

Delivery via email to: Istanderfer@reachlightcenter.org

October 25, 2022

License Number: AL3801

Ms. Leigh Standerfer, Administrator
Woodland Gardens Assisted Living
915 North Broadway
Hobart, OK 73651

RE: Survey Event ID: MKDS11

Dear Ms. Standerfer:

On **October 12, 2022**, 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 October 12, 2022.

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 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 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 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,

Katie Stagner

Digitally signed by Katie
Stagner
Date: 2022.10.25 16:19:46
-05'00'

Katie Stagner, Enforcement 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: AL3801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/12/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 915 NORTH BROADWAY HOBART, OK 73651		
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C 000	INITIAL COMMENTS A relicensure survey was conducted on 10/10/22 through 10/12/22. The following is a list of abbreviations which may be used throughout this document: ACMA- Advanced Certified Medication Aide AED- Automated External Defibrillator CMA- Certified Medication Aide CNA- Certified Nurse Aide CPR- Cardiopulmonary Resuscitation DON- Director of Nurses FSBS- Finger Stick Blood Sugar MAR- Medication Administration Record MG- Milligrams MG/DL- Milligrams/Deciliter OK- Oklahoma OSBI- Oklahoma State Bureau of Investigations PO- By mouth PRN- As needed RES- Resident RN- Registered Nurse SQ- Subcutaneous	C 000		
C 323 SS=D	310:663-3-3(a)(3) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (3) intermittent or unscheduled nursing care as defined in this chapter;	C 323		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C 323	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe intermittent or unscheduled nursing care, as a component of the contract, for two (#1 and #3) of two sampled assisted living center contracts. The community manager identified two residents with assisted living contracts. Findings: Resident #1's contract, dated 02/06/19, and Resident #3's contract, dated 07/28/22, were reviewed. The contract did not describe intermittent or unscheduled nursing care. On 10/11/22 at 9:10 a.m., the Administrator was asked if the center's contract described the service to be provided related to intermittent or unscheduled nursing care. She reported the contract contained nothing about unscheduled nursing care.	C 323		
C 326 SS=D	310:663-3-3(a)(6) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (6) any specialized service or unit for residents with Alzheimer's disease and related dementias, physical disabilities or other special needs that the facility	C 326		

Oklahoma State Department of Health
STATE FORM

Oklahoma State Department of Health

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C 542	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the center failed to coordinate the assessment with a RN and/or physician for one (#1) of six sampled residents reviewed for comprehensive assessments. The community manager identified 14 residents who resided in the center. Findings: A "Woodland Gardens Assisted Living Center Required Assessments" policy, dated 6/18, read in parts, "... All assessments must be coordinated and signed by a registered nurse or the resident's personal physician..." Resident #1's "Resident Assessment Form", dated 03/03/22, documented, "...Alert, Judgment: F [Fair]..." The assessment was not signed by the RN or physician. On 10/11/22 at 4:45 p.m., the RN was asked if she had signed the assessment and/or the physician had signed the assessment. She reported she must have missed it.	C 542		
C 543 SS=D	310:663-5-4(c) CONDUCT OF ASSESSMENT (c) The assisted living center shall ensure that each comprehensive assessment includes a personal interview between the resident and the person completing the form. If the resident is mentally impaired, the assisted living center shall include in the interview at least one (1) of the	C 543		

Oklahoma State Department of Health
STATE FORM

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C 552	Continued From page 5 This Rule is not met as evidenced by: Based on observation, record review, and interview, the center failed to develop a plan of care: 1) for diabetes management for one (#2) of two sampled residents with glucose monitoring. 2) for oxygen therapy for one (#4) of one sampled resident with oxygen therapy. The community manager identified 14 residents resided at the center. Findings: A "Woodland Gardens Assisted Living Center Required Assessments" policy, dated 6/18, read in parts, "...Woodland Gardens Assisted Living Center shall use the results of the resident's assessment for the following...to develop a care plan for the resident, in consultation with the resident..." 1) Resident #2's "Woodland Gardens Initial Care Plan," dated 10/05/22, documented, "...Risk for relocation stress syndrome..." Resident #2's plan of care did not address diabetes management or the use of Bipap. On 10/11/22 at 11:52 a.m., resident #2 reported he performed his own glucose monitoring. He documented his daily finger sticks in a notebook	C 552		

Oklahoma State Department of Health

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C 552	Continued From page 6 for his doctor. He also used an empty coke bottle to dispose of the used strips and lancets. He reported his FSBS yesterday was 83 mg/dl. He stated he performed his own Trulicity injection and used Bipap at night. On 10/11/22 at 12:42 p.m., ACMA #2 was asked if she was aware resident #2 performed his own FSBS. She stated, "No, I was not." On 10/11/22 at 12:48 p.m., the Administrator was asked about the policy for assessments and care plans. She stated, "we just adhere to the State guidelines." On 10/11/22 at 12:56 p.m., the community manager was asked if resident #2's plan of care included FSBS and Trulicity. She reported no, and she was adding resident #2's orders now. On 10/11/22 at 4:45 p.m., the RN was asked if the care plan included diabetes and Bipap. She stated, "no." 2) Resident #4's "Resident Assessment Form," dated 09/20/22, documented, "...oxygen at all times..." Resident #4's "Care Plan," dated 09/06/22, documented, "...Risk for relocation stress syndrome..." Res #4 had no plan of care for oxygen therapy. On 10/10/22 at 2:00 p.m., resident #4 was observed wearing oxygen. She was asked how many liters per minute of oxygen she had it set on. She stated it varied between 2-4 liters. On 10/11/22 at 4:45 p.m., the RN was asked if resident #4 had a plan of care for oxygen therapy.	C 552		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODLAND GARDENS ASSISTED LIVING

915 NORTH BROADWAY
HOBART, OK 73651

Oklahoma State Department of Health
STATE FORM

Oklahoma State Department of Health

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C 911	Continued From page 8 was to perform his own FSBS/Trulicity. The community manager stated this list was used as the admission orders to the center. Resident #2's "Resident Assessment Form," dated 10/03/22, documented, "...Admission: 10/05/22...Diabetes..." The assessment area was blank for special treatments and procedures. Resident #2's "Medication Self-Administration Assessment," dated 10/07/22, "... documented resident shows ability to safely self-administer with no supervision..." This document did not indicate resident #2 performed his own FSBS. This evaluation was presented on the day of survey. Resident #2's notebook documented FSBS's were taken from the time he was admitted to the center through 10/11/22. Resident #2 stated he had forgot to do his FSBS on 10/11/22. A "Physician's Order," for resident #2, dated 10/11/22, documented, "...Trulicity 0.75 mg SQ weekly on Friday...May self administer...FSBS every am fasting. Resident able to do this independently..." This order was obtained on the day of survey as a clarification order. On 10/11/22 at 11:52 a.m., the community manager was asked if she was aware Resident #2 performed his own FSBS. She reported, no, resident #2 did not give them that information during the assessment. She was asked if resident #2 had an order to self-administer FSBS. She stated, no, he did not have an order to do finger sticks. She then called the RN on the phone and reported the resident did have an order for FSBS. She was asked if there was a physician's order in place. She stated the RN,	C 911		

Oklahoma State Department of Health

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C 911	Continued From page 9 "just emailed it to me." She was asked if resident #2 had a self-medication evaluation. She stated no, because they were not aware he was doing that.	C 911		
C 954 SS=E	310:663-9-5(d) STAFF QUALIFICATIONS (d) Assisted living center direct care staff shall be trained in first aid and cardiopulmonary resuscitation. This Rule is not met as evidenced by: Based on record review and interview, the center failed to provide evidence for first aid training for one certified medication aide (CMA #3) and one certified nurse aide (CNA #1). The community manager identified four CMA/ACMA's and seven CNAs employed at the center. Findings: On 10/11/22 at 10:40 a.m., the community manager was asked to submit first aid training for CMA #3 and CNA #1. She stated she thought the CPR/first aid was part of the training in the CPR/AED as required, but it did not. The community manager stated CMA #3 was hired on 07/20/22 and CNA #1 was hired on 05/31/22.	C 954		

Oklahoma State Department of Health

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C1321	Continued From page 10	C1321		
C1321 SS=D	310:663-13-2(1) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (1) assisted living center's name and address; This Rule is not met as evidenced by: Based on record review and interview, the center failed to include the center's name and address in two (#1 and #3) of two sampled assisted living center contracts. The community manager identified two residents with assisted living contracts. Findings: Resident #1's contract, dated 02/06/19, and Resident #3's contract, dated 07/28/22, were reviewed. The contract did not include the center's name and address. On 10/10/22 at 2:00 p.m., the community manager was asked about the center's name and address not being included as a component of the assisted living resident contracts. She stated the address was not included and she would make a cover sheet and include it in with the contract.	C1321		
C1951 SS=E	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document	C1951		

Oklahoma State Department of Health

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C1951	Continued From page 11 all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on observation, record review, and interview the center failed to maintain an organized and accurate record for medications for four (#2, 4, 7, and #8) of four sampled residents with medication assistance. The community manager identified 14 residents who resided at the center. Findings: A "Policy Title: Self-Administration of Medications," not dated, documented, "...The resident must have a written Physicians order for all medications, prescription and over the counter medications. All orders must be kept current...The resident will have a written physicians order stating they are capable of self-administering medications..." 1) Resident #2's Reglan: A "Physician Order," dated 10/07/22, documented, "Reglan 10 mg PO 4 x daily before meals and at bedtime..." A "MAR," dated October 2022, documented Reglan 10 mg PO four times daily before meals and at bedtime. On 10/10/22 at 11:10 a.m., a medication pass was observed. Resident #2 received one tablet of Reglan 5 mg before lunch. The medication bottle read 5 mg four times daily before meals	C1951		

Oklahoma State Department of Health

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C1951	Continued From page 12 and at bedtime. On 10/12/22 at 12:33 p.m., the community manager was asked about the discrepancy between the dosage on the Reglan bottle and the dosage in the physician orders. She reported she had clarified with the pharmacy and the resident's physician, and resident #2 was to receive Reglan 5 mg. Resident #2's FSBS's and Trulicity: Resident #2's "Medication List," updated 07/27/22, did not contain FSBS orders, and Trulicity was listed but no indication the resident performed his own FSBS/Trulicity. The community manager stated this list was used as resident #2's admission orders to the center. Resident #2's "Resident Assessment Form," dated 10/03/22, documented, "...Admission: 10/05/22...Diabetes..." The assessment portion for special treatments and procedures was blank. A "Medication Self-Administration Assessment," dated 10/07/22, "...documented resident shows ability to safely self-administer with no supervision..." This document did not indicate resident #2 was evaluated to specifically perform his own FSBS. A "Physician's Order," dated 10/11/22, documented, "...Trulicity 0.75 mg SQ weekly on Friday...May self administer...FSBS every am fasting. Resident able to do this independently..." This physician order was obtained on the day of survey as a clarification order. On 10/11/22 at 11:52 a.m., the community manager was asked if she was aware resident #2	C1951		

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C1951	Continued From page 13 performed his own FSBS. She stated, no, he did not tell us that during the assessment. She was asked if resident #2 had an order to self-administer FSBS. She stated, no he did not have an order to do finger sticks. She called the RN on the phone and she stated resident #2 had an order for FSBS. She was asked about the physician's order and stated, "the RN just emailed it to me." She was asked if resident #2 had a self-medication evaluation. She stated no, because we did not know he was doing that. 2) A "Physician's Order," dated 09/13/22, for resident #4, did not document oxygen therapy. Resident #4's "Resident Assessment Form," dated 09/20/22, documented, "...oxygen at all times..." On 10/10/22 at 2:00 p.m., resident #4 was observed wearing oxygen. She was asked how many liters per minute of oxygen she had it set on. She stated it varies between 2-4 liters. On 10/11/22 at 4:45 p.m., the RN was asked if there was a physician's order for oxygen therapy. She stated, "I hope so, but no, I don't see it." 3) A "Physician's Order," for resident #7, dated 06/28/22, documented Naproxen 500 mg at noon. A "Physician's Order," for resident #7, dated 10/10/22, documented Naproxen 500 mg one tablet every 8-12 hours PRN for nausea. On 10/10/22 at 11:15 a.m., a medication pass was observed. Resident #7 received Naproxen 500 mg at noon.	C1951		

Oklahoma State Department of Health

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C1951	Continued From page 14 On 10/11/22 at 4:00 p.m., the community manager was asked if resident #7's current physician's order for Naproxen matched the MAR. She reported, no, it did not match. 4) Resident #8's "Resident Assessment Form," dated 12/15/21, documented "Annual Assessment...Albuterol Inhaler 2 puffs 4 times daily...Alert, forgetful..." The resident's "Physician's Order," dated 09/18/22, documented, "...Albuterol inhaler 2 puffs times daily..." The physician's order did not contain the dosage. On 10/12/22 at 12:10 p.m., the community manager was asked if the physician's order included the dosage for the Albuterol Sulfate. She stated, "no."	C1951		
C6000 SS=D	63 OS 1-1947(F) Criminal History Background Check (F) Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. This subsection and subsection D of this section shall not apply to the following: 1. An individual who is employed by, under independent contract to, or granted clinical privileges with, an employer on or before November 1, 2012. An individual who is exempt under this subsection is not limited to working	C6000		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL3801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/12/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 915 NORTH BROADWAY HOBART, OK 73651		
(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
C6000	Continued From page 15 within the employer with which he or she is employed, under independent contract to, or granted clinical privileges. That individual may transfer to another employer that is under the same ownership with which he or she was employed, under contract, or granted privileges. If that individual wishes to transfer to another employer that is not under the same ownership, he or she may do so provided that a registry screening and criminal history record check are conducted by the new employer in accordance with subsection I of this section. a. If an individual who is exempt under this subsection is subsequently found, upon seeking transfer to another employer, ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, then the individual is no longer exempt and shall be terminated from employment or denied employment. b. If an individual who is exempt under this subsection is subsequently found ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, based on disqualifying events occurring after November 1, 2012, then the individual is no longer exempt and shall be terminated from employment; and 2. An individual who is an independent contractor to an employer, if the services for which he or she is contracted are not directly related to the provision of services to a service recipient or if the services for which he or she is contracted allow for direct patient access to service recipients but are not performed on an ongoing basis. This exception includes, but is not limited	C6000		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL3801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/12/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 915 NORTH BROADWAY HOBART, OK 73651		
(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
C6000	Continued From page 16 to, an individual who independently contracts with the employer to provide utility, maintenance, construction, or communications services. This Rule is not met as evidenced by: Based on record review and interview, the center failed to obtain a criminal arrest check for one (#1) of one sampled Registered Nurse (RN) contracted for services. The community manager identified the center's RN as the consultant. Findings: A "Personnel Policies" form, not dated, documented, "...will secure a criminal background check and OSBI check prior to employment of any person providing services..." A "Contract for Services," dated 03/05/20, documented the center's RN entered into this agreement to provide services for Woodland Gardens Assisted Living. There was no RN criminal background check from OK Screen submitted.	C6000		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL3801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/12/2022
NAME OF PROVIDER OR SUPPLIER WOODLAND GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 915 NORTH BROADWAY HOBART, OK 73651		
(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
C6000	Continued From page 17 On 10/10/22 at 3:36 p.m., the Administrator was asked about the center's RN criminal arrest check. She stated she was hired in March, 2020. She stated she had a background check for her but not a clearance from OK Screen.	C6000		

Delivery via email to: lstanderfer@searchlightcenter.org

November 8, 2022

License Number: AL3801

Ms. Leigh Standerfer, CEO
Woodland Gardens Assisted Living
915 North Broadway
Hobart, OK 73651

RE: Survey Event MKDS11

Dear Ms. Standerfer:

On **October 12, 2022**, a Relicensure 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 have been corrected and you were in substantial compliance by **November 4, 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: 2022.11.08 08:31:06 -06'00'

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

enc



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/4/2022

Facility Name: Woodland Gardens Assisted Living

License Number: AL3801

Survey Event ID: MKDS11

Date Survey Completed: 10/12/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 323

Based on: record review and interview, the center failed to describe intermittent or unscheduled nursing care, as a component of the contract, for two (#1 and #3) of two sampled assisted living center contracts.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is not to be constructed as an admission of, or agreement with, the findings and conclusions in the statement of deficiencies, or any related sanctions or fines. Rather it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health services and will continue to make changes and improvements to satisfy this objective.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

"Intermittent or Unscheduled Nursing Care" has since been incorporated into the Resident Service Agreement. The Agreement has been sent to the State for approval. The two identified Residents, as well as all others, will sign an addendum to the Agreement noting the additional, required language. Documentation attached.

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 have the potential to be affected by this 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?

The Resident Service Agreement has been updated and reflects the new language. This Agreement is the only one utilized and upon execution, the Administrator and Community Manager will ensure the correct Agreement is being presented and signed.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

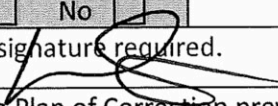
- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

The pre-existing Resident Service Agreement template will be deleted and replaced with the new Resident Service Agreement to include required language.

Both the Administrator and Community Manager will ensure the new Resident Service Agreement is the one utilized when executing between Resident and Community.

The Administrator and Community Manager will quarterly review all admission forms and folders to ensure proper and current documentation is being utilized.

The said quarterly review will be conducted during QA meetings and documentation of such review is

		maintained.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		11/4/2022	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F) 		Date 11/4/2022	
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.			

WOODLAND GARDENS ASSISTED LIVING
915 N. BROADWAY – HOBART, OK 73651

7. **Planned Activities-** Woodland Gardens will assist interested resident groups in planning social and recreational activities both at Woodland Gardens and away from Woodland Gardens. You are welcome to participate in such activities, as you desire. Some activities will require additional money. When plans are made for an event in which additional money will be required, Residents will be given at least a three (3) day notice. All charges for activities are posted in advance of the activity on the activity board.
8. **Transportation-** Woodland Gardens will make available to residents scheduled transportation for shopping, medical and dental appointments, other errands, and planned social events. Non-scheduled requests for transportation will be accommodated only if transportation and staff is available. There will be fee for transportation outside Hobart city limits.
9. **Security and Fire Protection-** Your apartment will be equipped with a smoke-detector and sprinkler system. There will also be an entry security system. If able, Woodland Gardens will provide physical assistance to you in evacuating the building and grounds of Woodland Gardens if ever such an evacuation should become necessary due to a fire or other such emergency. However, staff may not be available for everyone, therefore, each resident must be capable of self-preservation when responding to emergent situations without physical assistance.
10. **Emergency Response Services-** Each Resident will be required to wear an emergency call device while at Woodland Gardens that will enable the resident to call for assistance 24 hours a day.
11. **Intermittent or Unscheduled Nursing Care-** Woodland Gardens does not provide 24 hr. skilled nursing care. However, Residents do have access to intermittent or unscheduled nursing care as provided by our community RN or LPN who is on-call 24/7 and frequents the facility on a daily and/or weekly basis.
12. **Alzheimer's/Memory Care-** Woodland Gardens will provide daily cues and prompts due to general forgetfulness. Woodland Gardens does *not* provide or offer memory care and is not able to accept a Resident with an Alzheimer diagnosis.

B. Personal Assistance and Care

Woodland Gardens provides at no additional charge the following:

- ☐ Arranging transportation to medical and dental appointments.
- ☐ Staff response to emergencies and sudden illness, including contacting your personal care physician and assisting in transferring you to an outside facility, if needed.
- ☐ Initial consultations with Woodland Gardens staff regarding social services, financial, or health-related problems, if needed.

Woodland Gardens offers three (3) distinct service plans with varying levels of personal assistance and care, depending on your needs. Service plan will be chosen by Registered Nurse and or LPN after pre-admission assessment.

GARDENS ENHANCED (\$350/Month)- Includes all services and amenities in the Basic Service Rate and the following.

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/4/2022	
	Facility Name: Woodland Gardens Assisted Living	
	License Number: AL3801	
	Survey Event ID: MKDS11	
Date Survey Completed: 10/12/2022		
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C 326	Based on: record review and interview, the center failed to describe any specialized service or unit for Alzheimer's disease and related dementia, physical disabilities or other special needs that the contract, for two (#1 and #3) of two samples assisted living center contracts.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: This plan of correction is not to be constructed as an admission of, or agreement with, the findings and conclusions in the statement of deficiencies, or any related sanctions or fines. Rather it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health services and will continue to make changes and improvements to satisfy this objective.		
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?		Services related to Alzheimer's disease and memory care has since been incorporated into the Resident Service Agreement. The Agreement has been sent to the State for approval. The two identified Residents, as well as all others, will sign an addendum to the Agreement noting the additional, required language. Documentation attached.
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 have the potential to be affected by this 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?		The Resident Service Agreement has been updated and reflects the new language. This Agreement is the only one utilized and upon execution, the Administrator and Community Manager will ensure the correct Agreement is being presented and signed.
OSDH Response: Element accepted Yes ☐ No ☐		
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		The pre-existing Resident Service Agreement template will be deleted and replaced with the new Resident Service Agreement to include required language. Both the Administrator and Community Manager will ensure the new Resident Service Agreement is the one utilized when executing between Resident and Community. The Administrator and Community Manager will quarterly review all admission forms and folders to ensure proper and current documentation is being utilized.

		The said quarterly review will be conducted during QA meetings and documentation of such review is maintained.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		11/4/2022	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		Date 11/4/2022	
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.
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Facility in Compliance by: Click here to enter a date.			

WOODLAND GARDENS ASSISTED LIVING
915 N. BROADWAY – HOBART, OK 73651

7. **Planned Activities-** Woodland Gardens will assist interested resident groups in planning social and recreational activities both at Woodland Gardens and away from Woodland Gardens. You are welcome to participate in such activities, as you desire. Some activities will require additional money. When plans are made for an event in which additional money will be required, Residents will be given at least a three (3) day notice. All charges for activities are posted in advance of the activity on the activity board.
8. **Transportation-** Woodland Gardens will make available to residents scheduled transportation for shopping, medical and dental appointments, other errands, and planned social events. Non-scheduled requests for transportation will be accommodated only if transportation and staff is available. There will be fee for transportation outside Hobart city limits.
9. **Security and Fire Protection-** Your apartment will be equipped with a smoke-detector and sprinkler system. There will also be an entry security system. If able, Woodland Gardens will provide physical assistance to you in evacuating the building and grounds of Woodland Gardens if ever such an evacuation should become necessary due to a fire or other such emergency. However, staff may not be available for everyone, therefore, each resident must be capable of self-preservation when responding to emergent situations without physical assistance.
10. **Emergency Response Services-** Each Resident will be required to wear an emergency call device while at Woodland Gardens that will enable the resident to call for assistance 24 hours a day.
11. **Intermittent or Unscheduled Nursing Care-** Woodland Gardens does not provide 24 hr. skilled nursing care. However, Residents do have access to intermittent or unscheduled nursing care as provided by our community RN or LPN who is on-call 24/7 and frequents the facility on a daily and/or weekly basis.
12. **Alzheimer's/Memory Care-** Woodland Gardens will provide daily cues and prompts due to general forgetfulness. Woodland Gardens does *not* provide or offer memory care and is not able to accept a Resident with an Alzheimer diagnosis.

B. Personal Assistance and Care

Woodland Gardens provides at no additional charge the following:

- ☐ Arranging transportation to medical and dental appointments.
- ☐ Staff response to emergencies and sudden illness, including contacting your personal care physician and assisting in transferring you to an outside facility, if needed.
- ☐ Initial consultations with Woodland Gardens staff regarding social services, financial, or health-related problems, if needed.

Woodland Gardens offers three (3) distinct service plans with varying levels of personal assistance and care, depending on your needs. Service plan will be chosen by Registered Nurse and or LPN after pre-admission assessment.

GARDENS ENHANCED (\$350/Month)- Includes all services and amenities in the Basic Service Rate and the following.



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/4/2022

Facility Name: Woodland Gardens Assisted Living

License Number: AL3801

Survey Event ID: MKDS11

Date Survey Completed: 10/12/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 542

Based on: record review and interview, the center failed to coordinate the assessment with a RN and /or physician for one(#1) of six sampled Residents reviewed for comprehensive assessments.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is not to be constructed as an admission of, or agreement with, the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fines. Rather, it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health services and will continue to make changes and improvements to satisfy the objective.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Administrator signature required.

OAC 310:663-25-4(F)

ASSISTED LIVING CENTER'S PLAN ELEMENTS

A new assessment has been completed, signed and dated by the RN for Resident #1. Documentation attached.

All current Residents have the potential to be affected by this deficiency.

We have a list of all current Residents and we will add all new Residents that move in in the future for initial, 2 weeks, 6 months, annual, and significant change assessment dates. The RN, Administrator, and Community Manager all have access to the list. All assessments will be completed by the RN in the presence of the Community Manager or the Administrator.

The RN is responsible for the sustained compliance. The RN will complete all assessment on site.

The RN and either Administrator or Community Manager will be present at the time of the assessment.

The Administrator and Community Manager will monitor assessments monthly.

The RN, Administrator, and Community Manager will have quarterly QA meetings to monitor the assessments.

11/4/2022

Date 11/4/2022

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Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
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Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/4/2022

Facility Name: Woodland Gardens Assisted Living

License Number: AL3801

Survey Event ID: MKDS11

Date Survey Completed: 10/12/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 543

Based on: record review and interview, the center failed to ensure a comprehensive assessment included a personal interview between the participating health professional and Resident or Residents's representative for one (#1) of six sampled resident with assessments.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is not to be constructed as an admission of, or agreement with, the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fines. Rather, it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health services and will continue to make changes and improvements to satisfy the objective.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

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

ASSISTED LIVING CENTER'S PLAN ELEMENTS

A new assessment has been completed and signed by Resident/Resident representative for #1. Documentation attached.

All current Residents have potential to be affected by this deficiency.

We have a list of all current Residents and will add anyone new that moves in. The RN, Administrator, and Community Manager all have access to the list. All assessments will be completed by the RN or PC Physician in the presence of the Administrator and/or the Community Manager. A New Resident Admission List has been developed to make sure all requirements are obtained.

The RN or PC Physician will complete all assessment in the presence of Administrator or CM.

The Administrator and CM will meet monthly to check documents.

The RN, Administrator, and CM will meet quarterly at QA meeting to monitor documents.

All QA meetings are documented and notes maintained.

11/4/2022

Date 11/4/2022

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.
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Facility in Compliance by: Click here to enter a date.



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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/4/2022

Facility Name: Woodland Gardens Assisted Living

License Number: AL3801

Survey Event ID: MKDS11

Date Survey Completed: 10/12/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 552

Based on: observation, record review, and interview, the center failed to develop a plan of care. 1) for diabetes management for one (#2) of two sampled Residents with glucose monitoring. 2) for oxygen therapy for one (#4) of one sampled Resident with oxygen therapy.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is not to be constructed as an admission of, or agreement with, the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fines. Rather, it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health services and will continue to make changes and improvements to satisfy the objective.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

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

Date 11/4/2022

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.
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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/4/2022

Facility Name: Woodland Gardens Assisted Living

License Number: AL3801

Survey Event ID: MKDS11

Date Survey Completed: 10/12/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 911

Based on: observation, record review, and interview, the center failed to provide RN supervision to assess and monitor FSBS's (finger stick blood sugars) for one (#2) of two sampled Residents with diabetes management.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is not to be constructed as an admission of, or agreement with, the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fines. Rather, it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health services and will continue to make changes and improvements to satisfy the objective.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

RN has completed and updated a self-administration check list for Resident #2. We have updated orders for #2 to self perform FSBS and Trulicity injections. Resident #2 keeps his own record of FSBS for his doctor and the CNA's/CMA's also log the FSBS on Resident #2 MAR. All strips and lancets are placed in the sharps container in med room of the facility. Documentation attached.

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 current Residents have the potential to be affected by this deficiency.

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

The RN will complete all Care Plans at the time of the assessments with the Administrator or Community Manager present and will update quarterly or as needed. Care Plans for oxygen use and glucose monitoring.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

The RN will complete all Care Plans quarterly or as needed due to significant change.

The Administrator and Community Manager will monitor monthly.

The RN, Administrator, and Community Manager will monitor quarterly at the QA quarter meetings.

All QA meetings are documented and notes maintained.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

11/4/2022

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Administrator signature required.

Date 11/4/2022

OAC 310:663-25-4(F)

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
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/4/2022

Facility Name: Woodland Gardens Assisted Living

License Number: AL3801

Survey Event ID: MKDS11

Date Survey Completed: 10/12/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 954

Based on: record review and interview, the center failed to provide evidence for First Aid training for one Certified Medication Aid (CMA #3) and one Certified Nurse Aid (CNA #1).

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is not to be constructed as an admission of, or agreement with, the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fines. Rather, it is submitted as a confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We remain committed to the delivery of quality health services and will continue to make changes and improvements to satisfy the objective.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

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

Date 11/4/2022

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.

Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

CPR / AED / First-Aid

(Adult / Child / Infant / Choking)

AED / Injury & Universal Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Hanna Rains

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 2 years. Course administered in accordance with the **2020** ECC/ILCOR and AHA® guidelines. ID#: **C3C8E5**

Completion: **November 1, 2022**

Instructor: **Paul J. Scruton**

Signature:



COURSE PROVIDED BY:

National CPR Foundation