OKLAHOMA
State Department
of Health

Delivery via email to: angie.crawford63@gmail.com

October 19, 2023

License Number: AL0908

Ms. Angela Crawford, Administrator
Carriage House Homes
11012 Coachman's Road
Yukon, OK 73099

RE: Survey Event ID: HW4Y11

Dear Ms. Crawford:

On **October 10, 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 **October 10, 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.

Respectfully,

Lisa Calvin

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

Enclosure

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
	AL0908	A. BUILDING: _____ B. WING _____	10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE HOUSE HOMES	11012 COACHMAN'S ROAD YUKON, OK 73099

(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 10-10-23 through 10-10-23. Listed below are abbreviations that will be used throughout this document: CNA- certified nurse aide CPR- cardiopulmonary resuscitation	C 000		
C 954 SS=E	310:663-9-5(d) STAFF QUALIFICATIONS (d) Assisted living center direct care staff shall be trained in first aid and cardiopulmonary resuscitation. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of CPR training for direct care staff for four (CNA #1, 3, 4 and #5) of five employee files reviewed. An "Assisted Living Resident Condition and Care Overview" report, dated 10/10/23, documented five residents resided in the facility. Findings: A "Staff Training" policy, undated, read in part, "... First Aid and CPR (as applicable)..." A review of the personnel files for CNA #1, 3, 4	C 954		

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C 954	Continued From page 1 and #5 revealed there was no documentation of CPR training. On 10/10/23 at 10:40 a.m., the Administrator was asked to provide documentation of CPR training for CNA #1, 3, 4 and #5. On 10/10/23 at 12:55 p.m., the Administrator stated they had not done CPR training since 2019. The Administrator had no documentation of CPR training for CNA #1, 3, 4, and #5.	C 954		
C6000 SS=E	63 OS 1-1947(F) Criminal History Background Check (F) Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. This subsection and subsection D of this section shall not apply to the following: 1. An individual who is employed by, under independent contract to, or granted clinical privileges with, an employer on or before November 1, 2012. An individual who is exempt under this subsection is not limited to working within the employer with which he or she is employed, under independent contract to, or granted clinical privileges. That individual may transfer to another employer that is under the same ownership with which he or she was employed, under contract, or granted privileges. If that individual wishes to transfer to another employer that is not under the same ownership,	C6000		

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	AL0908	A. BUILDING: _____ B. WING _____	10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C6000	Continued From page 2 he or she may do so provided that a registry screening and criminal history record check are conducted by the new employer in accordance with subsection I of this section. a. If an individual who is exempt under this subsection is subsequently found, upon seeking transfer to another employer, ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, then the individual is no longer exempt and shall be terminated from employment or denied employment. b. If an individual who is exempt under this subsection is subsequently found ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, based on disqualifying events occurring after November 1, 2012, then the individual is no longer exempt and shall be terminated from employment; and 2. An individual who is an independent contractor to an employer, if the services for which he or she is contracted are not directly related to the provision of services to a service recipient or if the services for which he or she is contracted allow for direct patient access to service recipients but are not performed on an ongoing basis. This exception includes, but is not limited to, an individual who independently contracts with the employer to provide utility, maintenance, construction, or communications services.	C6000		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE HOUSE HOMES	11012 COACHMAN'S ROAD YUKON, OK 73099

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C6000	Continued From page 3	C6000		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure criminal history background checks and offender registry checks were completed for four employee's (CNA #1, 3, 4, and #5) of five employee files reviewed.

An "Assisted Living Resident Condition and Care Overview" report, dated 10/10/23, documented five residents resided in facility.

Findings:

A review of the personnel files for CNA #1, 3, 4 and #5 revealed there was no documentation of criminal back ground checks or offender registry checks completed upon hire.

On 10/10/23 at 10:40 a.m., the Administrator was asked to provide documentation of criminal back ground checks and offender registry checks for CNA #1, 3, 4, and #5.

On 10/10/23 at 12:55 p.m., the Administrator stated they did not do a criminal background checks and offender registry checks. The Administrator had no documentation of criminal back ground checks or offender registry checks for CNA #1, 3, 4, and #5.

OKLAHOMA
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of Health

Delivery via email to: angie.crawford63@gmail.com

November 16, 2023

License Number: AL0908

Ms. Angela Crawford, Administrator
Carriage House Homes
11012 Coachman's Road
Yukon, OK 73099

RE: Survey Event HW4Y11

Dear Ms. Crawford:

On **October 10, 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 **November 30, 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

Enclosure

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 10/23/23

Facility Name: Carriage House Homes LLC

License Number: AL0908

Survey Event ID: HW4Y11

Date Survey Completed: 10/10/23

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C600.	Based on: record review and interview the facility failed to ensure criminal history background checks and offender registry checks were completed for 4 employees out of 5 files reviewed

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

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?	The facility will perform criminal background checks within the next 30 days of submitting plan of correction through the OSDH data bank. This will be done by the DON Angie Crawford RN.
OSDH Response: Element accepted Yes ☑ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	No other residents affected. Carriage House Homes only has 5 residents in house.
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 employees will have background checks done prior to starting employment. This will start on the day the job was offered to employee and before any direct patient care occurs. DON will review employee charts on day employee starts work and also on a every quarter basis for audit purposes.
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.	Employee background checks will be added to the quarterly QA audits. The DON will be responsible for reporting this data on quarterly basis. Carriage House Homes will have a threshold of 100%. The data will be tabulated in the QA minutes on a quarterly basis and reported to Administrator. New employee checklist will be implemented so that all staff know what is required upon hire. Checklist will be scanned to employee chart. This will ensure nothing gets overlooked upon hire.
OSDH Response: Element accepted Yes ☑ No ☐	
5. On what date will corrective action be completed?	11/30/23
OSDH Response: Element accepted Yes ☑ No ☐	

Administrator's Signature Angie Crawford **Date** 10/23/23

OAC 310:663-25-4(F)

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. 11-16-23 Surveyor: 47453			
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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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Date: 10/23/23** **Facility Name:** Carriage House Homes LLC **License Number:** AL0908 **Survey Event ID:** HW4Y11 **Date Survey Completed:** 10/10/23
SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C954	Based on: Record review and interview, the facility failed to provide evidence of CPR training for direct care staff for 4 of the 5 employees
ASSISTED LIVING CENTER'S PLAN OF CORRECTION	
Assisted Living Center's Comments:	

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 employees will have CPR training every two years and upon 1 month of employment through the National Health and Safety Association via on-line exam and test.
OSDH Response: Element accepted Yes ☑ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	No other residents affected facility only has 5 current residents and all currently have active DNR in place. 4 out of the 5 are on hospice care.
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?	The facility will develop a new employee checklist form upon hire to request this information upon hire. All employees will be enrolled in CPR training as part as new employee orientation if they don't already have in place.
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.	The DON will perform employee chart audits on a yearly basis and document findings in quarterly QA minutes. Audits will also take place upon every new hire prior to having any direct patient contact The facility will reach a 100% threshold for compliance on CPR training. All records of CPR training will be scanned into employee files under compliance documents. They will reviewed on yearly basis once obtained. Each individual training will be placed in each employee's file.
OSDH Response: Element accepted Yes ☑ No ☐	
5. On what date will corrective action be completed?	11/30/2023
OSDH Response: Element accepted Yes ☑ No ☐	

Administrator's Signature Angie Crawford OAC 310:663-25-4(F)			**Date** 10/23/23
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 47453 11-16-23			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			

OKLAHOMA
State Department of Health

Delivery via email to: angie.crawford63@gmail.com

January 12, 2024

License Number: AL0908

Ms. Angela Crawford, Administrator
Carriage House Homes
11012 Coachman's Road
Yukon, OK 73099

RE: Survey Event HW4Y12

Dear Ms. Crawford:

On **January 8, 2024,** 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 **October 10, 2023,** have now been corrected effective **January 4, 2024.**

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

Respectfully,

Lisa Calvin

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

Enclosure

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
	AL0908	A. BUILDING: _____ B. WING _____	R 01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE HOUSE HOMES	11012 COACHMAN'S ROAD YUKON, OK 73099

(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 An offsite/paper revisit was completed on 01/08/23. 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