OKLAHOMA
State Department
of Health

**Delivery via email to:** mmusick@homesteadofkingfisher.com

June 19, 2024

License Number: AL3701

Ms. Marcie Musick, Administrator
Homestead Of Kingfisher
1604 South 13th Street
Kingfisher, OK 73750

**RE: Survey Event ID: S2GC11**

Dear Ms. Musick:

On **June 7, 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.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **June 7, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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 days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL3701 | A. BUILDING: _____ B. WING _____ | 06/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF KINGFISHER | 1604 SOUTH 13TH STREET KINGFISHER, OK 73750 |

| (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<br><br>A relicensure survey was conducted from 06/06/24 through 06/07/24.<br><br>Facility Census: 22<br><br>The following abbrviations were utilized in writing the report:<br><br>AL - Assisted Living<br>DM - Dietary Manager<br>F - Fahrenheit<br>F/F - fridge and freezer<br>RCC - Resident Care Coordinator | C 000 | | |
| C 393 SS=E | 310:663-3-8(c) FOOD PREPARTION, STORAGE AND SERVICE<br><br>(c) A whole, intact, fruit or vegetable is an approved food source. The food supply shall be sufficient in quantity and variety to prepare menus for three (3) days. Leftovers that are potentially hazardous foods shall be used, or disposed of, within twenty-four (24) hours. Non-potentially hazardous leftovers that have been heated or cooked may be refrigerated for up to forty-eight (48) hours.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure left over foods were not kept in the refrigerator more than 48 hours for one of one kitchen observed.<br><br>The RCC identified the census to be 22. | C 393 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | AL3701 | A. BUILDING: _____ B. WING _____ | 06/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HOMESTEAD OF KINGFISHER | 1604 SOUTH 13TH STREET KINGFISHER, OK 73750 |

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|---|---|---|---|---|
| C 393 | Continued From page 1<br>Findings:<br><br>On 06/06/24 at 8:58 a.m., a refrigerator located in the dish machine room, labeled, "Left over F/F", included containers that were labeled as follows:<br><br>a. "Pulled Pork...prepared on 05/24/24",<br><br>b. "Baked Beans...prepared on 05/25/24", and<br><br>c. "Chicken...prepared on 05/25/24."<br><br>On 06/06/24 at 1:15 p.m., the DM was asked for the facility policy for the use of left over foods. The DM stated they were not aware of a policy, but the staff used a system for leftover to be used within three, five, or seven days, according to the types of foods. The DM stated the foods only kept for three days would include the foods that contained dairy, such as cottage cheese, or fruits with cream. They stated, they were not aware of the regulation of a 48 hour limit of foods with cooked pastas or meats. | C 393 | | |
| C 701 SS=E | Hot Water - Bathing - Appendix A GENERAL REQUIREMENTS<br><br>(d) Each assisted living center shall comply with the hot water standards set forth in Appendix A.<br><br>Hot Water available for resident use shall not exceed 115 degrees Fahrenheit (46 degrees C.) | C 701 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL3701 | A. BUILDING: _____ B. WING _____ | 06/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF KINGFISHER | 1604 SOUTH 13TH STREET KINGFISHER, OK 73750 |

| (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 701 | Continued From page 2<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure water temperatures for bathing did not exceed 115 degrees F.<br><br>The RCC stated the census was 22.<br><br>Findings:<br><br>The facility water temperature log, dated May 2024, documented water temperatures were obtained weekly to include the AL bath area, and Resident Rooms #1, 9, 16, 20, 29 and #34. The documented temperatures were all greater than 115.0 F.<br><br>On 06/07/24 at 1:35 p.m., the following water temperatures were obtained:<br>a. Resident room #18 - 128.8 F; and<br>b. Resident room #9 - 131.9 F.<br><br>Resident rooms were equipped with shower/bathing areas next to the hand sinks in the bathroom.<br><br>On 06/07/24 at 1:50 p.m., Maintenance #1 was asked to check the water temperatures in Resident Rooms #9 and #18. The water temperature in Resident Room #9 was 131.0 F, and in Resident Room #18 was 124-125.0 F. The Administrator observed the events and stated they were not aware the water temperatures exceeded the limit of 115.0 F. | C 701 | | |

OKLAHOMA
State Department
of Health

**Delivery via email to**: Marcie Musick <mmusick@homesteadofkingfisher.com>

June 28, 2024

License Number: AL3701

Ms. Marcie Musick, Administrator
Homestead Of Kingfisher
1604 South 13th Street
Kingfisher, OK 73750

**RE: Survey Event S2GC11**

Dear Ms. Musick:

On **June 7, 2024**, a Licensure 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 **July 10, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

| Oklahoma State Department of Health<br>Creating a State of Health<br><br>Protective Health Services<br>Long Term Care Service | **OPTIONAL PLAN OF CORRECTION TEMPLATE**<br>**Current Date: 6/21/2024**<br>**Facility Name:** Homestead of Kingfisher<br>**License Number:** AL3701<br>**Survey Event ID:** S2GC11<br>**Date Survey Completed: 6/7/2024** |
|---|---|

| **SUMMARY OF DEFICIENCY CITED BY OSDH** | |
|---|---|
| ID Prefix Tag: C 393 | Based on: observation and interview, the facilityfailed to ensure left over foods were not kept inthe refrigerator more than 48 hours for one of onekitchen observed |

**ASSISTED LIVING CENTER'S PLAN OF CORRECTION**

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

| **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? | All Dietary staff will receive training on How to Store Food Properly, Proper Storage of Leftovers by 6/25 and ongoing. All staff will sign off that they have received the training. The ED and Dietary Manager will monitor compliance routinely and ongoing. The ED and/or the Dietary Manager will provide additional training as need is identified and ongoing. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 2. How will other residents having the potential to be affected by the same deficient practice be identified? | All residents are included in this correction. The ED and Dietary Manager will monitor compliance routinely and ongoing. The ED and/or the Dietary Manager will provide additional training as need is identified and ongoing. |
| 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 weekly schedule will be posted in the kitchen for documenting all food being labeled and dated and to thoroughly check expiration dates on all food and leftovers from previous day, will be either used or discarded Each cook will rotate dates to document this information beginning 6/25. The ED and Dietary Manager will monitor compliance routinely and ongoing. The ED and/or the Dietary Manager will provide additional training as need is identified and ongoing. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:<br>a. How the correction will be evaluated for effectiveness; | a Routine weekly audits will be performed by the ED and Dietary Manager to ensure compliance. Implement 6/25 and ongoing.<br><br>b. The Plan of Correction will be written to address this deficiency and include monitoring by the ED and Dietary |

| | |
|---|---|
| b. How the correction will be incorporated into the center's quality assurance system; and<br>c. How monitoring records will be kept to evidence the correction. | Manager. Written and implemented 6/25. Routine weekly audits will be performed by the ED and Dietary Manager to ensure compliance. Implement 6/25 and ongoing. The ED and/or the Dietary Manager will document any occurrence of non-compliance ongoing and will provide disciplinary counseling to the staff member beginning 6/25 and ongoing.<br><br>c. The Plan of Correction will be written to address this deficiency and include monitoring by the ED and Dietary Manager. Written and implemented 6/25. Routine weekly audits of the documentation and random checks on stored foods and dates will be performed by the ED and Dietary Manager to ensure compliance beginning 6/25. The ED and/or the Dietary Manager will document any occurrence of non-compliance ongoing and will provide disciplinary counseling to the staff member beginning 6/25 and ongoing. The completed logs will be kept with the Plan of Correction in the QA Binder. Implement 6/25 and ongoing.<br><br>The completed logs will be kept with the Plan of Correction in the QA Binder. Implement 6/25 and ongoing. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 5. On what date will corrective action be completed? | 7/10/2024 |
| OSDH Response: Element accepted Yes ☐ No ☐ | |

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|---|---|---|---|
| **Administrator's Signature**<br>OAC 310:663-25-4(F) | M. Muack, ED | **Date** Enter a date of signature. | 6/28/24 |

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

| | | | |
|---|---|---|---|
| **Addendum Date** | Enter a date of addendum. | **Submitted by** | Enter name of person submitting addendum. |

**Items Below Are For OSDH Use Only**

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

| Oklahoma State Department of Health<br>Creating a State of Health<br><br>Protective Health Services<br>Long Term Care Service | **OPTIONAL PLAN OF CORRECTION TEMPLATE**<br>**Current Date: 6/21/2024**<br>**Facility Name:** Homestead of Kingfisher<br>**License Number:** AL3701<br>**Survey Event ID:** S2GC11<br>**Date Survey Completed: 6/7/2024** |
|---|---|

**SUMMARY OF DEFICIENCY CITED BY OSDH**

| ID Prefix Tag: C701 | Based on: Based on observation, record review and interview, the facility failed to ensure water temperatures for bathing did not exceed 115 degrees F. |
|---|---|

**ASSISTED LIVING CENTER'S PLAN OF CORRECTION**

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency.

| 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? | Maintenance will ensure routine temperatures will be obtained and are within required temperatures. Maintenance will adjust temperatures accordingly and/or will call for repairs to be made. The ED will monitor compliance routinely and ongoing. Implemented by 6/24. The ED will provide additional training as need is identified and ongoing. The mixing valve in question has been replaced on 6/20/24. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 2. How will other residents having the potential to be affected by the same deficient practice be identified? | All residents are included in this correction. The ED will monitor compliance routinely and ongoing. The ED will provide additional training as need is identified and ongoing. The mixing valve in question has been replaced on 6/20/24. |
| 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? | Maintenance will use the company electronic recording program to perform routine temperature checks and document temperatures. Maintenance will adjust terpartures accordingly and/or will call for repairs to be made. Implement on 6/24. The ED will monitor compliance routinely and ongoing. The ED will provide additional training as need is identified and ongoing. The mixing valve in question has been replaced on 6/20/24. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:<br>a. How the correction will be evaluated for effectiveness; | a. Routine weekly audits will be performed by the ED to ensure compliance. Implement 6/24 and ongoing.<br><br>b. The Plan of Correction will be written to address this deficiency and include monitoring by the ED. Written and implemented 6/24. Routine weekly audits will be performed by the ED to ensure compliance. Implement |

| | |
|---|---|
| b. How the correction will be incorporated into the center's quality assurance system; and<br>c. How monitoring records will be kept to evidence the correction. | 6/24 and ongoing. The ED will document any occurrence of non-compliance ongoing and will provide disciplinary counseling to the staff member beginning 6/24 and ongoing.<br><br>c. The Plan of Correction will be written to address this deficiency and include monitoring by the ED. Written and implemented 6/24. Routine weekly audits will be performed by the ED to ensure compliance. Implement 6/24 and ongoing. The ED will document any occurrence of non-compliance ongoing and will provide disciplinary counseling to the staff member beginning 6/24 and ongoing. The completed logs will be kept with the Plan of Correction in the QA Binder. Implement 6/24 and ongoing.<br><br>The completed logs will be kept with the Plan of Correction in the QA Binder. Implement 6/24 and ongoing. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 5. On what date will corrective action be completed? | 7/10/2024 |
| OSDH Response: Element accepted Yes ☐ No ☐ | |

| | | | |
|---|---|---|---|
| **Administrator's Signature** OAC 310:663-25-4(F) | M. Musick, ED | **Date** Enter a date of signature. | 6/28/24 |

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

| | | | |
|---|---|---|---|
| **Addendum Date** | Enter a date of addendum. | **Submitted by** | Enter name of person submitting addendum. |

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

**Delivery via email to:** Marcie Musick <mmusick@homesteadofkingfisher.com>

July 25, 2024

License Number: AL3701

Ms. Marcie Musick, Administrator
Homestead Of Kingfisher
1604 South 13th Street
Kingfisher, OK 73750

**RE: Survey Event S2GC12**

Dear Ms. Musick:

On **July 25, 2024,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **June 7, 2024,** have now been corrected effective **July 10, 2024.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL3701 | A. BUILDING: _____ B. WING _____ | R 07/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF KINGFISHER | 1604 SOUTH 13TH STREET KINGFISHER, OK 73750 |

| (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<br><br>An offsite/paper revisit was conducted on 07/25/24. The facility was in substantial compliance. | {C 000} | | |

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