OKLAHOMA
State Department
of Health

Delivery via email to: mharper@moradalawton.com

March 1, 2024

License Number: AL1602

Ms. Micah Harper, Administrator
Morada Lawton
3610 Southeast Huntington Circle
Lawton, OK 73501

RE: Survey Event ID: 687Y11

Dear Ms. Harper:

On **February 13, 2024**, 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.

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 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 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 calendar 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 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,

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: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00060410**
Investigation Dates: **02/05/24 through 02/08/24, and 02/13/24**

ALLEGATION

The facility failed to ensure staff were certified.

An unannounced on-site investigation was initiated 02/05/2024 at 12:15 p.m.

A sample of ten 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 throughout the investigation. Residents were observed during meals, in their rooms, in common areas, and participating in activities. Staff members were observed providing care and supervision for residents, administering medication, providing housekeeping and laundry services, serving meals, and answering call lights in a timely manner.

Sampled clinical records, including closed records, were reviewed for physician orders, care plans, assessments, activities of daily living tasks, progress notes and physician notes. The facility's staffing policy and staffing schedule were reviewed. Resident council meeting minutes and facility grievances were reviewed.

Residents, including sampled residents, were interviewed related to adequate care and adequate staffing. Staff were interviewed related to having to work in a position they were not qualified to do. Administrative staff were interviewed related to staffing positions and qualifications required to work those positions.

The attached Statement of Deficiencies, Form 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: 02/14/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00062327**
Investigation Dates: **02/05/24 through 02/08/24, and 02/13/24**

ALLEGATION

The facility failed to provide adequate supervision to prevent the ingestion of potentially harmful chemicals.

An unannounced on-site investigation was initiated 02/05/2024 at 12:15 p.m.

A sample of ten 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 throughout the investigation. Residents were observed during meals, in their rooms, in common areas, and participating in activities. Residents were observed in the facility's assisted living area and in the locked memory care unit. Staff members were observed providing care and supervision for residents, administering medication, providing housekeeping and laundry services, serving meals, and aiding with transportation and scheduling appointments, answering call lights. Third party companies for home health, hospice and physical therapy services were observed providing care for residents in the assisted living area and in the memory care unit.

Sampled clinical records, including closed records, were reviewed for physician orders, care plans, assessments, activities of daily living tasks, progress notes, physician notes, hospital records, and third-party notes. The facility's policy for storing hazardous chemicals was reviewed. The facility's staffing policy was reviewed. Incident reports, resident council meeting minutes and facility grievances were reviewed.

Residents, including sampled residents, were interviewed related to adequate staffing supervision. Staff were interviewed related to staffing procedures to provide adequate supervision of residents. Staff were interviewed related to the facility's policy for storing hazardous chemicals.

The attached Statement of Deficiencies, Form 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: 02/14/2024

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State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00062436**
Investigation Dates: **02/05/24 through 02/08/24, and 02/13/24**

ALLEGATIONS

The center failed to ensure corrosive chemicals were out of the reach of resident with dementia which resulted in the death of a resident after ingesting a corrosive chemical.
The center failed to prevent the development of new/worsened pressure wounds and failed to ensure wound care was provided according to the physicians' orders.
The center failed to ensure an injury of unknown origin was investigated.
The center failed to ensure assistance with incontinent care was provided in a timely manner and according to the contract and the plan of care.
The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to ensure the residents' representative were notified of a change in condition.
The center failed to ensure an injury of unknown origin was reported to the Oklahoma State Department of Health.

An unannounced on-site investigation was initiated 02/05/2024 at 12:15 p.m.

A sample of ten 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 throughout the investigation. The facility was observed for proper chemical storage, locked doors, and locked cabinets for resident safety. Residents were observed during meals, in their rooms, in common areas, during personal care and participating in activities. Residents were observed in the facility's assisted living area and in the locked memory care unit. Staff members were observed providing care and supervision for residents, aiding with activities of daily living, administering medication, providing housekeeping and laundry services, serving meals, aiding with transportation, aiding with scheduling appointments, and answering call lights. Third party companies for home health, hospice and

physical therapy services were observed providing care and skilled nursing services for residents in the assisted living area and in the memory care unit.

Sampled clinical records, including closed records, were reviewed for physician orders, care plans, assessments, activities of daily living tasks, progress notes, physician notes, hospital records, incident reports, and third-party services notes. The facility's policy for storing hazardous chemicals was reviewed. The facility's policy for staff was reviewed. The facility's resident agreements for services provided were reviewed. Incident reports, resident council meeting minutes and facility grievances were reviewed.

Residents and some resident's family members were interviewed related to the facility providing adequate care and supervision, providing services as agreed upon in the resident's contract and having adequate staffing available in the facility. Staff were interviewed related to staffing procedures to provide adequate supervision of residents and the process for notification of changes. Staff were interviewed regarding the facility's policy for storing hazardous chemicals and what to do in the event of a medical emergency. Administrative staff were interviewed about services the staff were allowed to provide and the process for residents that needed skilled nursing services.

The attached Statement of Deficiencies, Form 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: 02/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1602	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA LAWTON	3610 SOUTHEAST HUNTINGTON CIRCLE LAWTON, OK 73501

(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 02/05/24 through 02/08/24, and 02/13/24. Complaint investigations (#OK00060410, OK00062327, and #OK00062436) were conducted in conjunction with the survey. Facility Census: 63 Listed below are abbreviations that are used throughout this document: EMS - Emergency Medical Services POA - Power of Attorney	C 000		
C1505 SS=G	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1505	Continued From page 1 informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the kitchen in the memory care unit was locked and failed to prevent accidental ingestion of a hazardous chemical by a resident who had dementia, The deficient practice resulted in harm for one (#10) of five residents reviewed for resident rights. The Executive Director reported 23 residents resided in the memory care unit. Findings: A safety data sheet for chemical product Oasis 146 Multi-Quant sanitizer, dated 08/06/13, read in part, " ...Do not ingest. Do not breathe vapor or mist... Keep out of the reach of children... Keep container tightly closed... Harmful if swallowed... May cause burns to mouth, throat and stomach... Adverse symptoms may include coughing, respiratory tract irritation, and stomach pain... First aide measures for ingestion: get medical attention immediately, rinse mouth, and do not	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1602	A. BUILDING: _____ B. WING _____	C 02/13/2024

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C1505	Continued From page 2	C1505		

induce vomiting... First aide measures for inhalation remove victims to fresh air, keep at rest in a position comfortable for breathing, and get medical attention immediately."

The "Memory Care" policy, dated 07/01/21, read in part, "...residents will be protected from ingestible/unsafe items ..."

A "Chemical Safety and Risk Reduction" policy, not dated, read in part, "...The Executive Director and all team members will evaluate the following as a routine part of their daily schedules: All designated secured storage locations to ensure that they are properly locked ...All chemicals will be stored in locked cabinets in each department/area ...All team members are responsible for ensuring that all cabinets are locked before leaving any area in which they are working ..."

Resident #10 was admitted to the facility with diagnoses which included dementia, chronic obstructive pulmonary disease, and breast cancer. The resident was currently receiving hospice services for skilled nursing.

A progress note for resident #10, dated 01/29/24 at 12:35 a.m., documented the resident was found drinking cleaning solution, staff called 911, and the EMS transported the resident to the hospital.

An emergency department note for resident #10, dated 01/29/24 at 1:29 a.m., documented the patient presented from the nursing facility for concerns of ingesting a cleaning solution. The note documented nursing home staff estimated the patient may have consumed the Oasis cleaning solution roughly around 12:30 a.m. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1602	A. BUILDING: _____ B. WING _____	C 02/13/2024

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C1505	Continued From page 3 note documented facility staff found the resident with a bottle of cleaning solution around her with cleaning solution everywhere. Staff reported being unable to quantify how much cleaning solution the resident had ingested. Poison control was subsequently contacted and stated to be mindful of aspiration, as well as an upset stomach, and they recommended giving the resident food and water. The note documented the resident had a history of dementia and was in the dementia unit. The resident did not know what happened. The resident was noted to have a raspy sound when breathing. The resident's POA was contacted and informed the resident's hemoglobin level was critically low. The POA refused blood transfusion, as well as a CT imaging of the abdomen/pelvis. The POA stated that even if the resident had a bleed, they would not elect any resuscitative measures. The POA was also informed of the concern for possible aspiration. The POA reported the resident's lung sounds had been very raspy and coarse sounding previously, and believed it was not a new finding. The POA requested the patient be discharged back to the nursing facility. The note documented the resident was stable for discharge with a diagnosis of accidental chemical ingestion. On 02/06/24 at 3:35 p.m., the Director of Health & Wellness reported on the evening of the incident, two staff members were working the night shift in the memory care unit. The Director reported one staff member went on break and the other staff member was assisting a resident to their room. Upon returning to the nurse's station, resident #10 was found in the kitchen drinking a jug of cleaning solution. The name of the cleaning solution was Oasis Multi-Quant. The staff member called poison control and EMS. The staff was informed by poison control that the solution	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1505	Continued From page 4	C1505		

would cause stomach upset and no other instruction was given. The resident was also having trouble breathing. When EMS arrived, they also called poison control. EMS was asked to transport the resident because the resident was having trouble breathing. The resident's family refused treatment recommended by the ER physician and the resident was sent back to the facility with no new orders. When the resident returned to the facility, the resident was having trouble breathing and was restless. The resident was given a breathing treatment, Ativan (an antianxiety medication) was administered, and oxygen was applied. When the hospice nurse arrived at the facility, the resident was taken to their room to be suctioned by the hospice nurse due to difficulty breathing. The resident passed away shortly after. An investigation was conducted and it was determined a kitchen door in the memory care unit had been left unlocked. Staff were in-serviced to ensure doors with cleaning supplies were kept locked.

On 02/07/24 at 10:00 a.m., the Executive Director reported the incident that resulted with resident #10 drinking the chemical was possibly preventable in a perfect world. The Director reported the chemical was not left out on the counter, but was in a jug with a hose which was connected to a dispenser, which was stored in the kitchen of the memory care unit. The resident unhooked the hose from the jug and drank the chemical from the jug. The Director reported the kitchen doors should have been locked when no staff were working inside the kitchen. The dispenser and jug of sanitizer and all chemicals were removed from the kitchen and automatic locking keypad entry locks had been ordered for the memory care kitchen, medication room, common restrooms, janitorial, electrical, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1602	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1505	Continued From page 5 activity room doors. All staff were in-serviced to ensure all rooms that stored chemicals were locked and checked.	C1505		

OKLAHOMA
State Department of Health

Delivery via email to: mharper@moradalawton.com

March 20, 2024

License Number: AL1602

Mr. Micah Harper, Administrator
Morada Lawton
3610 Southeast Huntington Circle
Lawton, OK 73501

RE: Survey Event 687Y11

Dear Mr. Harper:

On **February 13, 2024**, a Licensure in conjunction with complaint 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 **April 15, 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
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: 3/11/2024** **Facility Name:** Morada Lawton **License Number:** AL1602 **Survey Event ID:** 687Y11 **Date Survey Completed: 2/13/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1505	Based on: record review and interview, the facility failed to ensure the kitchen in the memory care unit was locked, and failed to prevent accidental ingestion of a hazardous chemical by a resident who had dementia. The deficient practice resulted in harm for one (#10) of five residents reviewed for resident rights.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

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?	On February 2, 2024, the community provided re-education and training on Memory Care safety, emphasizing the secure storage of chemicals and toxic substances. Following this, EcoLab was engaged to assess the safety of the chemical dispenser. Dispenser was removed by request of the community. On February 15, 2024, the Residence evaluated door locks and replaed them with self-locking types on all chemical storage areas. This modification also extended to the kitchen to enhance safety measures. Further educational effords occurred on February 21, 2024, where family members of residents in memory care were re-educated on the proper storage of personal care items and the risks associated with unsafe or toxic substances. Emphasis was placed on the necessity of ensuring all care items are non-toxic and securely locked away. Beginning February 22, 2024, the residence implemented daily quality and safety rounds conducted by the leadership team from Monday through Friday. These rounds involved thorough inspections of resident apartments and common areas to promptly identify and report any safety hazards. To reinforce understanding among team members, re-education sessions on Memory Care safety protocols were repeated on February 23, 2024. Additionally, a new safety protocol checklist was implemented to ensure thorough and consistent safety

	measures are upheld thoughout the memory care community.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Due to cognitive deficits present in residents living in a secured memory care program, all residents have the potential to be affected by the deficient practice.
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?	Daily (Monday-Friday) rounds will be completed and documented by the community leadership team. In addition, weekly memory care safety checks will be conducted by the Memory Care Director/designee. Ongoing education on safety/hazards will be conducted including at general orientation of new team members.
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.	ED or designee will review daily and weekly rounds monitoring for trends for a period of 4 weeks. Rounds will continue on a monthly basis after compliance is met. Documentation of rounds will be housed in a special binder marked "Memory Care Rounds". Findings will be presented and discussed at the quarterly QA meeting with changes made as needed to reinforce resident safety. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/15/2024
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date 3/12/2024**
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.	