Oklahoma State Department of Health
Creating a State of Health

December 13, 2019

License Number: AL2003

Ms. Ashley LaGrange, Administrator
Weatherwood Assisted Living And Memory Care
3601 East Main
Weatherford, OK 73096

RE: Survey Event ID: F0SD11

Dear Ms. LaGrange:

Enclosed is a report of the inspection and complaint investigation conducted at your Assisted Living Center on **November 19, 2019.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Weatherwood Assisted Living and Memory Care**
Address: **3601 East Main**
City, State, Zip: **Weatherford, OK 73096**
Provider #: **AL2003**
Complaint #: **OK00054628**
Investigation Date(s): **11/18/19 through 11/19/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure proper administration of medications.	US

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

An unannounced on-site investigation was initiated on Monday, November 18, 2019 at 10:30 a.m.

A sample of eight residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

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

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to storage and administration of medications.

The certified medication aides observed each resident swallow their medications and no medications were left at the bedside during the medication pass or observed at the bedside from a prior medication pass. It was determined the center failed to store medications properly and administer medications as physician ordered; however, the center implemented corrective measures prior to the investigation to ensure medications were administered properly.

A staff in-service was conducted on November 12, 2019 following the discovery of medications found unattended in a resident's apartment. The in-service consisted of the expectations for proper medication administration and the responsibility of the certified medication aides in regards to medication administration. Each certified medication aide was required to pass a medication test at that time of the in-service. Following

both incidents of medications discovered in the resident's apartment the staff received corrective actions (disciplinary action) for medications left unattended and for not observing the residents swallow the medications.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Julie Edmiaston RN BSN 11/21/19

Julie Edmiaston RN, BSN

Date report completed: 11/21/2019

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
	AL2003	A. BUILDING: _____ B. WING _____	11/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEATHERWOOD ASSISTED LIVING AND MEM	3601 EAST MAIN WEATHERFORD, OK 73096

(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 re-licensure survey was conducted 11/18/19 through 11/19/19. Complaint #OK00054628 was investigated in conjunction with the survey. No deficient practice was cited. Resident census was 47.	C 000		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL2003	WEATHERWOOD ASSISTED LIVING AND MEMORY CARE

Type of Survey (select all that apply)

2								

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A								

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. 30875	11/18/2019	11/19/2019	0.25	0.00	10.00	0.00	2.00	1.00
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

DEC 17 2019