OKLAHOMA
State Department
of Health

Delivery via email to: samghosn@gmail.com

April 20, 2022

License Number: AL1603

Mr. Sam Ghosn, Administrator
The Chateau
6302 Southwest Lee Boulevard
Lawton, OK 73505

Survey Event ID: 6Z7J11

Dear Mr. Ghosn:

On **March 30, 2022**, 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.

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 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 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 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.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **The Chateau**
Address: **6302 Southwest Lee Boulevard**
City, State, Zip: **Lawton, OK 73505**
Provider #: **AL1603**
Complaint #: **#OK00056055**
Investigation Date(s): **03/28/22-03/30/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide adequate medical care, failed to notify resident's representatives with significant changes in condition, and failed to reassess for adequate needs after returning from the hospital.	S
2. The center failed to follow physicians' medication orders.	US

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

An unannounced on-site investigation was initiated on 03/28/2022 at 12:20 p.m.

A sample of three 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: *Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C-1505 for details.*

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to following physician medication orders was conducted.

A tour of the facility was conducted upon entrance and throughout the investigation. Staff members were observed to provide assistance with activities of daily living. Staff was observed interacting with residents in the common area, during meals, while participating in activities, and during medication administration. Staff was observed to administer medications as ordered by the physician. Staff was observed to provide appropriate skin care treatment per physician orders.

Residents, including sampled residents, were interviewed and voiced no complaints related to the care or services they received. One resident reported a home health service provided wound care treatment twice a week, in addition to the facility providing treatment as necessary. Staff members reported a process for ensuring residents received medications and treatments as ordered.

Sampled clinical records, including closed records, were reviewed for physician orders, care plans, progress notes, assessments, hospital records, and medication administration records. Facility policies were reviewed specific to medication administration.

Determination Summary and Follow-Up Action:

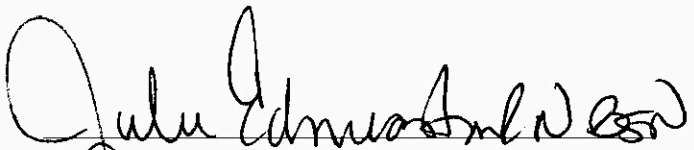
Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Deficient practice was unsubstantiated for allegation #2. 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.



Julie Edmiaston RN, BSN

Date report completed: 03/31/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1603	A. BUILDING: _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU	6302 SOUTHWEST LEE BOULEVARD LAWTON, OK 73505

(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
N 000	Initial Comments A complaint investigation (#OK00056055) was conducted on 03/28/22 through 03/30/22. The advanced certified medication aide (ACMA) identified 30 residents who resided at the facility. Listed below are abbreviations which may be used throughout this document: ACMA-Advanced Certified Medication Aide CM-Centimeters L-Left MAR-Medication Administration Record R- Right Res- Resident RN-Registered Nurse	N 000		
N1427 SS=E	310:677-13-7 (b) (3) Skills And Functions Limitations. A certified medication aide shall not: (3) Apply topical wound care medications that involve decubitus treatment ordered by the attending physician;	N1427		

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N1427	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide qualified staff to apply topical wound care medications for one (#4) of two sampled residents with physician-ordered skin treatments. Findings: The advanced certified medication aide (ACMA #1) provided a resident's closed record and identified one current resident with skin treatments. The "Policy for Wound-Care," not dated, read in parts, " ...All direct wound care services will be allocated to the outpatient, home health or hospice or agency of the resident's choice. The LPN will review communications of services by agencies performing direct care in our facility to assure compliance with the Oklahoma Nursing Practice Act ..." A home health resumption of care "Post Hospital Order," dated 08/07/20, read in parts, "...Lantiseptic Multi-Purpose External Ointment 0.45%-20%...skin protectant apply 1 dose topically to buttock three times daily..." Resident (Res) #4's "MAR," dated August 2020, read in parts, "...Lantiseptic skin protectant route topical...Instructions: Apply to intergluteal cleft [the groove between the buttocks that runs just below the sacrum to the perineum, above the anus and is formed by the borders of the large buttock muscles called the gluteal maximus] to reddened area. Diagnosis: skin breakdown ..." Res #4's "Monthly Skin Assessment," dated 08/13/20, read in parts, " ...Wound dimensions 5	N1427		

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N1427	Continued From page 2 cm x 3 cm x 0.1 cm to right buttocks... Comments: Buttocks-open area to R & L buttocks-redness to entire buttocks area ..." The picture diagram indicated open areas on both sides of the buttocks. The MAR was initialed by ACMA's to indicate the treatment was performed from 08/13/20 through 08/23/20. On 03/29/22 at 10:45 a.m., the RN consultant was interviewed regarding the facility staff being qualified to perform the Lantiseptic treatment order for Res #4. The RN reported the staff was not qualified to provide the treatment. The RN reviewed the electronic medical record and reported the only wound order in the computer was for the Lantiseptic treatment. At 1:20 p.m., ACMA #1, house supervisor, was interviewed regarding the wound treatment for Res. #4. She reported the facility staff was not qualified to provide the ordered treatment.	N1427		
C 000	INITIAL COMMENTS A complaint investigation (#OK00056055) was conducted on 03/28/22 through 03/30/22. The advanced certified medication aide (ACMA) identified 30 residents who resided at the facility. Listed below are abbreviations which may be used throughout this document: ACMA-Advanced Certified Medication Aide CM-Centimeters L-Left MAR-Medication Administration Record	C 000		

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C 000	Continued From page 3 R- Right Res- Resident RN-Registered Nurse ACMA-Advanced Certified Medication Aide ALF-Assisted Living Facility CTA-Clear to Auscultation D/T- Due to ET-Enterostomal therapy nurse H-High HP-High Panic K-Potassium LPN-Licensed Practical Nurse LVN-Licensed Vocational Nurse MAR-Medication Administration Record MCU-Memory Care Unit MIN-Per Minute ML-Milliliters NS-Normal Saline POA-Present on Admission Pt-Patient RN-Registered Nurse ROM-Range of Motion SHOB-Shortness of Breath SN-Skilled Nursing TID-Three Times a Day Tol-Tolerated WBC-White Blood Cell WNL-Within Normal Limits VS-Vital Signs	C 000		
C 510 SS=D	310:663-5-1 ASSESSMENT TIMEFRAMES Each assisted living center shall use the admission and comprehensive assessment designated by the Department.	C 510		

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C 510	Continued From page 4	C 510		

This Rule is not met as evidenced by:
Based on interview, and record review, it was determined the facility failed to assess one (#4) of one sampled resident readmitted to the center after a hospital stay. Findings:

A "Policy for Resident Assessments," not dated, read in parts, "...The Chateau of Lawton shall use the admission and comprehensive assessment designed by the State Dept ...An assessment will be completed within fourteen days after admission, once every twelve months thereafter, and immediately after a significant change in the resident's condition..."

A "Discharge Summary," dated 08/05/20, read in parts, " ...Date of admission: 07/29/20, Date of discharge: 08/06/20...Admitting diagnosis: Toxic metabolic encephalopathy..."

The clinical record was reviewed and contained no documentation for a comprehensive assessment and/or significant change assessment dated on 08/06/20.

A Home Health "LPN/LVN-Skilled Nursing Visit," dated 08/10/20, read in parts, " ... Pt has had a decline in condition since going out to the hospital and returning. Pt has very little movement and can barely lift her arms ...Advised staff to encourage increased fluid intake ..."

On 03/28/22 at 10:42 a.m., the RN was asked if she assessed Res #4 before she returned to the

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C 510	Continued From page 5 center from the hospital. She stated she had been the RN consultant for the center since June 2021. She stated the RN employed at that time no longer was employed at the center. On 03/29/22 at 10:05 a.m., LPN #15 was asked if she assessed Res #4 at the hospital before she returned to the center. She stated no she did not. She was asked if she assessed the resident when she returned to the center on 08/06/20. She stated she did not remember doing an assessment on the resident. On 03/30/22 at 10:00 a.m., ACMA #1 was asked if she located an assessment for the time period of 08/06/20 when Res #4 returned from the hospital. She reported the one dated 05/11/20 and the pre-admission assessment were the only documented assessments.	C 510		
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	C1505		

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C1505	Continued From page 6 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 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 interview and record review, the center failed to notify the physician/resident's representative of skin changes and failed to notify the physician to update wound care treatment orders for one (#4) of two sampled residents with physician-ordered skin treatments. This deficient practice resulted in a hospitalization with an actual harm. Findings: The advanced certified medication aide (ACMA #1) provided a resident's closed record and identified one current resident with wound treatments. The "Policy for Wound-Care," not dated, read in parts, " ...All direct wound care services will be allocated to the outpatient, home health or hospice or agency of the resident's choice. The	C1505		

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C1505	Continued From page 7	C1505		

LPN will review communications of services by agencies performing direct care in our facility to assure compliance with the Oklahoma Nursing Practice Act ..."

An "Assessment," dated 05/11/20, read in parts, "... Admit date: 04/28/20... Assessment Type: 14-day...Alzheimer's, Parkinson's...List of current medications...Lantiseptic TID..." Res #4 admitted to the center with Lantiseptic TID.

A "MAR," dated May, June, July, August 2020, read in parts, "...Lantiseptic skin protectant, route topical, Instructions: Apply to intergluteal cleft to reddened area. Diagnosis: skin breakdown..."

A "Hospital Discharge Order," dated 08/06/20, read in parts, " ...Discharge to: Chateau, Condition: Stable, Precautions: Falls, Aspiration. Diagnosis: Toxic Metabolic Encephalopathy..." The discharge order was signed by the physician. The hospital records contained no documentation related to a wound or wound treatment.

A Home Health resumption of care "Post Hospital Order," dated 08/07/20, read in parts, "...Lantiseptic Multi-Purpose External Ointment 0.45%-20%...skin protectant, apply 1 dose topically to buttock three times daily...SN: 1w1, 2w1, 1w5..." Res #4 was scheduled for weekly skilled nursing visits to start on 08/17/20, for one time a week for a total of five weeks.

A Home Health "LPN/LVN-Skilled Nursing Visit," dated 08/10/20, read in parts, " ... incontinence, musculoskeletal weakness, ambulation difficulty, limited mobility/ROM, joint pain/stiffness...Comments [Name Deleted-physician] notified about the pt. pain, muscle tone, and lack of mobility. VS and head

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C1505	Continued From page 8	C1505		

to toe assessment completed. Pt. pallor is very pale today and it is difficult to get her to respond to voice ...Pt has had a decline in condition since going out to the hospital and returning. Pt has very little movement and can barely lift her arms ...Advised staff to encourage increased fluid intake ..."

A center's " Monthly Skin Assessment," dated 08/13/20, read in parts, " ...Unable to measure, made [Name Deleted-RN for Home Health] aware. They will measure tomorrow and report dimensions. *Wound dimensions 5 cm x 3 cm x 0.1 cm to right buttocks. Comments: Buttocks-open area to R & L buttocks-redness to entire buttocks area ..." The picture diagram indicated open areas on both sides of the buttocks.

A center's "Nurse Note," dated 08/13/20, read in parts, " ...Performed weekly skin assessment. Noted redness to buttocks with open areas to the R buttock. Wound to right buttock measures 5 cm x 3 cm x 0.1 cm. This is being treated by [Name Deleted-Home Health] with butt paste ...Will continue to monitor ..." Signed by the LPN #15. There was no documentation the physician was notified related to wound changes and/or wound treatments.

A Home Health "LPN/LVN-Skilled Nursing Visit," dated 08/14/20, read in parts, "... Comments: Pt wears incontinence briefs. Wound care completed as ordered...Advised staff to call [Home Health] with any questions or concerns... Comments: ...Wound 1- Location: Buttocks, Status: Open...Thickness: Partial, Type: Sheer, Size Length: 5 cm, Width: 3 cm, Depth: 0 cm [sic], Wound Bed: Red, Drainage: Bloody, Amount: Scant. Odor: None, Treatment:

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C1505	Continued From page 9	C1505		

Cleanse with NS and apply calamine butt paste, Patient Response to treatment: Pt tol well, Wound Pain: None..." There was no documentation the physician was notified related to the wound treatments.

A center's "Daily Log Note," dated 08/15/20, read in parts, "...when this writer was toileting resident writer noticed she had a big open wound on the buttocks..." Signed by the center's CNA #4.

A center's "Daily Log Note," dated 08/16/20, read in parts, "...writer went to do rounds and noticed her buttocks and inner buttocks has sever [sic] breakdown open and has red and black discoloration and open sores. notified [Name Deleted-LPN #15] ..." Signed by the center's CNA #5.

A Home Health "LPN/LVN-Skilled Nursing Visit," dated 08/17/20, read in parts, "... Comments: Wound care completed as ordered...She is lying in bed d/t her breakdown on her bottom. VS WNL and head to toe assessment completed...Pt is eating and drinking well according to staff...she is going back to bed after meals to be kept off of her bottom area where she has a pressure-sheer wound, pt is being rotated and propped off of her back... Wound 1- Location: Buttocks, Status: Open...Type: Pressure-sheer, Size Length: 5 cm, Width: 3 cm, Depth: 0 cm [sic], Wound Bed: Red, Drainage: Bloody, Amount: Scant. Odor: None, Treatment: Cleanse with NS and butt paste applied, Patient Response to treatment: Pt tol well, Wound Pain: None...Coordination Plan Regarding (continued) pt remains HH appropriate d/t wound care, dementia, Parkinson's, HTN... " This was the last scheduled visit from the Home Health agency. There was no documentation to indicate the physician was notified regarding the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1603	A. BUILDING: _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU	6302 SOUTHWEST LEE BOULEVARD LAWTON, OK 73505

(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
C1505	Continued From page 10	C1505		

wound.

A center's "Nurse Note," dated 08/23/20, read in parts, "... Staff called at 6:30 am and made me aware that resident has not voided in 12 hours. When the [sic] toileted her this morning, she cried out in pain...This nurse notified resident's son...and he agreed to send to [Name Deleted-Hospital] for evaluation..."

An "Emergency Department Report," dated 08/23/20, read in parts, "...Blood work revealed lactic acid of 2.7 [sic], K [potassium] 2.9, and WBC 16.45...At this point, I feel that the patient would benefit from being admitted lactic acidosis likely due to dehydration and hypokalemia [low potassium in the blood] Impression: Lactic acidosis due to dehydration, hypokalemia...condition is stable..."

A hospital "History and Physical Note," dated 08/23/20, read in parts, "...Assessment & Plan Assessment: Severe Sepsis, Hypokalemia (K 2.9), Lactic acid 2.7 [sic]-consult ET nurse for sacral decubitus...Lactic Acid 3.7 HP 12:54 [p.m.], Lactic Acid 17:34 [5:34 p.m.] ...Critical value for Lactic acid was called..."

A hospital "Discharge Summary," dated 09/02/20, read in parts, "...Diagnosis: Severe Sepsis Destination: [Name Deleted-nursing home] Discharge Dx: Severe Sepsis...Secondary to Infected Sacral Decubitus Ulcer-Stage III-POA (present on admission) ..."

On 03/29/22 at 10:05 a.m., LPN #15 was asked about the monthly skin assessment dated 08/13/20. She stated she reported this to the RN at the home health agency. She stated at that time the treatment was Lantiseptic and to

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C1505	Continued From page 11	C1505		

reposition the resident every two hours. She stated the Lantiseptic was changed to butt paste, however, the center did not provide wound care, the home health agency provided the wound care. She stated she remembered she saw a fluid filled blister on Res #4's right buttocks, but did not remember when she saw it. She was asked if she notified the resident's representative in regards to the skin assessment dated 08/13/20. She stated she did notify the daughter, but did not document it. She stated she remembered she told her daughter about Res #4's blister, but did not document it.

At 12:36 p.m., LPN #15 was asked if she was notified about the daily log note dated 08/16/20 regarding Res #4's skin breakdown with red and black discoloration. She stated, "She must have called me." She was asked who she notified about the note dated 08/16/20 which described the wound as red and black. She stated, "It would have been Home Health." She was asked where would it be documented if she had notified the Home Health agency. She stated, "It's not here." She was asked about the Home Health skilled nursing visits scheduled for one time a week for a total of five weeks for Res #4. She stated if she did not have wound care orders, and home health was taking care of it, it would need to be more than one time a week.

At 3:40 p.m., the RN consultant reviewed Res #4's Home Health electronic record, along with the printed records from Home Health. She was asked about documentation in the Home Health record related to the notification of a black wound documented in a daily note on 08/16/20. She stated, "I do not see anything about a black wound." She stated if it was black, Home Health would have increased the visits. She stated no

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 12 one took any pictures of the wound. She was asked about Home Health's wound care orders. She stated, "No orders to do anything different than the Lantiseptic." She was asked about using Lantiseptic for a stage 2 or 3 pressure ulcer. She stated, "It's not effective." She was asked about notification to the physician by Home Health related to wound treatment. She reported it was not noted in the electronic record through a physician's order and she did not find anything in the communication section. She reviewed the LPN/LVN visit dated 08/17/20 and stated, "they could have written the physician was notified here in this section, but it was not documented there." She was asked about the coordination of care between the facility and the Home Health agency. She reported there were discrepancies in the description of the wound and the type of treatment. She was asked about the frequency of a skilled nurse visit for wound care to be one time a week for a total of five weeks. She stated, "your bare minimum for wound care would be twice a week."	C1505		
C5010 SS=E	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be	C5010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C5010	Continued From page 13 construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to coordinate care with the Home Health agency to obtain wound care treatment orders for a resident with a known pressure ulcer, and failed to notify the Home Health agency of documented changes of a pressure ulcer for one (#4) of two sampled residents with physician-ordered wound treatment. Findings: The advanced certified medication aide (ACMA #1) provided a resident's closed record and identified one current resident with wound treatments. The "Policy for Wound-Care," not dated, read in	C5010		

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C5010	Continued From page 14	C5010		

parts, " ...All direct wound care services will be allocated to the outpatient, home health or hospice or agency of the resident's choice. The LPN will review communications of services by agencies performing direct care in our facility to assure compliance with the Oklahoma Nursing Practice Act ..."

An "Assessment," dated 05/11/20, read in parts, "... Admit date: 04/28/20... Assessment Type: 14-day...Alzheimer's, Parkinson's...List of current medications...Lantiseptic TID..." Res #4 admitted to the center with Lantiseptic TID.

A "MAR," dated May, June, July, August 2020, read in parts, "...Lantiseptic skin protectant, route topical, Instructions: Apply to intergluteal cleft to reddened area. Diagnosis: skin breakdown..."

A "Hospital Discharge Order," dated 08/06/20, read in parts, " ...Discharge to: Chateau, Condition: Stable, Precautions: Falls, Aspiration. Diagnosis: Toxic Metabolic Encephalopathy..." The discharge order was signed by the physician. The hospital records contained no documentation related to a wound or wound treatment.

A Home Health resumption of care "Post Hospital Order," dated 08/07/20, read in parts, "...Lantiseptic Multi-Purpose External Ointment 0.45%-20%...skin protectant, apply 1 dose topically to buttock three times daily...SN: 1w1, 2w1, 1w5..." Res #4 was scheduled for weekly skilled nursing visits to start on 08/17/20, for one time a week for a total of five weeks.

A Home Health "LPN/LVN-Skilled Nursing Visit," dated 08/10/20, read in parts, " ... incontinence, musculoskeletal weakness, ambulation difficulty, limited mobility/ROM, joint

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C5010	Continued From page 15	C5010		

pain/stiffness...Comments [Name Deleted-physician] notified about the pt. pain, muscle tone, and lack of mobility. VS and head to toe assessment completed. Pt. pallor is very pale today and it is difficult to get her to respond to voice ...Pt has had a decline in condition since going out to the hospital and returning. Pt has very little movement and can barely lift her arms ...Advised staff to encourage increased fluid intake ..."

A "Monthly Skin Assessment," dated 08/13/20, read in parts, " ...Unable to measure, made [Name Deleted-RN for Home Health] aware. They will measure tomorrow and report dimensions. *Wound dimensions 5 cm x 3 cm x 0.1 cm to right buttocks. Comments: Buttocks-open area to R & L buttocks-redness to entire buttocks area ..." The picture diagram indicated open areas on both sides of the buttocks.

A "Nurse Note," dated 08/13/20, read in parts, " ...Performed weekly skin assessment. Noted redness to buttocks with open areas to the R buttock. Wound to right buttock measures 5 cm x 3 cm x 0.1 cm. This is being treated by [Name Deleted-Home Health] with butt paste ...Will continue to monitor ..." Signed by the LPN #15.

A Home Health "LPN/LVN-Skilled Nursing Visit," dated 08/14/20, read in parts, "... Comments: Pt wears incontinence briefs. Wound care completed as ordered...Advised staff to call [Home Health] with any questions or concerns... Comments: ...Wound 1- Location: Buttocks, Status: Open...Thickness: Partial, Type: Sheer, Size Length: 5 cm, Width: 3 cm, Depth: 0 cm [sic], Wound Bed: Red, Drainage: Bloody, Amount: Scant. Odor: None, Treatment: Cleanse with NS and apply calamine butt paste,

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C5010	Continued From page 16 Patient Response to treatment: Pt tol well, Wound Pain: None..." A center's "Daily Log Note," dated 08/15/20, read in parts, "...when this writer was toileting resident writer noticed she had a big open wound on the buttocks..." Signed by the center's CNA. A center's "Daily Log Note," dated 08/16/20, read in parts, "...writer went to do rounds and noticed her buttocks and inner buttocks has sever [sic] breakdown open and has red and black discoloration and open sores. notified [Name Deleted-LPN #15] ..." Signed by the center's CNA. A Home Health "LPN/LVN-Skilled Nursing Visit," dated 08/17/20, read in parts, "... Comments: Wound care completed as ordered...She is lying in bed d/t her breakdown on her bottom. VS WNL and head to toe assessment completed...Pt is eating and drinking well according to staff...she is going back to bed after meals to be kept off of her bottom area where she has a pressure-sheer wound, pt is being rotated and propped off of her back... Wound 1- Location: Buttocks, Status: Open...Type: Pressure-sheer, Size Length: 5 cm, Width: 3 cm, Depth: 0 cm [sic], Wound Bed: Red, Drainage: Bloody, Amount: Scant. Odor: None, Treatment: Cleanse with NS and butt paste applied, Patient Response to treatment: Pt tol well, Wound Pain: None...Coordination Plan Regarding (continued) pt remains HH appropriate d/t wound care, dementia, Parkinson's, HTN..." This was the last scheduled visit from the Home Health agency. Res #4 was admitted to the hospital six days later on 08/23/20. An "Emergency Department Report," dated 08/23/20, read in parts, "...Blood work revealed	C5010		

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C5010	Continued From page 17	C5010		

lactic acid of 2.7 [sic], K [potassium] 2.9, and WBC 16.45...At this point, I feel that the patient would benefit from being admitted lactic acidosis likely due to dehydration and hypokalemia [low potassium in the blood] Impression: Lactic acidosis due to dehydration, hypokalemia...condition is stable..."

A hospital "History and Physical Note," dated 08/23/20, read in parts, "...Assessment & Plan Assessment: Severe Sepsis, Hypokalemia (K 2.9), Lactic acid 2.7 [sic]-consult ET nurse for sacral decubitus...Lactic Acid 3.7 HP 12:54 [p.m.], Lactic Acid 17:34 [5:34 p.m.] ...Critical value for Lactic acid was called..."

A "Discharge Summary," dated 09/02/20, read in parts, "...Diagnosis: Severe Sepsis Destination: [Name Deleted-nursing home] Discharge Dx: Severe Sepsis...Secondary to Infected Sacral Decubitus Ulcer-Stage III-POA (present on admission) ..."

On 03/29/22 at 10:05 a.m., LPN #15 was asked about the monthly skin assessment dated 08/13/20. She stated she reported this to the RN at the home health agency. She stated at that time the treatment was Lantiseptic and to reposition the resident every 2 hours. She stated the Lantiseptic was changed to butt paste; however, the center did not provide wound care, the home health agency provided the wound care. She stated she remembered she saw a fluid filled blister on Res #4's right buttocks, but did not remember when she saw it. She was asked if she notified the resident's representative in regards to the skin assessment dated 08/13/20. She stated she did notify the daughter, but did not document it. She stated she remembered she told her daughter about Res

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C5010	Continued From page 18 #4's blister, but did not document it. At 12:36 p.m., LPN #15 was asked if she was notified about the daily log note dated 08/16/20 about Res #4's skin breakdown with red and black discoloration. She stated, "She must have called me." She was asked who she notified about the note dated 08/16/20 that described the wound as red and black. She stated, "It would have been Home Health." She was asked where would it be documented if she had notified the Home Health agency. She stated, "It's not here." She was asked about the Home Health skilled nursing visits scheduled for one time a week for five weeks for Res #4. She stated if she did not have wound care orders and home health was taking care of it, it would need to be more than one time a week. She was asked about Res #4's wound measurements in the monthly skin assessment dated 08/13/20. She stated she got her measurements from the Home Health agency. At 3:40 p.m., RN consultant reviewed Res #4's Home Health electronic record along with the printed records from Home Health. She was asked about documentation in the Home Health record related to the notification of a black wound documented on a daily note on 08/16/20. She stated, "I do not see anything about a black wound." She stated if it was black, Home Health would have increased the visits. She stated no one took any pictures. She was asked about Home Health's wound care orders. She stated, "No orders to do anything different than the Lantiseptic." She was asked about using Lantiseptic for a stage 2 or 3 pressure ulcer. She stated, "It's not effective." She was asked about notification to the physician by Home Health related to wound treatment. She stated it was not	C5010		

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C5010	Continued From page 19 noted in the electronic record through a physician's order and she did not find anything in the communication section. She reviewed the LPN/LVN visit dated 08/17/20 and stated, they could have written the physician was notified here in this section, but it was not documented there. She was asked about the coordination of care between the facility and the Home Health agency. She stated, there was discrepancies in the description of the wound and the type of treatment. She was asked about the frequency of a skilled nurse visit for wound care to be one time a week for a total of five weeks. She stated, your bare minimum for wound care would be twice a week.	C5010		

OKLAHOMA
State Department
of Health

Delivery via email to: angela1.chateau@gmail.com

May 6, 2022

License Number: AL1603

Mr. Sam Ghosn, Administrator
The Chateau
6302 Southwest Lee Boulevard
Lawton, OK 73505

Survey Event ID: 6Z7J11

Dear Mr. Ghosn:

On **March 30, 2022,** 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 **May 15, 2022**.

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

Digitally signed by Tempal Killman
Date: 2022.05.06 10:46:06 -05'00'

Tempal Killman, Administrative Assistant
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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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

Current Date: 4/26/2022
Facility Name: The Chateau
License Number: AL1603
Survey Event ID: 6Z7J11
Date Survey Completed: 3/30/2022

RECEIVED
MAY 02 2022
Long Term Care

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: N1427 Skills and Functions	Based on: Interview and record review, the facility failed to provide qualified staff to apply topical wound care medications for one (#4) of two sampled residents with physician-ordered skin treatments.

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?	Inservice on 03/30/2022for all Nursing Staff Educated on Wound Care Policy to be conducted only by Qualified staff to include LPN,RN ,Home Health and Hospice nurses.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Weekly assessments on all skin breakdown and Diabetics are being conducted by LPN. Nursing staff educated to report any new skin conditions immedatley.
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?	New Form created for Home Health to fill out on each resident they are seeing on their visit.The LPN will read and note all paperwork for changes and work with Home Health to make sure in compliance with 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.	A note will be logged into Observations in the Alis program after reporting to Home Health on all resident's communication exchanged between facility ,Home Health and Hospice. The facil;ity will keep a three ring binder with all Outside Agency Communication sheets LPN will review the binder weekly to make sure all issues are being addressed. RN and LPN will review all skin condition information and will be reviewed Quartly at Q&A meeting. Q&A notes will be maintained by House Supervisor to ensure resident's are properly addressed.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/15/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F) SAM LHOSN	**Date** Enter a date of signature. 04-27-2022

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.

RECEIVED
MAY 02 2022
Long Term Care

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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 4/26/2022
Facility Name: The Chateau
License Number: AL1603
Survey Event ID: 6Z7J11
Date Survey Completed: 3/30/2022

RECEIVED
MAY 02 2022
Long Term Care

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C5010	Based on: The facility failed to coordinate care with Home Health agency to obtain wound care treatment orders for a resident with known pressure ulcer,and failed to notify Home Health agency of documented changes of a pressure ulcer for one (#4) of two sampled resident's with physician- ordered wound treatment.

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 3/30/2022 the facility requested Home Health and Hospice to fill out Outside Agency Communication Sheets on all resident's having service with them and be given to the LPN for review.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Nursing staff educated on promptness and timeliness to report any new or worsening skin issues to LPN .
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?	LPN will work to coordinate care with Home Health ,Hospice, Physcian and notify them of any changes.
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.	LPN, and House Supervisor will monitor weekly and as needed on any noted changes. LPN will keep physican, family representative, Home Health,and Hospice notified on any skin issues that may arise to make sure all resident's affected are properly being cared for. LPN will make rounds daily while on and check with Nursing staff on any issues that may have come up. RN ,LPN and House Supervisor will review all skin conditions information at Q&A meeting Quartly and as needed. Q&A notes will be maintained by LPN and House Supervisor to ensure resident's are properly being addressed.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/15/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. SHM LHOSN
OAC 310:663-25-4(F)

Date Enter a date of signature. 4-27-2022

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.			

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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

Current Date: 4/26/2022
Facility Name: The Chateau
License Number: AL1603
Survey Event ID: 6Z7J11
Date Survey Completed: 3/30/2022

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SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1505	Based on: The center failed to notify the physician/resident's representative of skin changes and failed to notify the physician to update wound care treatment orders for one (#4) of two sampled resident's with physician-orderd skin treatments. This deficient practice resulted in a hospitalization with an actual harm.

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 3/30/2022 all Nursing staff to include LPN conducted an inservice on reporting change in skin conditions immediately.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	LPN conducting weekly skin assessments on all skin problems and will report any changes to Home Health and Hospice in writing and add a note to observation that it has been reported to Home Health or Hospice and will follow up on progress to make sure it has been properly addressed.
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?	LPN will work together to coordinate care with Home Health ,Hospice, Physcian and notify them of any changes.
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.	LPN and House Supervisor will monitor weekly and as needed on any noted changes. LPN will keep physican, family representative, Home Health,and Hospice notified on any skin issues that may arise to make sure all resident's affected are properly being cared for. LPN will make rounds daily while on and check with Nursing staff on any issues that may have come up. RN ,LPN and House Supervisor will review all skin conditions information at Q&A meeting Quartly and as needed. Q&A notes will be maintained by LPN and House Supervisor to ensure resident's are properly being addressed.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/15/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F) Administrator signature required. SAM LHOSN			**Date** Enter a date of signature. 4-27-2022
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.			

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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** **Current Date: 4/26/2022** **Facility Name:** The Chateau **License Number:** AL1603 **Survey Event ID:** 6ZJ11 **Date Survey Completed: 3/30/2022**

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SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C510	Based on: The facility failed to assess one (#4) of sampled resident readmitted to the center after a hospital stay.

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 3/30/2022 the registered nurse and LPN acknowledges rationale and understands time frames for completing assessments and conduct of assessments as stated by The Oklahoma State Department of Health.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	House Supervisor will monitor promptness and timeliness of assessments as well as when they are due. Facility now has a spead sheet and also writing on calendar that informs the LPN when an assessment is due. Resident's will be monitored on a daily basis by nursing staff while doing ADL's any change in condions will be reported immediately, to LPN and she will report to RN ,Home Health or Hosoice.
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?	A systemtic identification spread sheet has been created to monitor and identify up coming assessments that will need to be done and will give to the RN as completed to review.
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.	LPN, House Supervisor will monitor resident's assessments and will keep up to date. The facility now has a spread sheet calendar that allows the LPN to know who has an assessment that needs to be completed for the month or for returning home from hospital as significant change.The LPN will communicate any significant changes and report to RN. RN and LPN will review significant changes on all resident's 14 day,annual, new admits and review at Quartly meeting. Q&A notes will be maintained by nursing staff to ensure resident's are properly assessed.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/15/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F) Administrator signature required. SAM GHOSN			**Date** Enter a date of signature. 4-27-2022
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			
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OKLAHOMA
State Department
of Health

Delivery via email to: angela1.chateau@gmail.com

June 8, 2022

License Number: AL1603

Mr. Sam Ghosn, Administrator
The Chateau
6302 Southwest Lee Boulevard
Lawton, OK 73505

Survey Event ID: 6Z7J12

Dear Mr. Ghosn:

A revisit conducted **May 26, 2022**, revealed that your facility corrected deficiencies effective **May 15, 2022**.

We will notify you of any enforcement actions being taken. If you have any questions, please contact me 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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

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
	AL1603	A. BUILDING: _____ B. WING _____	R-C 05/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU	6302 SOUTHWEST LEE BOULEVARD LAWTON, OK 73505

(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
{N 000}	Initial Comments A follow up survey was conducted on 05/26/22. All deficiencies from the 03/30/2022 survey were cleared.	{N 000}		
{C 000}	INITIAL COMMENTS A follow up survey was conducted on 05/26/22. All deficiencies from the 03/30/2022 survey were cleared.	{C 000}		

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