OKLAHOMA
State Department
of Health

Delivery via email to: admin@meadowlakeretirement.com; survey@stonegatesl.com

October 23, 2024

License Number: AL1411

Ms. Lisa Winter, Administrator
Meadowlakes Retirement Village
963 Sw 107th
Oklahoma City, OK 73170

Survey Event ID: 44NH11

Dear Ms. Winter:

On **October 17, 2024,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 Services**, then **click on Long Term Care**. 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 will be completed for each violation; and
(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 calendar days from receipt of the State Form deficiency statement. 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, conducted in a face to face, or a virtual 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 II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Meadowlakes Retirement Village**
Address: **963 SW 107th**
City, State, Zip: **Oklahoma City, OK, 73170**
Provider #: **AL1411**
Complaint #: **OK00067821**
Investigation Date(s): **10/16/24 through 10/17/24**

ALLEGATION(S)
1. The center failed to ensure medications were administered according to the physicians' orders and the plan of care.
2. The center failed to ensure a safe, clean, comfortable and homelike environment.

An unannounced on-site investigation was initiated 10/16/2024 at 12:10 p.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 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance, and at other various times throughout the survey. Observations of staff passing medications, and residents' environment were completed. Resident rooms were observed for cleanliness, proper function, and access to kitchen and back doors.

Residents were interviewed related to their medications and environment.

Resident records were reviewed including assessments, care plans, physician orders, physician progress notes, nursing notes, medication/treatment records, activities of daily living records, lab reports, incident reports, state reportables with investigation, and hospital records. Facility policy and procedures were reviewed.

Staff members were interviewed regarding the facility policies related to medications and environment.

The attached State form, Statement of Deficiencies, 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: 10/21/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1411	A. BUILDING: _____ B. WING _____	C 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLAKES RETIREMENT VILLAGE	963 SW 107TH OKLAHOMA CITY, OK 73170

(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 survey (#OK00067821) was conducted on 10/16 /24 and 10/17/24. Census: 58 Listed below are abbreviations that will be used throughout this document: CMA - certified medication aide dc'd - discontinued MAR - medication administration record MR - medical record mcg - microgram mg - milligram sl - sublingual	C 000		
C1920 SS=E	310:663-19-2(a) MEDICATION ADMINISTRATION (a) Each assisted living center shall adopt written procedures to ensure safe administration of medications. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure: a. medications were not administered without a physicians' order , and b. physicians' orders were obtained to discontinue medications for one (#2) of three sampled residents reviewed for medications. The administrator identified 58 residents resided in the facility. Finding:	C1920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1411	A. BUILDING: _____ B. WING _____	C 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLAKES RETIREMENT VILLAGE	963 SW 107TH OKLAHOMA CITY, OK 73170

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C1920	Continued From page 1 A "Medication Administration" policy, dated June 2012, read in part, "...Medications are administered in accordance with written orders of the physician..." Resident #2 had diagnoses which included atrial fibrillation, hypertension, and glaucoma. A "Physician's Orders", dated 12/20/23, documented: a. Losartan potassium 50 mg tablet, administer one tablet daily, b. Brimonide 0.1% eye solution instill one drop in each eye twice daily, c. Ezetimibe tablet one daily, (no strength documented), d. Latanoprost 0.005% eye drops instill one drop in both eyes every day, and f. Pantoprazole 40 mg tablet one daily. An "After Visit Summary", documented Resident #2 had been hospitalized from 06/14/24 though 06/19/24. It documented medications to be continued. Losartan potassium 50 mg was not on that list. A June 2024 MAR documented: a. Losartan potassium 50 mg tablet had been administered from 06/21/24 through 06/30/24 without a physician's order, and b. documented Ezetimibe, Brimonidine, Latanoprost, and Pantoprazole had been discontinued on 05/03/24. There were no physicians' orders located in the resident's clinical record that documented the medications had been dc'd A July 2024 MAR documented: a. Losartan potassium 50 mg tablet had been administered for 30 doses without a physician's	C1920		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1920	Continued From page 2 order, b. Ezetimibe tablet documented none had been administered and 'DC'd 5/3/24', d. Brimonide eye solution was initialed and circled for 34 doses, blank for two doses, and had been administered for 26 doses, and e. Latanoprost eye drops had circled initials for 14 doses, and had been administered for 14 doses, f. Pantoprazole continued to be on the MAR, none had been administered. An August 2024 MAR documented: a. Losartan potassium had been administered for 29 doses, circled initials for one dose, and blank for one dose, b. Ezetimibe had '10 mg' written in, circled initials for 13 doses, administered for 17 doses and blank for one dose, c. Brimonidine eye drops had been administered for 60 doses, was blank for one dose, and had circled initials for one dose, and d. Latanoprost eye drops had been administered for 30 doses, and was blank for one dose. A September 2024 MAR documented: a. Losartan potassium had been administered for eight doses, b. Ezetimide had been administered for eight doses, c. Brimonidine eye drops had been administered for 16 doses, and d. Latanoprost had been administered for eight doses. On 10/16/24 at 5:10 p.m., CMA #1 was asked what the policy was for administering medications. They stated they would read the MAR, punch the medication, initial the MAR, and give the medication per physician orders.	C1920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1411	A. BUILDING: _____ B. WING _____	C 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLAKES RETIREMENT VILLAGE	963 SW 107TH OKLAHOMA CITY, OK 73170

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C1920	Continued From page 3 On 10/17/24 at 11:23 a.m., the Administrator was asked how staff were aware of what medications were to be administer after a hospital stay. They stated when a resident comes back from the hospital they get the after visit summary. The Administrator stated the after visit summary tells whether to continue or discontinue medications. They stated they go exactly off the after visit summary. The Administrator was asked who reconciled medications for Resident #2 after they returned from the hospital. They stated it would have been the regional nurse or nurse/administrator from their skilled nursing home. The Administrator was shown the after visit notes and was asked if Losartan potassium had been on the list of medications to continue. They stated, "No". The Administrator was shown the June 2024 MARs that documented Ezetimibe, Brimonidine, Latanoprost, and Pantoprazole had been discontinued on 05/03/24. They were asked to locate physicians' orders for the dc'd medications. They stated they would call Resident #2's home health company to ask if they had the physician's orders to dc the medications. The Administrator was shown Resident #2's June, July, August, and September 2024 MAR that documented medications administered without orders and medications dc'd without physician orders. On 10/17/24 at 12:35 p.m., the Administrator stated they called Resident #2's home health and they did not locate any physician orders for 05/03/24.	C1920		

OKLAHOMA
State Department of Health

Delivery via email to: admin@meadowlakeretirement.com; survey@stonegatesl.com

November 8, 2024

License Number: AL1411

Lisa Winter, Administrator
Meadowlakes Retirement Village
963 Sw 107th
Oklahoma City, OK 73170

Survey Event ID: 44NH11

Dear Ms. Winter:

On **October 17, 2024,** a complaint investigation was conducted at your Assisted Living Center. 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 20, 2024**.

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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst 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: 11/5/2024** **Facility Name:** Meadowlake Retirement Village **License Number:** AL1411 **Survey Event ID:** 44NH11 **Date Survey Completed: 10/17/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1920	Based on: record review and interview, the facility failed to ensure: a. medications were not administered without a physicians' order, and b. physicians' orders were obtained to discontinue medications for one (#2) of three sampled residents reviewed for medications.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Preparation and/or execution of this Plan of Correction is not an admission or agreement by the provider of the truth of the allegations set forth on the statement of deficiencies. This Plan of Correction is prepared and executed soley as it is required by State and Federal Law. Please accept this plan of Correction as our credible allegation of compliance.

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?	Resident #2 no longer resides at the assisted living.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents who reside in the this community have the potential to be affected by this alleged area of non-compliance.
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 regional nurse consultant will inservice the DON and Administrator on the medication administration policy on physician orders.
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, physician, and RN consultant will review physician orders and medication changes monthly. DON/designee will note incoming orders as they are received at the facility. Don/designee will audit orders and MAR weekly for four weeks and then resume PRN and monthly audits thereafter. QAPI now and quarterly.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/20/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Lisa Winter** OAC 310:663-25-4(F)	**Date 11/5/2024**

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.

OKLAHOMA
State Department of Health

Delivery via email to: admin@meadowlakeretirement.com; survey@stonegatesl.com

November 27, 2024

License Number: AL1411

Lisa Winter, Administrator
Meadowlakes Retirement Village
963 Sw 107th
Oklahoma City, OK 73170

Survey Event ID: 44NH12

Dear Ms Winter:

On **November 26, 2024,** an offsite/paper complaint revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **October 17, 2024,** have now been corrected effective **November 5, 2024.**

If you have any questions concerning the information in this letter, please contact me 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
	AL1411	A. BUILDING: _____ B. WING _____	R-C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLAKES RETIREMENT VILLAGE	963 SW 107TH OKLAHOMA CITY, OK 73170

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 11/26/24. 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