WADE EL RENO, OK 73036		
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C 921	Continued From page 8 provided. RESIDENT #10 Resident #10 moved into the center on 10/4/19 with diagnoses which included chronic obstructive pulmonary disease and emphysema. A physician order for resident #10, dated November 2019, documented an inhaler to be administered two times a day. A November MAR for resident #10 documented an inhaler had been administered three times (on November 18th, 19th, and 25th) by certified medication aide (CMA)/employee #4, who had not received advanced training in nebulized respiratory treatments. The signature side of the MAR contained the initials and signature of CMA/employee #4. On 12/26/19 at 4:32 p.m., LPN #1 identified the initials on resident #10's November MAR as CMA/employee #4. She confirmed CMA/employee #4 had not received advanced training in respiratory treatments. On 01/06/20 at 5:28 p.m., CMA/employee #4 was interviewed by telephone and stated she had never received advanced training in respiratory treatments. INSULIN RESIDENT #1 Resident #1 moved into the center on 06/02/14 with diagnoses which included diabetes mellitus type II.	C 921			

Oklahoma State Department of Health

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C 921	Continued From page 9 A physician's order for resident #1, dated November 2019, documented 10 units of Lantus insulin to be administered every day. A November 2019 MAR for resident #1 documented Lantus insulin was administered 15 days in November by CMA/employee #6, who did not have advanced training in insulin administration. Lantus insulin was administered on the following days: 11/01/19; 11/04/19; 11/06/19; 11/09/19; 11/11/19; 11/13/19; 11/13/19; 11/14/19; 11/15/19; 11/20/19; 11/21/19; 11/23/19; 11/24/19; 11/25/19; 11/26/19; and 11/30/19. A December 2019 MAR for resident #1 documented Lantus insulin was administered on five days by CMA/employee #6 on 12/21/19, 12/22/19, 12/23/19, 12/24/19, and 12/25/19 . A physician's order for resident #1, dated 12/18/19, documented Novolin insulin was to be administered according to a sliding scale based on the results of blood glucose levels before each meal and at bedtime as follows: 151 - 200 Give 2 units; 201 - 250 Give 4 units; 251 - 300 Give 6 units; 301 - 350 Give 8 units; 401 - 450 Give 10 units; 451 - 500 Give 12 units; and 501 or greater give 14 units. Notify the physician if finger stick blood sugar (FSBS) is greater than 450. A December 2019 MAR for resident #1 documented Novolin insulin was administered on eight days and nine times in December, as	C 921			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/06/2020
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C 921	Continued From page 10 required by the glucose levels and the sliding scale, by CMA/employee #6 on the following dates; 12/19/19; 12/20/19; 12/21/19; 12/22/19; 12/23/19 - two times; 12/24/19; 12/25/19 and 12/26/19. On 12/26/19 at 2:14 p.m., a review of employee records confirmed CMA/employee #6 had not received advanced training for insulin administration. At 3:19 p.m., resident #1, who resided in memory care, stated her blood glucose levels were checked every morning and she was administered insulin every day by the employees. She could not identify which employees. On 12/27/19 at 10:40 a.m., licensed practical nurse #1 stated she was unable to provide documentation that CMA/employee #6 had received advanced training for insulin administration. She stated she thought the glucose monitoring covered insulin administration. On 01/06/20 at 4:56 p.m., CMA/employee #6 was interviewed by telephone and stated she thought she had been certified to administer insulin to resident #1 and insulin administration was part of her job duties.	C 921			

STATE WORKLOAD REPORT

Provider/Supplier Number AL0907	Provider/Supplier Name ST KATHARINE DREXEL RETIREMENT CENTER
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Type of Survey (select all that apply)

3				
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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)

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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)
1. 35195	12/26/2019	01/06/2020	1.50	0.25	19.75	0.00	4.50	16.25
2.								
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 17 2020





Oklahoma State Department of Health
Creating a State of Health

January 30, 2020

License Number: AL0907

Ms. Kimberly Bowles, Administrator
St Katharine Drexel Retirement Center
301 West Wade
El Reno, OK 73036

Survey Event ID: 5MIN11

Dear Ms. Bowles:

On January 6, 2020, a complaint investigation was conducted at your Assisted Living Center. 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 **March 13, 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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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY STATE ZIP CODE

301 WEST WADE

EL RENO, OK 73036

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESANTATIVE'S SIGNATURE _____

ITL

(X6) DATE

STATE FORM

5894

5MIN11

If continuation sheet 1 of 1

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2020
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE ZIP CODE

ST KATHARINE DREXEL RETIREMENT CENTER

**301 WEST WADE
EL RENO, OK 73036**

(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
N1431	Continued From page 1 advanced training on insulin administration for 1 (#1) of 1 sampled resident who required insulin administration. This failed practice had the potential for more than minimal harm at a pattern Findings: RESIDENT #1 Resident #1 moved into the center on 06/02/14 with diagnoses which included diabetes mellitus type II. A physician's order for resident #1, dated November 2019, documented 10 units of Lantus insulin to be administered every day. A November 2019 medication administration record (MAR) for resident #1 documented Lantus insulin was administered on 15 days by CMA/employee #6, who did not have advanced training in insulin administration. Those days were as follows: 11/01/19; 11/04/19; 11/06/19; 11/09/19; 11/11/19; 11/13/19; 11/14/19; 11/15/19; 11/20/19; 11/21/19; 11/23/19; 11/24/19; 11/25/19; 11/26/19; and 11/30/19. A December 2019 MAR for resident #1 documented Lantus insulin was administered five times by CMA/employee #6 on 12/21/19, 12/22/19, 12/23/19, 12/24/19, and 12/25/19. A physician's order for resident #1, dated December 18, 2019, documented Novolin insulin to be administered on a sliding scale, based on blood glucose results. The sliding scale was to be used and followed before each meal and at bedtime as follows:	N1431		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2020
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N1431	Continued From page 2 For blood glucose of: 151 - 200 Give 2 units; 201 - 250 Give 4 units; 251 - 300 Give 6 units; 301 - 350 Give 8 units; 401 - 450 Give 10 units; 451 - 500 Give 12 units; and 501 or greater give 14 units Notify the physician if finger stick blood sugar (FSBS) is greater than 450. A December 2019 MAR for resident #1 documented Novolin insulin with a sliding scale was administered on eight days by CMA/employee #6 on the following dates; 12/19/19; 12/20/19; 12/21/19; 12/22/19; 12/23/19; 12/24/19; 12/25/19 and 12/26/19. On 12/26/19 at 2:14 p.m., a review of employee records confirmed CMA/employee #6 had not received advanced training for insulin administration. At 3:19 p.m., resident #1 stated her blood glucose levels were checked every morning and she was administered insulin every day by the employees She resided in memory care and could not identify which employees administered the insulin On 12/27/19 at 10:40 a.m., licensed practical nurse #1 stated she was unable to provide documentation that CMA/employee #6 had received advanced training for insulin administration. She stated she thought the glucose monitoring covered insulin administration. On 01/06/20 at 4:56 p.m., CMA/employee #6 was	N1431			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2020
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N1431	Continued From page 3 interviewed by telephone and stated she thought she had been certified to administer insulin to resident #1 and insulin administration was part of her job duties.	N1431		
N1437 SS=E	310:677-13-7 (b) (8) Skills And Functions Limitations. A certified medication aide shall not (8) Administer medications or nutrition via nasogastric or gastrostomy tubes, or administer oral metered dose inhalers or nebulizers, unless the CMA has completed a Department-approved advanced training program and has demonstrated competency for such services, or This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure medications were administered by certified medication aides (CMA) who had received Department-approved advanced training on the administration of nebulizer respiratory treatments for 2 (#9 and #10) of 2 sampled residents. This failed practice had the potential for more than minimal harm at a pattern. Findings: RESIDENT #9 Resident #9 moved into the center on 11/19/18 with diagnoses which included chronic obstructive pulmonary disease.	N1437		

Please refer to Poc Template
Survey event # 00054597
and # 00054602,
tag N 1437

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/06/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY STATE ZIP CODE

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**301 WEST WADE
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N1437	Continued From page 4 Physician's orders for resident #9, dated September 2019, October 2019, and November 2019, documented breathing treatments to be administered two times daily and an inhaler two times a day. On 12/27/19 at 10:28 a.m., resident #9's September, October, and November 2019 MAR were reviewed with LPN #1. The LPN stated in September 2019, resident #9 was administered breathing treatments two times (September 3rd and 10th) by CMA/employee #4. LPN #1 stated resident #9 was administered breathing treatments two times (on October 15th and 16th) and an inhaler two times (on October 1st and 8th) by CMA/employee #4 during the month of October 2019. LPN #1 stated resident #9 was administered breathing treatments two times (on November 5th and 12th) by CMA/employee #4 during the month of November 2019. LPN #1 identified the initials on all of the MARs belonged to CMA/employee #4. She stated CMA/employee #4 had not received advanced training in respiratory treatments. No advanced training documentation for administration of respiratory medications for CMA/employee #4 was provided. RESIDENT #10 Resident #10 moved into the center on 10/4/19 with diagnoses which included chronic obstructive pulmonary disease and emphysema. A physician order for resident #10, dated	N1437		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2020
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N1437	Continued From page 5 November 2019, documented an inhaler to be administered two times a day A November MAR for resident #10 documented an inhaler had been administered three times (on November 18th, 19th, and 25th) by CMA/employee #4, who had not received advanced training in administering respiratory treatments via nebulizers or inhalers. The signature side of the MAR contained the initials and signature of CMA/employee #4 On 12/26/19 at 4:32 p.m., LPN #1 identified the initials on resident #10's November MAR as CMA/employee #4. She confirmed CMA/employee #4 had not received advanced training in respiratory treatments. On 01/06/20 at 5:28 p.m., CMA/employee #4 was interviewed by telephone and stated she had never received advanced training in respiratory treatments.	N1437		
C 000	INITIAL COMMENTS An abbreviated survey was conducted on 12/26/19, 12/27/19, and 01/06/20 to investigate complaints #OK00054597 and #OK00054602. Current census was 67. The following deficient practice was cited:	C 000	Refer to POC template Survey event ID # 00054597 and 00054602 Tag C 921	
C 921 SS=E	310.663-9-2(a) MEDICATION STAFFING (a) Each assisted living center shall provide or arrange qualified staff to administer medications based on the needs of residents. Medications shall be reviewed monthly by a registered nurse or pharmacist and quarterly by a consultant pharmacist.	C 921		

Oklahoma State Department of Health

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C 921	Continued From page 6 This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure only qualified staff administered physician ordered medications for: a. 3 (#8, 9, and #10) of 4 sampled residents who had routine scheduled breathing treatments; and b. 1 (#1) of 1 sampled resident who had routine scheduled administration of insulin. These failed practices resulted in the potential for more than minimal harm at a pattern. Findings: BREATHING TREATMENTS RESIDENT #8 Resident #8 moved into the center on 07/17/19 with diagnoses that included chronic obstructive pulmonary disease. A September 2019 physician's order for resident #8, documented breathing treatments to be administered two times a day Resident #8's September 2019 medication administration record (MAR) documented the breathing treatment was administered on the 30th by medication administration technician (MAT)/employee #5. On 12/27/19 at 11:34 a.m., a review of resident #5's September 2019 MAR was conducted with licensed practical nurse (LPN) #1, who identified the signature and initials on the MAR for resident #8 as MAT/employee #5. She stated	C 921		

Oklahoma State Department of Health

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C 921	Continued From page 7 MAT/employee #5 should not have administered a breathing treatment to resident #8 because she was not qualified. RESIDENT #9 Resident #9 moved into the center on 11/19/18 with diagnoses which included chronic obstructive pulmonary disease Physician's orders for resident #9, dated September 2019, October 2019, and November 2019 documented breathing treatments to be administered two times daily and an inhaler two times a day. On 12/27/19 at 10:28 a.m., resident #9's September, October, and November 2019 MAR were reviewed with LPN #1, who stated in September 2019, resident #9 was administered breathing treatments two times (on September 3rd and 10th) by CMA/employee #4. LPN #1 stated resident #9 was administered breathing treatments two times (on October 15th and 16th) and an inhaler two times (on October 1st and 8th) by CMA/employee #4 in October 2019. LPN #1 stated resident #9 was administered breathing treatments two times (on November 5th and 12th) by CMA/employee #4 in November 2019. LPN #1 identified the initials on all of the MARs belonged to CMA/employee #4. She stated CMA/employee #4 had not received advanced training in respiratory treatments. No advanced training documentation in administration of respiratory treatments for CMA/employee #4 was	C 921		

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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C 921	Continued From page 8 provided. RESIDENT #10 Resident #10 moved into the center on 10/4/19 with diagnoses which included chronic obstructive pulmonary disease and emphysema. A physician order for resident #10, dated November 2019, documented an inhaler to be administered two times a day. A November MAR for resident #10 documented an inhaler had been administered three times (on November 18th, 19th, and 25th) by certified medication aide (CMA)/employee #4, who had not received advanced training in nebulized respiratory treatments. The signature side of the MAR contained the initials and signature of CMA/employee #4. On 12/26/19 at 4:32 p.m., LPN #1 identified the initials on resident #10's November MAR as CMA/employee #4. She confirmed CMA/employee #4 had not received advanced training in respiratory treatments. On 01/06/20 at 5:28 p.m., CMA/employee #4 was interviewed by telephone and stated she had never received advanced training in respiratory treatments. INSULIN RESIDENT #1 Resident #1 moved into the center on 06/02/14 with diagnoses which included diabetes mellitus type II.	C 921		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2020
NAME OF PROVIDER OR SUPPLIER ST KATHARINE DREXEL RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST WADE EL RENO, OK 73036		
(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 921	Continued From page 9 A physician's order for resident #1, dated November 2019, documented 10 units of Lantus insulin to be administered every day. A November 2019 MAR for resident #1 documented Lantus insulin was administered 15 days in November by CMA/employee #6, who did not have advanced training in insulin administration. Lantus insulin was administered on the following days: 11/01/19, 11/04/19; 11/06/19; 11/09/19; 11/11/19; 11/13/19, 11/13/19; 11/14/19; 11/15/19, 11/20/19; 11/21/19, 11/23/19; 11/24/19; 11/25/19; 11/26/19; and 11/30/19 A December 2019 MAR for resident #1 documented Lantus insulin was administered on five days by CMA/employee #6 on 12/21/19, 12/22/19, 12/23/19, 12/24/19, and 12/25/19 A physician's order for resident #1, dated 12/18/19, documented Novolin insulin was to be administered according to a sliding scale based on the results of blood glucose levels before each meal and at bedtime as follows: 151 - 200 Give 2 units; 201 - 250 Give 4 units; 251 - 300 Give 6 units; 301 - 350 Give 8 units; 401 - 450 Give 10 units; 451 - 500 Give 12 units; and 501 or greater give 14 units. Notify the physician if finger stick blood sugar (FSBS) is greater than 450. A December 2019 MAR for resident #1 documented Novolin insulin was administered on eight days and nine times in December, as	C 921			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL0907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/06/2020
NAME OF PROVIDER OR SUPPLIER ST KATHARINE DREXEL RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST WADE EL RENO, OK 73036		
(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 921	Continued From page 10 required by the glucose levels and the sliding scale, by CMA/employee #6 on the following dates, 12/19/19; 12/20/19; 12/21/19; 12/22/19; 12/23/19 - two times; 12/24/19; 12/25/19 and 12/26/19 On 12/26/19 at 2:14 p.m., a review of employee records confirmed CMA/employee #6 had not received advanced training for insulin administration. At 3:19 p.m., resident #1, who resided in memory care, stated her blood glucose levels were checked every morning and she was administered insulin every day by the employees. She could not identify which employees On 12/27/19 at 10:40 a.m., licensed practical nurse #1 stated she was unable to provide documentation that CMA/employee #6 had received advanced training for insulin administration. She stated she thought the glucose monitoring covered insulin administration On 01/06/20 at 4:56 p.m., CMA/employee #6 was interviewed by telephone and stated she thought she had been certified to administer insulin to resident #1 and insulin administration was part of her job duties	C 921			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/28/2020

Facility Name: St. Katharine Drexel Retirement Center

License Number: AL 0907

Survey Event ID: Investigation # OK00054597 & #OK 00054602

Date Survey Completed: 1/6/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: N1431

Based on: interview and record review, it was determined the center failed to ensure insulin was administered by certified medication aides (CMA) who had received Department approved advanced training on insulin administration for 1 of 1 sampled resident who required insulin administration. This failed practice had the potential for more than minimal harm at a pattern.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: St. Katharine Drexel Retirement Center is committed to providing Qualified Certified Medication Aides who have received Department-Approved advanced training on insulin administration. Completion of this plan of correction is not an admission of guilt for this alleged deficient practice.

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. All CMA's will be sent to Advanced CMA training class as quickly as possible. 2. Education Class was held 1-23-2020 and all employees passing medications were re-instructed that only Advanced Certification Medication Aides that are qualified and hold proper credentials will be able to administer insulin. 3. Also covered at that education class- Those without proper credentials will not be allowed to get ready or sign out medications that they can't administer.

OSDH Response: Element accepted Yes ☐ No ☒

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

Audit was performed and revealed no other residents receive insulin currently.

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 CMA's will be sent to Advanced CMA training class as quickly as possible. 2. Education Class was held 1-23-2020 and all employees passing medications were re-instructed that only Advanced Certification Medication Aides that are qualified and hold proper credentials will be able to administer insulin. 3. Also covered at that education class- Those without proper credentials will not be allowed to get ready or sign out medications that they can't administer. 4. Business Office Manager will present new employee credentials to the Director of Resident Care. The two will discuss each new hire to be sure that both are aware of the current credential status, area employee is serving, and need for future training / restrictions. BOM will bring credentials to QA monthly for review. **ACMA in this 2567 Tag N1431 is holding Advanced Training Certifications for insulin monitoring and administration paperwork dated 2017, and is currently on the registry.

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.	Audits will be done weekly X 1 month or until 100% accurate, biweekly X 2 months, and then monthly thereafter. These audits will be discussed and adjusted as necessary by the Quality Assurance Committee to ensure compliance. Director of Resident Care or Designee will examine the records of all whom receive insulin and record success or failure on the audit form. These results will be reviewed for 100% success. Adjustments and re education will take place as necessary. QA committee will monitor and make recommendations. The audit will be completed weekly X 1 month, until 100% accurate, bi-weekly X 2 months, and then monthly thereafter. These results will be discussed at the QA meeting. They will be included in the QA recordbook.		
OSDH Response: Element accepted: Yes ☐ No ☒			
5. On what date will corrective action be completed?	3/13/2020		
OSDH Response: Element accepted: Yes ☐ No ☒			
Administrator's Signature OAC 310:663-25-4(F)	Date 1/28/2020		
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.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/28/2020

Facility Name: St. Katharine Drexel Retirement Center

License Number: AL 0907

Survey Event ID: Investigation # OK00054597 & #OK 00054602

Date Survey Completed: 1/6/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: N1437

Based on: interview and record review, it was determined the center failed to ensure medications were administered by certification medication aides (CMA) who had received Department-approved advanced training on the administration of nebulizer respiratory treatments for 2 (#9 and #10) of 2 sampled residents. This failed practice had the potential for more than minimal harm at a pattern.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: St. Katharine Drexel Retirement Center is committed to providing qualified Certified Medication Aides who have received Department- approved Advanced Training on administration of nebulizer respiratory treatments.

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 CMA's will be sent to Advanced CMA training class as quickly as possible. 2. Inservice Education was held 1-23-2020 and all employees passing medications were re-instructed that only Advanced Certified Medication Aides that are qualified with proper credentials will be able to provide breathing treatments. 3. Also covered at inservice re education-Those without proper credentials will not be allowed to get ready or sign out medications that they aren't qualified to administer.

OSDH Response: Element accepted: Yes ☐ No ☐

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

St. Katharine's will determine that all residents that receive oral metered dose inhalers or nebulizer treatments could have the potential to be affected by this alleged deficiency.

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?

Inservice Re-education was held 01-23-2020. All employees passing medications were re-instructed that only Advanced Certified Medication Aides that are qualified and hold the correct credentials will be allowed to administer breathing treatments. Also covered at the inservice re-education- Those without the proper credentials will not be allowed to get ready or sign out medications that they can't administer. Business Office Manager will present new employee credentials to the Director of Resident Care. The two will discuss each new hire to be sure that both are aware of the current credential status, and the area the employee will be serving. BOM will bring credentials to QA monthly for review.

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.		Audits will be done weekly X 1 month or until 100% accurate, biweekly X 2 months, and then monthly thereafter. These audits will be discussed and adjusted as necessary by the Quality Assurance Committee to ensure compliance. Director of Resident Care or Designee will examine the records of all whom receive nebulizer respiratory treatments or oral metered inhalers, and record success or failure on a new audit form. These results will be reviewed for 100% accuracy. Adjustments and re-education will take place as necessary. The audit will be completed monthly thereafter, and be discussed at the QA meeting. Audits will be included in the QA recordbook.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/13/2020	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)		Date 1/28/2020	
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		Submitted by	
Enter a date of addendum.		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			
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Facility in Compliance by: Click here to enter a date.			



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/28/2020

Facility Name: St. Katharine Drexel Retirement Center

License Number: AL 0907

Survey Event ID: Investigation # OK00054597 & #OK 00054602

Date Survey Completed: 1/6/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 921

Based on: Interview and record review, it was determined the center failed to ensure only qualified staff administered physician ordered medications for A. 3 of 4 sampled residents who had routine scheduled breathing treatments; and B. 1 of 1 sampled resident who had routine scheduled administration of insulin. These failed 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: St. Katharine Drexel Retirement Center is committed to providing qualified Certified Medication Aides who have received Department – approved Advanced Training on insulin administration, oral metered inhalers, and nebulizer treatments in order to administer these medications.

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 CMA's will be sent to Advanced CMA training classes as quickly as possible. 2. Inservice Education class was held 1-23-2020 and all employees passing medications were re-instructed that only Advanced Certification Medication Aides that are qualified with proper credentials will be able to provide breathing treatments or administer insulin. 3. Also covered at at inservice education – Those without proper credentials will not be allowed to get ready or sign out medications that they aren't qualified with credentials to administer.

OSDH Response: Element accepted Yes ☐ No ☐

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

We have identified all resident's that receive oral metered dose inhalers, nebulizer treatments, or insulin could have the potential to have been affected by this alleged deficient practice.

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?

Inservice Re-Education class was held 01-23-2020. All employees passing medications were re-instructed that only Advanced Certified Medication Aides that are qualified and hold the correct credentials will be allowed to administer insulin, oral metered inhalers, and nebulizer treatments. 2. Also covered at inservice education class on 01-23-2020-Those without the proper credentials will not be allowed to get ready or sign out medications that they can't administer. Business Office Manager will present new employee credentials to the Director of Resident Care. The two will review and discuss each new hire to be sure that both are aware of the current credential status of the employee, and the area the employee will be serving.

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.	Audits will be done weekly X 1 month or until 100% accurate, bi-weekly X 2 months, and then monthly thereafter. These audits will be discussed and adjustments made as necessary by the Quality Assurance Committee to ensure compliance. Director of Resident Care or Designee will examine the records of all whom receive nebulizer respiratory treatments, oral metered inhalers, and insulin. Director will record success or failure on the audit form. These results will be reviewed and measured for 100% accuracy. Adjustments and Re-education will take place as necessary until 100 % accuracy is achieved. The audit will be completed monthly thereafter, and discussed at the QA meeting. Audit will be included in the QA Record book.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	3/13/2020
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature OAC 310:663-25-4(F)	Date 1/28/2020
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FEB 10 2020
J.I.