OKLAHOMA
State Department
of Health

Delivery via email to: jbyerly@homesteadofelkcity.com

October 24, 2022

License Number: AL5502

Ms. Julie Byerly, Administrator
Homestead Of Bethany
4101 North Council Road
Bethany, OK 73008

Survey Event ID: 373S11

Dear Ms. Byerly:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 18, 2022**. No deficiencies were cited. Oklahoma Statutes 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) 426-8200.

Sincerely,

Katie Stagner
Digitally signed by Katie Stagner
Date: 2022.10.24 16:24:54 -05'00'

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Homestead of Bethany**
Address: **4101 North Council Rd**
City, State, Zip: **Bethany, OK 73008**
Provider #: **AL5502**
Complaint #: **OK00059602**
Investigation Date(s): **10/18/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure they had an effective infection control program to prevent the transmission of infection.	**US**
2. The center failed to protect the resident's right to insure freedom from verbal and physical abuse.	**US**
3. The center failed to store and prepare food under sanitary conditions.	**US**

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

An unannounced on-site investigation was initiated 10/18/2022 at 4:05 a.m.

A sample of six residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

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 related to infection control, unqualified staff, and misappropriation of resident property was conducted.

Incident reports and the centers infection control program were reviewed. The last two staff members to test positive for COVID was documented 01/03/22. The last residents to test positive for COVID was documented 07/27/22. The Administrator stated they were in phase 4 of their COVID-19 phased re-opening plan for assisted living. Phase 4, read in part, "…Screening of all staff at the beginning of each shift. Testing of staff will be

conducted pursuant to local rules and regulations. Recommended and encouraged that all employees where (sic) a surgical facemask during their shift. Employer will provide access to surgical facemasks and additional PPE.

Screening of all visitors entering the facility. Recommended that all visitors wear a surgical facemask for the duration of their visit.

It is recommended and encouraged that residents be socially distant and to wear a mask in common areas.

Group activities will resume as normal. It is recommended and encouraged that residents and visitors be socially distant and to wear a mask while in common areas.

Employees are educated about the benefits of the vaccine and encouraged to be fully vaccinated and will be provided paid time to obtain the vaccine…"

There were no staff children observed in the center, at the time of the survey.

No unqualified staff were observed assisting residents, at the time of the survey.

No misappropriation of resident food was observed, at the time of the survey.

No staff were observed doing their own personal laundry from home at the center, at the time of the survey.

Good hand hygiene was observed throughout the survey process.

Residents were observed in the dining room having meals, at the time of the survey.

Residents were observed in clean clothes, at the time of the survey.

No staff was aware of staff children spending overnights in the center, at the time of the survey.

No staff was aware of staff children assisting residents, at the time of the survey.

No resident complained about staff children in the center, at the time of the survey.

No resident complained about not getting enough food or running out of food, at the time of the survey.

No resident complained about staff not providing services, at the time of the survey.

At the time of the survey, there was no deficient practice related to infection control or the centers infection control program to prevent the transmission of infection.

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

An investigation related to incident reports, and abuse was conducted.

Incident reports were reviewed.

The staff provided documentation with a timeline in which situations occurred and when they were reported to the appropriate people.

Staff was observed throughout the survey interacting with residents appropriately.

No staff were aware of any verbal and physical abuse, at the time of the survey. Staff was trained about abuse and knew who to report any allegation.

No resident complained about the staff or the services provided by staff, at the time of the survey.

At the time of the survey, there was no deficient practice related to verbal and physical abuse.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation related to the kitchen, food storage and food preparation was conducted.

Training, menus and food temperatures were reviewed.

Glove use and hand washing between tasks was observed.

Refrigerated items were observed dated or labeled.

No staff were observed smoking marijuana in their cars, the center's pavilion, or courtyard, at the time of survey.

No staff was aware of any staff working under the influence of marijuana, at the time of the survey.

Staff stated they had food handlers training.

Staff was not aware of any foodborne illnesses, at the time of the survey.

No resident complained about the food or foodborne illnesses, at the time of the survey.

At the time of the survey, there was no deficient practice related to food storage, and food preparation or sanitary conditions.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1-#3. 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.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 10/19/2022

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
	AL5502	A. BUILDING: _____ B. WING _____	10/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF BETHANY	4101 NORTH COUNCIL ROAD BETHANY, OK 73008

(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 complaint investigation (#OK00059602) was conducted 10/18/22. No deficiencies were cited.	C 000		

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