OKLAHOMA
State Department
of Health

Delivery via email to: Director@SKDElReno.org

June 21, 2023

License Number: AL0907

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

RE: Survey Event ID: 8CHR11

Dear Ms. Bowles:

On **May 24, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on May 24, 2023.

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

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

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

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

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

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

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

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

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

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

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

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

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

Sincerely,

Katie Stagner

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0907	A. BUILDING: _____ B. WING _____	05/24/2023

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
C 000	INITIAL COMMENTS A relicensure survey was conducted from 05/22/23 through 05/24/23. Listed below are abbreviations that will be used throughout this document: ACMA - advanced certified medication aide LPN - Licensed Practical Nurse MAR - medication administration record mcg - micrograms meq - milliequivalents mg - millegrams ml - milliliters	C 000		
C1921 SS=E	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to follow physician orders for oxygen administration for one (#10) of five sampled residents reviewed for oxygen administration. The "Assisted Living Resident Condition and Care Overview," dated 5/22/23, documented a census of 65. Findings: A facility policy, "Medication Administration and	C1921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0907	A. BUILDING: _____ B. WING _____	05/24/2023

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C1921	Continued From page 1 General Guidelines," read in parts..."medications are administered in accordance with written orders of the attending physician...all current medications and dosage schedules...are listed on the resident's medication administration record. Resident #10 was admitted on 04/21/21 with diagnoses which included diabetes mellitus, dyspnea and hypoxia. The resident's current physician orders, dated 04/13/23, documented respiratory medications to be administered and did not include orders for oxygen use. On 05/24/23 at 9:34 a.m., the resident was observed in their room without the nasal cannula in place and the oxygen concentrator was running at 3.5 liters per minute. The resident reported the nursing staff adjusted the amount of the oxygen and it is used every night and only when needed during the day. On 05/24/23 at 11:03 a.m., ACMA #1 was asked for physician orders for oxygen use. The Resident's record was reviewed and they reported no orders for oxygen was found. The ACMA reported the oxygen was not on a MAR and was not known what liters it should be on. On 05/24/23 at 11:17 a.m., LPN #1 reviewed the clinical record and reported no physician orders for use of oxygen and no MAR to document the use of oxygen was found in the record.	C1921		
C1922 SS=D	310:663-19-2(a)(2) MEDICATION ADMINISTRATION (2) The person responsible for administering	C1922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0907	A. BUILDING: _____ B. WING _____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST KATHARINE DREXEL RETIREMENT CENTER	301 WEST WADE EL RENO, OK 73036

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C1922	Continued From page 2 medications shall personally prepare the dose, observe the swallowing of oral medication, and record the medication. Medications shall be prepared within one hour prior to administration. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff observed the administration for one (#6) of four sampled residents observed during medication pass. The "Assisted Living Resident Condition and Care Overview," dated 5/22/23, documented a census of 65. Findings: A "Medication Administration and General Guidelines" policy, dated 2020, read in parts, "...observe the resident take the medications..." Resident #6 had the following physician ordered medications scheduled at 8:00 a.m.: Nystatin 1000 units suspension 4 ml Magic Mouthwash suspension Cystex liquid 15 ml Multivitamin 2 gummies Valacyclovir 500 mg 1 tablet Metoprolol succinate 25 mg 1 tablet Oxybutynin Chloride ER 15 mg 1 tablet Gabapentin 100 mg 2 capsules Prednisone 5 mg 1 tablet Tart Cherry Ultra 1200 mg 1 capsule Fluticasone Propionate nasal spray 50 mcg 1 spray Furosemide 80 mg 1 tablet Potassium Chloride ER 20 meq 1 ½ tablets	C1922		

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	AL0907	A. BUILDING: _____ B. WING _____	05/24/2023

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C1922	Continued From page 3 Allopurinol 200 mg 1 tablet Cetirizine Hydrochloride 10 mg 1 tablet Vitamin A 2400 mcg 1 tablet Acetaminophen/Codeine 300-30 mg 1 tablet On 05/23/23 at 8:25 a.m., ACMA #1 was observed to prepare all the above medication for Resident #6. The ACMA administered and observed the resident swallow the prepared tablets and capsules. The resident refused the scheduled fluticasone propionate 50 mcg nasal spray. Resident #6 instructed the ACMA to leave the Nystatin suspension, Magic Mouthwash suspension, Cystex suspension and multivitamin gummies on the table to take later. The ACMA was observed to leave the resident's apartment without observing the resident swallow all the prepared medication. On 05/23/23 at 2:25 p.m., ACMA #2 reported staff should observe the administration of each medication they prepared for the resident. The ACMA reported medications should be prepareed within one hour prior to administrtion. On 05/23/23 at 2:29 p.m., ACMA #1 reported residents should be observed swallowing each medication at the time of preparation. The ACMA reported at times they do leave medications for residents to take later at the request of the resident. The ACMA reported medications prepared this morning for Resident #6 should not have been left in the room for the resident to self-administer when she was ready to take them. On 05/23/23 at 2:35 p.m., LPN#1 reported staff were required to observe the administration of all medication prepared for residents. The LPN reported staff should not leave prepared medication in resident rooms.	C1922		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0907	A. BUILDING: _____ B. WING _____	05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST KATHARINE DREXEL RETIREMENT CENTER	301 WEST WADE EL RENO, OK 73036

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OKLAHOMA
State Department
of Health

Delivery via email to: Director@SKDElReno.org

July 7, 2023

License Number: AL0907

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

RE: Survey Event 8CHR11

Dear Ms. Bowles:

On **May 24, 2023**, 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 **August 18, 2023**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 7/6/2023** **Facility Name:** Saint Katharine Drexel Retirement Center **License Number:** AL 0907-0907 **Survey Event ID:** 8CHR11 **Date Survey Completed: 5/24/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1921	Based on: Based on observation, record review, and interview , the facility failed to follow physiocian orders for oxygen administration for one of five sampled residents reviewed for oxygen administration.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Saint Katharine Drexel Retirement Center is committed to following Physician's orders regarding oxygen administration.

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	A form was designed that will be completed by the Resident Care Director upon all new hospital readmissions or new admissions to check for oxygen and orders for oxygen, proper flow rate, and flow rate will be placed on the MAR to be checked every shift.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Saint Katharine Drexel will consider all residents using oxygen to have the potential to be affected.
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. Upon admit, and readmit from the hospital each admit will be checked for oxygen, and oxygen orders. Physician will be contacted if there is no order upon return, and asked for a clarification order. 2. Resident Care Director, RN, or LPN will record the orders, and place on the Mar. 3. Resident Care Director or Designee will audit the flow of oxygen weekly for one month until 100% accurate, then bi-weekly for 1 month, then monthly to ensure compliance with monitoring oxygen. 4. Audits will be discussed, and adjustments made as necessary by the QA committee until 100 % compliance is achieved for three consecutive months. 4. RN will do random checks for oxygen and orders during Monthly Physician Order 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.	Resident Care Director or Designee will audit the flow of oxygen until compliance is achieved. Resident Care Director, RN, and Executive Director will evaluate during QA all residents who have oxygen with ACMA attending QA to ensure no one has been missed, and that all records are complete. Records will be kept in the QA Minutes RN will do randmom checks during Physician order review.

OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		8/18/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)			**Date 7/6/2023**
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.			

QA MONITORING FORM- O2

DATE	RESIDENT NAME	O2 ordered	O2 order on file	O2/ flow rate on MAR	Flow rate	O2 on monthly PCP orders	Reviewed by

QA MONITORING FORM- O2

DATE	RESIDENT NAME	O2 ordered	O2 order on file	O2/ flow rate on MAR	Flow rate	O2 on monthly PCP orders	Reviewed by

QA MONITORING FORM- O2

DATE	RESIDENT NAME	O2 ordered	O2 order on file	O2/ flow rate on MAR	Flow rate	O2 on monthly PCP orders	Reviewed by

QA MONITORING FORM- O2

DATE	RESIDENT NAME	O2 ordered	O2 order on file	O2/ flow rate on MAR	Flow rate	O2 on monthly PCP orders	Reviewed by

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 7/6/2023** **Facility Name:** Saint Katharine Drexel Retirement Center **License Number:** AL 0907 **Survey Event ID:** 8CHR11 **Date Survey Completed: 5/24/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1922	Based on: Based on observation, record review, and interview, the facility failed to ensure staff observed the administration for one (#6) of four sampled residents observed during the medication pass.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Saint Katharine Drexel Retirement Center is committed to ensuring staff observe the administration of medications during the medication pass.

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All Team Members that administer medications were required to attend Inservice Re-Education on 5/25/2023, and 6/8/2023 where re-instruction was given that regardless of resident requests, all medications prepared, (not refused) must be swallowed before the Medication Aide may leave the resident's apartment.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Saint Katharine Drexel will consider all residents consuming medications to have the potential to be affected.
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?	Resident Care Director or Designee will perform random med pass audits on each shift. Those administering medications will be observed, readjustments and re-education provided until they are error free. New employees administering medication will also be audited in this manner until error free.
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.	Resident Care Director or Designee will perform random med pass audits using the Med Pass Checklist on each shift. Those administering medications will be observed, readjustments and re-education provided until they are error free. New employees administering medication will also be audited until error free. Once medication aides are error free, random audits will take place over the next 90 days to ensure compliance. These random audits will be reviewed during the QA committee meetings for 100% accuracy. Adjustments and Re-Education will take place as necessary until 100% compliance is achieved. Records of random audits will be included in the QA

	Record Book.		
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?	8/18/2023		
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		**Date 7/6/2023**	
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.			

Medication Pass Checklist

Person Being Observed: _____ Date: _____

Steps	Yes	No	Comments
1. Positively identify the individual you will be giving the medication to	☐	☐	
2. Wash Hands	☐	☐	
3. Gather all necessary utensils (i.e. glasses, water, spoons, etc.)	☐	☐	
4. Unlock the storage area	☐	☐	
5. Read Medication Record **Identify right Medication** Take medication from storage area	☐	☐	
6. Compare the **pharmacy label to the Medication Record.** Make sure all information matches	☐	☐	
7. Prepare an accurate dose make sure it is the right dose and the right strength Sign count sheet for countable medications compare the **pharmacy label to the medication record again**	☐	☐	
8. Assist with the administration of medication to the right individual by the right method. Make sure the individual is in the right position to receive the medication. If oral make sure the individual swallows the medication. **Remember: Lock the storage area when you leave it to give the medication.**	☐	☐	
9. Document medication you **gave, Compare pharmacy label to the medication record**	☐	☐	
10. Return the medication to the correct storage area. **Lock the storage area**	☐	☐	
11. Wash Hands	☐	☐	
12. Observe the individual for any unusual or adverse effects	☐	☐	
Observer Name: **Signature of Observer:**			**Job Title** **Medication Type:**

Medication Pass Checklist

I have observed _____ during medication pass on

Employee Name

_____ _____ and certify that this employee has

Day Date

Demonstrated competency in medication administration and shows no educational deficits in this regard.

_____ _____

Signature of Nurse Date

Comments:

_____

_____

_____

_____

_____

_____

_____

OKLAHOMA
State Department of Health

Delivery via email to: Director@SKDElReno.org

August 17, 2023

License Number: AL0907

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

RE: Survey Event 8CHR12

Dear Ms. Bowles:

On **August 3, 2023,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 24, 2023,** have now been corrected effective **August 3, 2023.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0907	A. BUILDING: _____ B. WING _____	R 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST KATHARINE DREXEL RETIREMENT CENTER	301 WEST WADE EL RENO, OK 73036

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 08/03/23. The facility was in substantial compliance	{C 000}		

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