OKLAHOMA
State Department
of Health

Delivery via email to: Director@SKDElReno.org

October 23, 2023

License Number: AL0907

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

Survey Event ID: 51F811

Dear Ms. Bowles:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 11, 2023**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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of Health

INVESTIGATIVE REPORT

Facility:	**St Katharine Drexel Retirement Center**
Address:	**301 West Wade**
City, State, Zip:	**El Reno, OK, 73036**
Provider #:	**AL0907**
Complaint #:	**OK00061085**
Investigation Date:	**10/11/23**

ALLEGATION(S)

1. The center failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 10/11/2023 at 07:05 a.m.

A sample of 10 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance, at other various times throughout the survey, and across multiple shifts. Resident rooms and common areas were observed for pests. Residents were observed for physical signs of pest bites.

Residents were interviewed regarding any concerns about pests and pest management.

Resident records were reviewed including assessments, service plans, physician orders, physician progress notes, nursing notes, and medication/treatment records. Grievance records were reviewed. State reported incidents and investigations were reviewed. Pest management records were reviewed.

Staff members were interviewed regarding the facility procedures for managing pests, skin conditions on residents related to pest bites, and historical pest problems identified and treated.

The attached CMS 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/11/2023

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INVESTIGATIVE REPORT

Facility:	**St Katharine Drexel Retirement Center**
Address:	**301 West Wade**
City, State, Zip:	**El Reno, OK, 73036**
Provider #:	**AL0907**
Complaint #:	**OK00061085**
Investigation Date:	**10/11/23**

ALLEGATION(S)

1. The center failed to ensure medications were administered, blood sugars were monitored and dressing changes were completed according to the physicians' orders and the plan of care.
2. The center failed to ensure residents' property was not misappropriated.
3. The center failed to assess a resident in a timely manner after a fall.
4.The center failed to ensure the right to file a grievance without fear of retaliation and the right to privacy/confidentiality of records.
5. The center failed to ensure residents requiring a high acuity of care received care according to the assessment, contract and plan of care.

An unannounced on-site investigation was initiated 10/11/2023 at 07:05 a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance, at other various times throughout the survey, and across multiple shifts. Medication administration and finger stick blood sugar checks were observed. Residents were observed receiving medications and care from staff. Residents were observed for wounds and wound care. Residents were observed for accidents and hazards to prevent falls.

Residents were interviewed related to the ability to file grievances, medication administration, blood sugar monitoring, misappropriation of personal items, abnormal skin conditions, and wound care.

Resident records were reviewed including assessments, service plans, physician orders, physician progress notes, nursing notes, medication/treatment records, and activities of daily living records. Grievance records were reviewed. State reported incidents and investigations were reviewed.

Staff members were interviewed regarding the facility policies for residents' rights, providing treatment, wound care, fall preventions, filing grievances, checking blood sugars, reporting misappropriation, and administering medications.

The attached CMS 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/11/2023

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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 _____	C 10/11/2023

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 Complaint investigations (#OK00061548 and OK00061085) were conducted on 10/11/23. No deficiencies were cited.	C 000		

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