OKLAHOMA
State Department
of Health

Delivery via email to: webrown@dorsetseniorliving.com

November 15, 2023

License Number: AL5504

Mr. Leo Park, CEO
Dorset Place - Assisted Living
2435 Northwest 122nd Street
Oklahoma City, OK 73120

Survey Event ID: 78CE11

Dear Mr. Park:

On **November 7, 2023**, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;

(5) Include dates when corrective action will be completed for each violation; and
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies. If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

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

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

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

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

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

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

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: DORSET PLACE- ASSISTED LIVING
Address: 2435 NORTHWEST 122ND STREET
City, State, Zip: OKLAHOMA CITY, OK,73120
Provider #: AL5504
Complaint #: OK00060947
Investigation Date(s): 11/06/23 AND 11/07/23

ALLEGATION(S)

1.The center failed to ensure assistance with activities of daily living was provided in a timely manner.

An unannounced on-site investigation was initiated 11/06/2023 at 9:50 a.m..

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

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the center was conducted upon entrance, at other various times throughout the survey. The staff were observed during activities of daily living care and meal services to residents. Two meals services were observed. Residents' hygiene, dress, and appearances were observed.

Residents were interviewed related to receiving assistance with activities of daily living and meals.
.
Resident records were reviewed including assessments, service plans, contracts, physician orders, progress notes, nursing notes, medication/treatment records, and activities of daily living task sheets.

Staff members were interviewed regarding activities of daily living care procedures and meal services.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 11/08/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: DORSET PLACE- ASSISTED LIVING
Address: 2435 NORTHWEST 122ND STREET
City, State, Zip: OKLAHOMA CITY, OK,73120
Provider #: AL5504
Complaint #: OK00061676
Investigation Date(s): 11/06/23 AND 11/07/23

ALLEGATION(S)

1.The center failed to ensure blood sugars were monitored and insulin was administered according to physicians' orders and/or standard of care.
2. The center failed to ensure therapeutic diets were served according to the physicians' orders and /or standard of care.

An unannounced on-site investigation was initiated 11/06/2023 at 9:50 a.m..

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

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the center was conducted upon entrance, at other various times throughout the survey. The staff were observed providing medications. Residents' diets were observed during two meal services.

Residents were interviewed related to therapeutic diets and medication administration concerns.
.
Resident records were reviewed including assessments, service plans, contracts, physician orders, progress notes, nursing notes, medication/treatment records, and activities of daily living task sheets.

Staff members were interviewed regarding mediation administration and diabetic services and care provided by the center.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health

Long Term Care Service

Date report completed: 11/08/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5504	A. BUILDING: _____ B. WING _____	C 11/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DORSET PLACE - ASSISTED LIVING	2435 NORTHWEST 122ND STREET OKLAHOMA CITY, OK 73120

(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 Complaint investigations (#OK00060947 and #OK00061676) were conducted on 11/06/23 and 11/07/23. The following abbreviations will be used throughout this document: bid - two times a day DON - Director of Nursing DKA - diabetic ketoacidosis ER - emergency room FSBS -finger stick blood sugar MAR - medication administration record MG - milligram N.O. - new order PA - Physician Assistant PO - by mouth SQ -subcutaneous	C 000		
C1505 SS=G	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated,	C1505		

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C1505	Continued From page 2 Resident # 4 had diagnoses which included Type II diabetes mellitus, hypertension, and cognitive impairment with memory loss. A "Resident Assessment" form, dated 05/24/23, documented Resident #4 was oriented times two and confused at times. A physician order, dated 06/05/23, read in part, "...metFormin TAB 500 MG...1 TABLET BY MOUTH TWO TIMES A DAY FOR DIABETES MELLITUS TYPE 2..." A "Resident Service Note", dated 07/16/23, read in part, "...Family voiced concern of increased fsbs...N.O. received to increase metformin to 1000 mg po with brkfast[sic] & 500 mg with dinner..." A physician order, dated 07/16/23, read in part, "...metFORMIN TAB 500 MG... 1 TABLETS BY MOUTH TWO TIMES A DAY WITH BREAKFAST AND DINNER...metFORMIN TAB 500 MG...1 TABLET BY MOUTH ONE TIME A DAY WITH BREAKFAST WITH 500 MG TO = A 1000 MG DOSE..." A "Resident Service Note", dated 08/16/23, documented FSBS were 300's to 400's. The PA was notified and a new order was received for Ozempic .25 MG SQ weekly. A physician order, dated 08/16/23, documented, "Ozempic .25 MG SQ weekly." A "Resident Service Notes", dated 09/02/23, read in part, "...N.O....increase metformin 1000 MG po bid with brkfast[sic] & supper..." A physician order, dated 09/02/23, documented to	C1505		

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OKLAHOMA
State Department
of Health

Delivery via email to: lmyers@moradaseniorliving.com

November 28, 2023

License Number: AL5504

Ms. Lori Myers, Divisional Director of Resident Care
Dorset Place - Assisted Living
2435 Northwest 122nd Street
Oklahoma City, OK 73120

Survey Event ID: 78CE11

Dear Ms. Myers:

On **November 7, 2023,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's responsibility for compliance** should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **December 1, 2023**.

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

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

Enclosure

Oklahoma State Department of Health

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C1505 SS=G	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated,	C1505	1.Facility Direct Care Staff will update all resident MARs to include resident diagnosis/reason for medications and / or both the brand and generic names of medications. 2. Facility Medication carts will have third party pharmacy audit performed by 11/28/2023. 3. Facility Administrator will conduct a retraining with all Medication Aides by 12/1/2023 to ensure that all Medication Aides are following medication administration guidelines. Documentation of this training will be kept in Direct Care staffs personal file. 4. New medications/changes in medications will follow a 3-step check process. (a) med change received by DHW or assignee (b) med change communicated to Med Techs in log (c) MAR checked to reflect changes. If changes are not present on MAR, pharmacy and DHW or assignee must be notified immediately.	

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OKLAHOMA
State Department of Health

FINAL DETERMINATION
USPS Tracking # 7021 2720 0002 0354 1730

January 16, 2024

License Number: AL5504

Mr. Michael Hunter, Administrator
Dorset Place - Assisted Living
2435 Northwest 122nd Street
Oklahoma City, OK 73120

Survey Event ID: 78CE12

Dear Mr. Hunter:

A revisit conducted **January 3, 2024**, revealed that your facility corrected deficiencies effective **December 1, 2023**.

We will notify you of any enforcement actions being taken. If you have any questions, please contact me at (405) 426-8200.

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

Respectfully,

Lisa Calvin

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

Enclosure:

Oklahoma State Department of Health

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{C 000}	INITIAL COMMENTS A revisit was conducted on 01/03/24. All deficiencies from the 11/07/23 survey were cleared.	{C 000}		

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