OKLAHOMA
State Department
of Health

Delivery via email to: Director@SKDElReno.org

January 2, 2024

License Number: AL0907

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

Survey Event ID: 1ISK11

Dear Ms. Bowles:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 18, 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility:	**Facility: St Katharine Drexel Retirement Center**
Address:	**301 West Wade**
City, State, Zip:	**El Reno, OK, 73036**
Provider #:	**AL0907**
Complaint #:	**OK00061569**
Investigation Date:	**12/18/23**

ALLEGATION(S)

1. The center failed to have and/or implement and effective infection control program to prevent urinary tract infections.
2. The facility failed to assess, monitor, and intervene in a timely manner to prevent urinary tract infections.
3. The facility failed to notify residents' representatives of a change in condition.

An unannounced on-site investigation was initiated 12/18/2023 at 09:00 a.m.

A sample of five 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. Medication administration and fluids being passed were observed. Residents were observed receiving fluids with medications and offered fluids throughout the day by staff.

Residents' families and Residents were interviewed related to receiving fluids and being notified regarding changes.

Resident records were reviewed including assessments, service plans, physician orders, physician progress notes, nursing notes, medication/treatment records, and hospital notes.

Staff members were interviewed regarding the centers policies for passing fluid and notification of changes.

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: 12/18/2023

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 _____	C 12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST KATHARINE DREXEL RETIREMENT CENTE	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 complaint investigation (#OK00061569) was conducted on 12/18/23. No deficiencies were cited. Facility Census: 63	C 000		

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