OKLAHOMA
State Department of Health

Delivery via email to: ctyd.adm@meridiansenior.com

February 24, 2022

License Number: AL1403

Ms. Holly Jerman-Miller, Administrator
Wickshire Norman
1060 Rambling Oaks Drive
Norman, OK 73072

Survey Event ID: XFNQ11

Dear Ms. Jerman-Miller:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 9, 2022**. 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.

Sincerely,

Katie Stagner
Digitally signed by Katie Stagner
Date: 2022.02.24 13:07:07 -06'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Wickshire Assisted Living**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, Ok, 73072**
Provider #: **AL1403**
Complaint #: **OK00056375**
Investigation Date(s): **02/08/22 and 02/09/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure staff followed proper infection control procedures.	**US**

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

An unannounced on-site investigation was initiated on 02/08/2022 at 2:30 p.m.

A sample of three 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 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 infection control (related to wearing masks) was conducted.

Upon entrance to the center, screening for COVID-19 and questionnaires was conducted at the front entrance. Hand sanitizer was available for visitors to clean their hands. An employee was at the front desk to assist with temperature checks.

A tour of the center after entrance and throughout the investigation was conducted. Residents were observed in the common areas, in their rooms, and observed to be clean and well-groomed. The facility was observed to be clean and without odors. Staff was observed to treat residents with dignity and respect. Adequate staffing was observed. All staff was observed to be wearing face masks. Some residents were observed to wear masks. The facility was COVID-free at the time of the investigation.

Numerous residents reported they could wear a mask if they wanted to but it was not required. Residents reported staff were observed to wear masks at all times. Staff reported masks were worn at all times and the facility was stocked with sufficient PPE for use during outbreaks.

The facility Policies and Procedures for "Communicable Disease Management & Infection Control" were reviewed. Resident council minutes and incident reports were reviewed, there were no complaints related to infection control issues.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

Donna Ahlborn RN MSN CHFS

Donna Ahlborn RN MSN Clinical Health Facility Surveyor

Date report completed: 02/10/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Wickshire Assisted Living**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, Ok, 73072**
Provider #: **AL1403**
Complaint #: **OK00056696**
Investigation Date(s): **02/08/22 and 02/09/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide care and services as contracted.	**US**

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

An unannounced on-site investigation was initiated on 02/08/2022 at 2:30 p.m.

A sample of three 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 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 failure to provide care and services as contracted was conducted.

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed in the common areas, in their rooms, and observed to be clean and well-groomed. The facility was observed to be clean and without odors. Staff members were observed to treat residents with dignity and respect. Sufficient staffing was observed for the reported resident census. Residents who were in their beds had call lights within reach. The call lights were checked and were in working condition. Resident sinks and showers were checked for hot water temperatures and no concerns were identified.

Numerous residents, including sampled residents, reported staff responded to their needs in a timely manner. Residents stated they received assistance as needed with activities of daily living. Residents reported they received baths or showers as scheduled. Staff reported the facility had been without hot water, for less than 24 hours, in February 2021 during a bad ice storm. Family members were interviewed and reported no complaints related to call lights or residents receiving baths/showers as scheduled.

Sampled clinical records were reviewed for contracts, assessments, physician orders, and plan of accommodations. Resident council minutes, grievances, and incident reports were reviewed. No complaints related to patient care were identified.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

Donna Ahlborn RN MSN CHFS

Donna Ahlborn RN MSN Clinical Health Facility Surveyor

Date report completed: 02/10/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Wickshire Assisted Living**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, Ok, 73072**
Provider #: **AL1403**
Complaint #: **OK00056806**
Investigation Date(s): **02/08/22 and 02/09/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents' rights to visitation.	**US**

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

An unannounced on-site investigation was initiated on 02/08/2022 at 2:30 p.m.

A sample of three 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 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 resident's rights to visitation was conducted.

Upon entrance to the center, screening for COVID-19 and questionnaires was conducted at the front entrance. Hand sanitizer was available for visitors to clean their hands. An employee was at the front desk to assist with temperature checks.

A tour of the center after entrance and throughout the investigation was conducted. Residents were observed in the common areas, in their rooms, and observed to be clean and well-groomed. Residents were observed to receive visitors without restrictions.

Numerous residents, including sampled residents, were interviewed and reported they were allowed to have visitors. The residents were not aware of any vaccination mandate for visitors. Staff reported they were not aware of any vaccination mandate for visitors and had no knowledge of a video with printed certificate required for visitors.

The facility Policies and Procedures for "Guest & Vendor Sign-In/Sign-Out Log" were reviewed. The policy addressed indoor visitation for all residents, regardless of vaccination status. The policy documented recommendations related to physical distancing and source control recommendations when either the resident or any of their visitors were not fully vaccinated. Resident council minutes, grievances, and incident reports were reviewed.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

Donna Ahlborn RN MSN CHFS

Donna Ahlborn RN MSN Clinical Health Facility Surveyor

Date report completed: 02/10/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Wickshire Assisted Living**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, Ok, 73072**
Provider #: **AL1403**
Complaint #: **OK00056991**
Investigation Date(s): **02/08/22 and 02/09/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure care was provided according to resident contract.	**US**

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

An unannounced on-site investigation was initiated on 02/08/2022 at 2:30 p.m.

A sample of three 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 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 ensuring care was provided according to resident contracts was conducted.

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed in the common areas, in their rooms, and observed to be clean and well-groomed. The facility was observed to be clean and without odors. Staff members were observed to treat residents with dignity and respect. Sufficient staff was observed for the reported resident census.

Numerous residents, including sampled residents, reported they received assistance as needed. Residents reported they were required to purchase their own incontinent care supplies and briefs. Staff reported the facility was not responsible for supplying resident briefs. Staff reported the facility kept a small supply of incontinent care supplies for use if a resident needed supplies before replenishing their own.

Sampled clinical records were reviewed for contracts, assessments, physician orders, and plan of accommodations. Resident council minutes and incident reports were reviewed. No complaints related to patient care were identified.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

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Date report completed: 02/10/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Wickshire Assisted Living**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, Ok, 73072**
Provider #: **AL1403**
Complaint #: **OK00057438**
Investigation Date(s): **02/08/22 and 02/09/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure medications were safely administered.	**US**

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

An unannounced on-site investigation was initiated on 02/08/2022 at 2:30 p.m.

A sample of three 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 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 related to ensuring medications were safely administered was conducted.

A tour of the center upon entrance and throughout the investigation was conducted. Residents were observed in the common areas, in their rooms, and observed to be clean and well-groomed. The facility was observed to be clean and without odors. Sufficient staffing was observed for the resident census. Medication carts were observed and medications were intact and secured. Staff members were observed to prepare medications just prior to administering.

Numerous residents, including sampled residents, reported they received their medications as ordered. Residents reported no complaints or concerns related to medication administration. Staff reported medications were prepared at the time of administration and not in advance. Staff reported narcotic counts were conducted at each shift change and recorded in the narcotics book.

The facility Policies and Procedures for medication administration were reviewed. Medication narcotic books were reviewed and documented narcotics had been counted at each shift change. Resident council minutes, grievances, and incident reports were reviewed. No complaints were documented related to medications not being administered in a safe manner.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

Donna Ahlborn RN MSN CHFS

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Date report completed: 02/10/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Wickshire Assisted Living**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, Ok, 73072**
Provider #: **AL1403**
Complaint #: **OK00058313**
Investigation Date(s): **02/08/22 and 02/09/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide care as contracted.	**US**

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

An unannounced on-site investigation was initiated on 02/08/2022 at p.m.

A sample of three 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 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 providing care as contracted was conducted.

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed in the common areas, in their rooms, and observed to be clean and well-groomed. The facility was observed to be clean and without odors. Staff members were observed to treat residents with dignity and respect. Sufficient staffing was observed for the reported resident census.

Numerous residents, including sampled residents, reported they received assistance as needed. Two residents with wounds reported they received appropriate care and treatment for their wounds. Staff members reported residents were turned and repositioned routinely and as needed. Staff reported residents had the right to refuse treatment but residents were encouraged to follow their treatment plan for wounds. Staff reported most residents were able to feed themselves but assistance was provided if needed.

Sampled clinical records and closed records were reviewed for contracts, assessments, physician orders, and plan of accommodations. Hospice records were reviewed. Resident council minutes and incident reports were reviewed.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

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Date report completed: 02/10/2022

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
	AL1403	A. BUILDING: _____ B. WING _____	02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE NORMAN	1060 RAMBLING OAKS DRIVE NORMAN, OK 73072

(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 abbreviated survey was conducted on 02/08/22 and 02/09/22 to investigate complaints #OK00058313, OK00056375, OK00056806, OK00056696, OK00057438, and OK00056991. No deficiencies were sited in conjuction with this survey.	C 000		

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