Oklahoma State Department of Health
Creating a State of Health

January 10, 2020

License Number: AL5520

Ms. Kara Bolino, Administrator
Timberwood Assisted Living & Memory Care
5020 Southeast 44th Street
Oklahoma City, OK 73135

Survey Event ID: JBH211

Dear Ms. Carter:

On December 5, 2019, 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 **February 21, 2020.**

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) 271-6868.

Sincerely,

V. Sue Davis
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

SD/jt

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 1/9/2020** **Facility Name:** Timberwood Assisted Living & Memory Care **License Number:** AL5520 **Survey Event ID:** JBH211 **Date Survey Completed: 12/5/2019**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1505	Based on: observation, interview, and record review it was determined the center failed to ensure medications were available for administration for 6 (#1 through #6) of 6 sampled residents who received physician ordered employee administered medications. This failed practice had the wide spread potential for more than minimal harm.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is prepared and submitted as required by law. By submitting this plan of correction the center does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal, and/or regulatory or administrative processing the deficiency, statements, facts and conclusions that form the basis for the 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?	HWD/designee to complete 100% MAR to cart audit for residents #1 through #6 and all residents currently residing in community to ensure medications are available for administration. Any discrepancies noted will be reported to the Executive Director immediately-audit results will be reviewed during monthly QA. An in-service/training will be held on 1-8-2020 with all medication aides to review company policies and guidelines regarding ordering of residents medications. Medication aides will be responsible for completing "Medication Refill Audit Tool" anytime they pass a medication to identify any resident with less than 7 days left/available so the HWD or designee can be sure the medication has been ordered, can track it and follow-up to ensure it has been received for administration. HWD/designee will pull two reports daily from our electronic MAR to review for any missed medications and any medications that were not given to allow for the HWD/designee to investigate and correct the reason and the absence of said medication(s).
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	HWD/designee to complete 100% MAR to cart audit for all current residents to ensure all medications are available for administration. Any discrepancies noted will be reported to the ED immediately-audit results will be reviewed during monthly QA.
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?	An in-service/training will be held on 1-8-2020 with all medication aides to review company policies and guidelines regarding ordering of residents medications. Medication aides will be responsible for completing

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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,

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Timberwood Assisted Living and Memory Care**
Address: **5020 Southeast 44th Street**
City, State, Zip: **Oklahoma City, OK, 73135**
Provider #: **AL5520**
Complaint #: **OK00054428**
Investigation Date(s): **12/05/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide care as contracted.	S

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

An unannounced on-site investigation was initiated on Thursday, December 5, 2019 at 9:25 a.m.

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

The investigation was conducted following standards set by the 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C-1505 for details.
However; some of the supporting details were unsubstantiated.

An investigation specific to laundry and housekeeping services provided, dining room tables cleanliness, and call system response was conducted.

The resident's apartments were free of an accumulation of trash and debris on the carpets. Clean, folded laundry had been placed on beds that were made, or in laundry baskets. No unmade beds with soiled sheets were observed. The dining room tables were cleared after the meals, sprayed and wiped off with a sanitation solution, and prepared with tableware for the next meal. Each direct care employee retrieved a walkie talkie at the beginning of their shift, and were observed as they responded to calls that came across the walkie talkie.

The residents stated their dirty laundry baskets were picked up one day and returned to their apartment the following day. All of the residents denied they had slept on soiled linens, and some stated sheets were changed more often when requested. The residents also stated their apartments were cleaned once a week. An employee stated the bathrooms were cleaned, carpets vacuumed, floors mopped, and furniture dusted every week. The residents denied the dining room tables were dirty or sticky from previous meals. The residents denied any problems with the employees' call system response.

An employee roster documented the center had a full time housekeeper. The direct care employees were responsible to provide laundry services.

At the time of the investigation, there was no deficient practice related to the center's provision of housekeeping, laundry, dietary, or response to the call system.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Thank you for bringing these concerns to our attention.

Denise Owen, RN

Denise Owen, RN

Date report completed: 12/10/2019

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5520	A. BUILDING: _____ B. WING _____	12/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERWOOD ASSISTED LIVING & MEMORY	5020 SOUTHEAST 44TH STREET OKLAHOMA CITY, OK 73135

(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 An abbreviated survey was conducted on 12/05/19 to investigate complaint #OK00054428. Current census was 44. The following deficient practice was cited.	C 000		
C1505 SS=F	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, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the center failed to ensure medications were available for administration for 6 (#1 through #6) of 6 sampled	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1505	Continued From page 1 residents who received physician ordered employee administered medications. This failed practice had the wide spread potential for more than minimal harm. Findings: RESIDENT #1 Resident #1 moved into the center on 01/31/18 with diagnoses that included diabetes type II and morbid obesity. An August 2019 medication administration record (MAR) for resident #1 documented Lipitor (used to treat high cholesterol) 40 milligrams (mg) was "not available" for administration two times. An October 2019 MAR for resident #1 documented Dulcolax 5 mg (used to treat constipation) was "not available" for administration one time. A physician's order for resident #1, dated November 2019, documented Lipitor 40 mg to be administered at bedtime and Dulcolax 5 mg, 2 tablets to be administered daily. RESIDENT #2 Resident #2 moved into the center on 06/09/15 with diagnoses that included rheumatoid arthritis and chronic pain. An August 2019 MAR for resident #2 documented Tab-A-Vite (supplement) was "not available" for administration one time. Additionally, the Tylenol/Codeine #3 (used to treat severe pain medication) was "on order" one time, and seven daily blocks did not contained employees' initials to signify the medication had been administered as ordered on 08/09/19, twice on 08/13/19,	C1505		

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C1505	Continued From page 2 08/19/19, 08/23/19, 08/27/19, and 08/30/19 to resident #2. A September MAR for resident #2 documented Tab-A-Vite was on "reorder" 23 times, and had been initialed five times as administered while it was on "reorder." The MAR had one blank daily block, on 09/07/19, to signify the medication had not been administered as ordered. An October 2019 MAR for resident #2 documented Tab-A-Vite was on "reorder" 14 times, initialed one time as administered, on 10/06/19, while it was on "reorder", and included two daily blocks on 10/12/19 and 10/13/19 with no employees' initials to signify the medication had not been administered as ordered to resident #2. A physician's order for resident #2, dated November 2019, documented Tab-A-Vite to be administered daily and Tylenol/Codeine #3 300/30 mg to be administered three times a day routinely. RESIDENT #3 Resident #3 moved into the center on 10/11/16 with diagnoses that included Parkinson's disease, pain, and spondylosis with myelopathy. An August 2019 MAR for resident #3, documented Gabapentin (used to treat pain) 300 mg was "waiting for refill" three times and included one blank daily block on 08/29/19 with no employees' initials to signify the medication had not been administered as ordered to resident #3. A physician's order for resident #3, dated November 2019, documented Gabapentin 300	C1505		

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C1505	Continued From page 3 mg to be administered daily at bedtime. RESIDENT #4 Resident #4 moved into the center on 08/15/19 with diagnoses that included hypertension, aortic aneurysm repair, shortness of breath, and pacemaker. An August 2019 MAR for resident #4, documented Eliquis (used as a blood thinner) 5 mg had two blank blocks, on 08/18/19 and 08/25/19, with no employees' initials to signify the medication had not been administered as ordered to resident #4. The Digoxin (used to stabilize the heart rate) 0.12 (sic) mg was "not available" two times, and included three blank blocks on 08/15/19, 08/18/19, and 08/25/19, with no employees' initials to signify the medication had not been administered as ordered to resident #4. A September 2019 MAR for resident #4, documented Spiriva Handi-haler (used to treat shortness of breath) 18 micrograms (mcg) was on "reorder" four times and included one blank daily block, on 09/01/19, with no employees' initials to signify the medication had not been administered as ordered to resident #4. Additionally, Symbicort (used to treat shortness of breath) was on "reorder" eight times, included an initial on 09/19/19, as administered, during the "reorder" time frame, and had one blank daily block on 09/01/19, with no employees' initials to signify the medication had not been administered as ordered to resident #4. An October 2019 MAR for resident #4, documented Eliquis 5 mg was "out of meds" one time on 10/13/19, waiting for family to pick up three times on 10/15/19 through 10/17/19,	C1505		

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C1505	Continued From page 4 "reorder" one time on 10/18/19, initialed one time during the reorder time frame on 10/14/19, and included one blank daily block on 10/12/19, with no employees' initials to signify the medication had not been administered as ordered to resident #4. A physician's order for resident #4, dated November 2019, documented Eliquis 5 mg to be administered daily, Digoxin 0.12 (sic) mg to be administered daily, and Spiriva Handi-haler 18 mcg daily, and Symbicort two puffs daily. RESIDENT #5 Resident #5 moved into the center on 10/29/18 with diagnoses that included debility and depression. An August 2019 MAR for resident #5, documented Celecoxib (used to treat arthritis pain) 200 mg was "waiting for refill" six times on 08/21/19 through 08/23/19 and 08/26/19 through 08/28/19 on the evening doses only, while the morning doses were initialed as administered a total of eight times. The MAR included initials two times on 08/24/19 and 08/25/19 on the evening doses while the medication was unavailable for administration. A physician's order for resident #5, dated November 2019, documented Celecoxib 200 mg to be administered two times a day. RESIDENT #6 Resident #6 moved into the center on 03/31/18 with diagnoses that included dementia and anxiety.	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1505	Continued From page 5 A physician's order for resident #6, dated November 2019, documented Clonazapam (used to treat anxiety) 0.5 mg to be administered two times a day. A December 2019 MAR for resident #6, documented Clonazapam 0.5 mg was "ordering" one time on 12/01/19 morning dose, "waiting for new rx (prescription)" two times on 12/02/19 evening dose and 12/03/19 evening dose, "none in cart" two times on 12/03/19 and 12/04/19 morning doses, blank block one time on 12/01/19 evening dose, and contained employee's initials one time on 12/02/19 morning dose while the medication was unavailable. On 12/05/19 at 4:20 p.m., certified medication aide/employee #6 stated resident #6's Clonazapam was on order and had not been available and she had thrown the empty bottle away. No physician ordered Clonazapam for resident #6 was observed in the medication cart. At 4:30 p.m., a licensed practical nurse (LPN) stated resident #6's Clonazapam had not been administered in December 2019 because the doctor may have been slow to respond for refill requests or to send the order to the pharmacy. The LPN further stated the residents should never run out of medications, blank spots on the MAR indicated the medications might not have been administered, and documented initials during the time frame while medications were unavailable was not an acceptable practice for the employees who administered medications.	C1505		

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL5520	TIMBERWOOD ASSISTED LIVING & MEMORY CARE

Type of Survey (select all that apply)

3				

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

Extent of Survey (select all that apply)

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

SURVEY TEAM AND WORKLOAD DATA

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

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 35195	12/05/2019	12/05/2019	1.25	0.00	8.00	0.00	3.00	9.75
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

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

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

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

DEC 23 2019

Oklahoma State Department of Health
Creating a State of Health

January 10, 2020

License Number: AL5520

Ms. Kara Bolino, Administrator
Timberwood Assisted Living & Memory Care
5020 Southeast 44th Street
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Survey Event ID: JBH211

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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) 271-6868.

Sincerely,

V. Sue Davis
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

SD/jt

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 1/9/2020** **Facility Name:** Timberwood Assisted Living & Memory Care **License Number:** AL5520 **Survey Event ID:** JBH211 **Date Survey Completed: 12/5/2019**

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ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is prepared and submitted as required by law. By submitting this plan of correction the center does not admit that the deficiency listed on this form exist, nor does the center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal, and/or regulatory or administrative processing the deficiency, statements, facts and conclusions that form the basis for the deficiency.

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OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	HWD/designee to complete 100% MAR to cart audit for all current residents to ensure all medications are available for administration. Any discrepancies noted will be reported to the ED immediately-audit results will be reviewed during monthly QA.
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?	An in-service/training will be held on 1-8-2020 with all medication aides to review company policies and guidelines regarding ordering of residents medications. Medication aides will be responsible for completing

	"Medication Refill Audit Tool" anytime they pass a medication to identify any resident with less than 7 days left/available so the HWD/designee can be sure the medication has been ordered, can track it and follow-up to ensure it has been received for administration. HWD/designee will pull two reports daily from our electronic MAR to review for any missed medications and any medications that were not given to allow for the HWD/designee to investigate and correct the reason and the absence of said medication(s).
~~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.	ED/designee to monitor ongoing plan of correction compliance via QA meetings. All documents/evidence associated with quality assurance review to be maintained in QA binder and stored in Executive Directors office.
~~OSDH Response: Element accepted~~ Yes ☐ No ☐	
5. On what date will corrective action be completed?	2/21/2020
~~OSDH Response: Element accepted~~ Yes ☐ No ☐	

Administrator's Signature Kara Bolino OAC 310:663-25-4(F)	**Date 1/9/2020**

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.

JAN 14 2020 jm

OKLAHOMA
State Department
of Health

Delivery via email to: kbolino@seniorlifestyle.com

November 19, 2020

License Number: AL5520

Ms. Kara Bolino, Administrator
Timberwood Assisted Living & Memory Care
5020 Southeast 44th Street
Oklahoma City, OK 73135

Survey Event ID: JBH212

Dear Ms. Bolino:

On **November 19, 2020,** an offsite/paper complaint revisit was conducted with your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **December 5, 2019,** have now been corrected effective **February 21, 2020.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 271-6868.

Sincerely,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2020.11.19 14:32:47 -06'00'

Lisa Calvin, Enforcement Reviewer/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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5520	A. BUILDING: _____ B. WING _____	R-C 11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERWOOD ASSISTED LIVING & MEMORY CARE	5020 SOUTHEAST 44TH STREET OKLAHOMA CITY, OK 73135

(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 An offsite/paper revisit was completed on 11/19/20. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

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