

Delivery via email to: mshrum@homesteadofdelcity.com

October 2, 2024

License Number: AL5520

Ms. Mary Shrum, Administrator
Homestead Of Del City
5020 Southeast 44th Street
Oklahoma City, OK 73135

RE: Survey Event ID: VCCE11

Dear Ms. Shrum:

On **September 26, 2024**, agents from our office concluded a State Licensure survey with a complaint investigation 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 **September 26, 2024**.

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

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at:

<http://www.ok.gov/health>. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

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

- (1) Address how corrective action will be accomplished for affected residents;
- (2) Address how other residents with the potential to be affected will be identified;
- (3) Address measures or systemic changes to ensure the deficiency will not recur;
- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action and monitoring will be completed for each violation;
- (6) Be signed by the administrator.

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

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

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

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

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

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

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

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

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

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

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

Respectfully,



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

Enclosure

INVESTIGATIVE REPORT

Facility: HOMESTEAD OF DELCITY
Address: 5020 SOUTHEAST 44ST STREET
City, State, Zip: OKLAHOMA CITY, OK 73135
Provider #: AL5520
Complaint #: OK00066103
Investigation Dates: 09/24/24 through 09/26/24

ALLEGATION
The facility failed to protect the resident from abuse.

An unannounced on-site investigation was initiated 09/24/2024 at 1:10 p.m.

A sample of three 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance, and at other various shifts throughout the survey. Resident and resident interaction was observed. Resident interactions with staff were observed.

Facility policies and procedures were reviewed. Resident assessments, service plans, progress notes, and physician orders were reviewed. State reportables were reviewed.

Residents were interviewed regarding abuse. Staff were interviewed regarding the facility policies and procedures related to abuse.

The attached State form, Statement of Deficiencies, 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: 09/27/2024

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/26/2024
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C 000	INITIAL COMMENTS A relicensure survey was conducted from 09/24/24 through 09/26/24. A complaint investigation (#OK00066103) was conducted in conjunction with the survey. The following abbreviations will be used through out this survey: ACMA - advanced certified medication aide CMA - certified medication aide eval - evaluation ml - milliliters psych - psychiatric RCC - resident care coordinator	C 000		
C1304 SS=D	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and	C1304		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

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C1304	Continued From page 1 interview, the center failed to ensure trash service was provided per service plan for one (#2) of five resident rooms observed. The administrator identified 22 residents resided in the center. Findings: Resident #2 had diagnoses which included multiple fractures of left side ribs subsequent encounter for fracture with routine healing, muscle weakness, and dementia. A nursing note, dated 06/17/24 at 5:28 p.m., read in part, "Staff will provide housekeeping daily due to [Resident #2] chronically being messy." A "Service Plan", dated 06/18/24, documented, a. staff will clean room daily per personal preference and need, and b. staff will take trash out daily. On 09/24/24 at 2:51 p.m., the following observations were made in Resident #2's room, a. the living room had a 12.1 gallon trash can full of trash with no lid, b. in the living room next to the trash can on the floor there were two empty 30 ml paper cups, 10 small clear plastic packets, two small orange peels, an unopened whipped butter packet, one unopened white mint packet, and one unopened green mint packet, c. there was a small white trash can in the bathroom full of trash with blood stained white tissues. There were blood stains on the floor next to the trash can and on the side of the toilet, and d. a large white trash can about a quarter full was in the first room upon entrance where the resident's bed was located.	C1304		

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C1304	Continued From page 2 On 09/24/24 at 2:59 p.m., Resident #2 was asked about the trash in their living room. They stated it had been a long time since their trash was taken out. They stated they could not remember the exact date. They stated the blood stained tissues were from their bleeding gums while brushing their teeth in the mornings. They stated their room did not get cleaned. They stated staff did empty the trash can that was a quarter full. On 09/24/24 at 3:07 p.m., CMA #1 stated resident #2 was pleasant, independent for the most part, did not like to be bothered at night, and sometimes declined services. They stated the resident used a walker for ambulation. On 09/24/24 at 3:08 p.m., CMA #1 stated staff were responsible for cleaning resident rooms, emptying trash, and changing linens among other duties. On 09/24/24 at 3:10 p.m., CMA #1 stated trash was to be removed from resident rooms every shift and as needed when the trash can was full. On 09/24/24 at 3:11 p.m., CMA #1 stated they had not been in the resident's room yet. They stated they rarely went into the resident's room because their usual schedule was the night shift. They stated the last time they took out the resident's trash may have been on 09/18/24. On 09/24/24 at 3:12 p.m., CMA #1 stated they could not tell when the last time trash was removed from the resident's room or when the room was cleaned. On 09/24/24 at 3:14 p.m., CMA #1 stated Resident #2's trash service was scheduled on the	C1304		

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C1304	Continued From page 3 task for every shift and to remove dirty clothes from their room this shift. On 09/24/24 at 3:17 p.m., CMA #1 made observations of Resident #2's room. They asked the resident if they wanted their linens changed tonight. The Resident stated, "No." CMA #1 did not ask the resident if they wanted their trash removed or room cleaned. On 09/24/24 at 3:18 p.m., CMA #1 stated Resident #2's room had a significant amount of trash and dirt that needed to be cleaned. They stated the room could be more organized and their clothes picked up. They stated they had not taken out the trash from the big trash can in the living room, but did empty other trash cans before. CMA #1 was asked if the trash was emptied recently or on the last shift. They stated, "At least not on the last shift." They stated housekeeping and trash service was on the list to be done. On 09/24/24 at 3:23 p.m., CMA #1 was asked what housekeeping task entailed. They stated they were not sure. They stated it just stated housekeeping. There was no documentation Resident #2 declined trash service on the 6:00 a.m. to 2:00 p.m. shift on 06/24/24. On 09/24/24 at 3:25 p.m., the RCC stated housekeeping and trash removal were service planned. They stated the care staff were responsible for performing the task. On 09/24/24 at 3:27 p.m., the RCC stated Resident #2 was to have housekeeping and trash	C1304		

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C1304	Continued From page 4 service everyday on the day shift.	C1304		
C1512 SS=D	310:663-15-1 & 63 OS 1-1918(B)(12) RESIDENT RIGHTS - Abuse/Neglect 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)(12) (12) Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statutes, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such emergency; Title 43A O.S. 10-103. Definitions 8. "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to	C1512		

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C1512	Continued From page 5 occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult; 10. "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest, b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure a resident was free from abuse for one (#3) of three residents sampled for abuse. The administrator identified 22 residents resided in the center. The RCC identified 10 residents resided in the memory care unit. Findings: The "ABUSE, NEGLECT, AND EXPLOITATION" policy, dated 07/16/24, read in part, "The resident has a right to be free from verbal, sexual, physical and mental abuse."	C1512		

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C1512	Continued From page 6 Resident #3 had diagnoses which included senile degeneration of brain and unspecified dementia. A resident assessment form, dated 07/05/24, documented the resident was confused and had poor judgement related to diagnosis and impaired safety awareness. An "Initial State Reportable Incident" form, dated 07/28/24, documented an investigation of possible inappropriate sexual contact between two residents with dementia was in progress. It was documented Resident #9 (perpetrator) would be under 24 hour watch while the facility was exploring treatment and further placement options. A nurses note, dated 07/28/24 at 10:24 p.m., documented the nurse stated to Resident #3 a staff member told them they had a visitor earlier and if they could tell them about their visitor. Resident #3 replied, "Oh it was an old [gender withheld]." It was documented the resident was walking kind of slow when they came into the room and they looked around to see if anyone else was present. They asked Resident #3 if a man touched or hurt them. Resident #3 stated, "No, they didn't grab me or touch me, but my heart was pounding so hard, and I was going to just hit them, and if that didn't stop them, I was just going to pray. They were looking around trying to find a tool or weapon or something and I just prayed to God and told [him/her] I would start coming to mass every Sunday if [he/she] would just help me so I wouldn't be dead." A nursing note, dated 07/28/24 at 11:03 p.m., documented staff reported Resident #9 was observed attempting to undress in the company of another resident. Resident #9 was sent to the	C1512		

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C1512	Continued From page 7 hospital for psych eval and further placement assistance. An undated witness statement with no name or signature, documented they heard Resident #3 yell for help. It was documented they were at the other end of the hall and ran to Resident #3's room. It was documented they observed Resident #9 standing in front of Resident #3's chair. It was documented Resident #9 had hold of their pants on their hip area and Resident #3's pants were down to their hip area. It was documented Resident #3 was pulled down in their chair with their bottom down by the foot area. It was documented Resident #9 stated they were trying to talk to Resident #3 and give them something. It was documented Resident #9 was told to get out several times. It was documented staff yelled for the other staff to help. It was documented other staff came and helped pull Resident #3 up in their chair and got Resident #9 away. It was documented Resident #3 told staff Resident #9 was going to rape them and they upset. It documented neither resident was exposed. A witness statement, dated 07/28/24, documented CMA #3 heard a resident screaming very loudly and to please help. It was documented CMA #2 ran to Resident #3's room and they could hear CMA #2 tell Resident #9 to get away from Resident #3. It was documented CMA #3 was called to come help. It was documented CMA #3 observed Resident #3 with their pants pulled halfway down and they were pulled to the foot of the recliner. It was documented Resident #9 had their pants pulled down to their knees. It was documented CMA #3 took Resident #9 to their room and helped pull Resident #3 up in their chair.	C1512		

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C1512	Continued From page 8 An administrator's interview with Resident #3, dated 07/28/24, documented the resident stated CMA #2 saved their life. It was documented Resident #3 stated Resident #9 said to them "you want me", and the resident replied, "no I don't and you need to leave." It documented Resident #9 did not leave and stated to Resident #3 "you'll like it when you feel it." It was documented Resident #3 stated two men came from outside and hit Resident #9 in the head with a log from the fireplace. A "Final State Reportable Incident" form, dated 07/29/24, documented Resident #9 was sent to an emergency psychiatric hospital for evaluation and treatment of sexual behaviors. It was documented upon completion of the investigation it was undetermined if genitalia were exposed by [Resident #9]. It was documented more likely than not genital of [Resident #3] was never visually exposed during the situation. On 09/25/26 at 12:36 p.m., ACMA #4 stated Resident #9 was aggressive and had exhibited inappropriate sexual behaviors towards staff. They stated they received an in-service after the incident between the two residents, but was not sure of the date of the inservice. On 09/25/26 at 12:39 p.m., ACMA #5 stated Resident #9 had exhibited inappropriate sexual behaviors towards them. They stated they reported the incident to the administrator and documented it. They stated they received an in-service after the incident between the two residents, but was not sure of the date of the in-service. On 09/26/24 at 11:22 a.m., the administrator	C1512		

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C1512	Continued From page 9 stated they did all that they could to prevent the incident from occurring. They stated they did medication changes, sporadic one on one as needed, family assistance, and sent Resident #9 to geri-psych prior to the incident. They stated after the incident they did in-service and addressed it in quality assurance.	C1512		
C5015 SS=D	63 O.S. 1-890.8(F)(1-2) Care and Services - Plan of Accommodation If a resident of an assisted living center develops a disability or a condition that is consistent with the facility's discharge criteria: 1. The personal or attending physician of a resident, a representative of the assisted living center, and the resident or the designated representative of the resident shall determine by and through a consensus of the foregoing persons any reasonable and necessary accommodations, in accordance with the current building codes, the rules of the State Fire Marshal, and the requirements of the local fire jurisdiction, and additional services required to permit the resident to remain in place in the assisted living center as the least restrictive environment and with privacy and dignity; 2. All accommodations or additional services shall be described in a written plan of accommodation, signed by the personal or attending physician of the resident, a representative of the assisted living center and the resident or the designated representative of the resident;	C5015		

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C5015	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure a plan of accommodation was signed by the physician for one (#3) of two sampled residents reviewed for plan of accommodation. The administrator identified 22 residents resided in the center. The RCC identified two residents with a plan of accommodation. Findings: A plan of accommodation, dated 07/10/24, documented Resident #3 had a specific need for accommodation regarding hospice care. There was no documentation the resident's physician signed the written plan of accommodation. On 09/26/24 at 11:17 a.m., the RCC stated the process was to have the family, hospice, physician, administrator, and themselves sign the plan of accommodation as soon as possible.	C5015		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/26/2024
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF DEL CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C5015	Continued From page 11 They were not sure of the specific timely to obtain all party signatures. On 09/26/24 at 11:18 a.m., the RCC stated there was no physician signature. They stated it should have been obtained.	C5015		

Delivery via email to: mshrum@homesteadofdelcity.com

October 14, 2024

License Number: AL5520

Ms. Mary Shrum, Administrator
Homestead Of Del City
5020 Southeast 44th Street
Oklahoma City, OK 73135

RE: Survey Event VCCE11

Dear Ms. Shrum:

On **September 26, 2024**, a Licensure inspection with complaint investigation was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

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

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **October 12, 2024**.

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

Respectfully,



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

Enclosure

Oklahoma State Department of Health

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HOMESTEAD OF DEL CITY

5020 SOUTHEAST 44TH STREET

OKLAHOMA CITY, OK 73135

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 09/24/24 through 09/26/24. A complaint investigation (#OK00066103) was conducted in conjunction with the survey. The following abbreviations will be used throughout this survey: ACMA - advanced certified medication aide CMA - certified medication aide eval - evaluation ml - milliliters psych - psychiatric RCC - resident care coordinator	C 000	Refer to POC Template Survey Event # VCC E11 ID Prefix Tag # C1304	
C1304 SS=D	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and	C1304	Refer to POC Template Survey Event # VCC E11 ID Prefix Tag # C1512 Refer to POC Template Survey Event # VCC E11 ID Prefix Tag # C5015	

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

VCCE11

TITLE

(X6) DATE

If continuation sheet 1 of 12

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2024
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C1304	Continued From page 1 interview, the center failed to ensure trash service was provided per service plan for one (#2) of five resident rooms observed. The administrator identified 22 residents resided in the center. Findings: Resident #2 had diagnoses which included multiple fractures of left side ribs subsequent encounter for fracture with routine healing, muscle weakness, and dementia. A nursing note, dated 06/17/24 at 5:28 p.m., read in part, "Staff will provide housekeeping daily due to [Resident #2] chronically being messy." A "Service Plan", dated 06/18/24, documented, a. staff will clean room daily per personal preference and need, and b. staff will take trash out daily. On 09/24/24 at 2:51 p.m., the following observations were made in Resident #2's room, a. the living room had a 12.1 gallon trash can full of trash with no lid, b. in the living room next to the trash can on the floor there were two empty 30 ml paper cups, 10 small clear plastic packets, two small orange peels, an unopened whipped butter packet, one unopened white mint packet, and one unopened green mint packet, c. there was a small white trash can in the bathroom full of trash with blood stained white tissues. There were blood stains on the floor next to the trash can and on the side of the toilet, and d. a large white trash can about a quarter full was in the first room upon entrance where the resident's bed was located.	C1304		

Oklahoma State Department of Health

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C1304	Continued From page 2 On 09/24/24 at 2:59 p.m., Resident #2 was asked about the trash in their living room. They stated it had been a long time since their trash was taken out. They stated they could not remember the exact date. They stated the blood stained tissues were from their bleeding gums while brushing their teeth in the mornings. They stated their room did not get cleaned. They stated staff did empty the trash can that was a quarter full. On 09/24/24 at 3:07 p.m., CMA #1 stated resident #2 was pleasant, independent for the most part, did not like to be bothered at night, and sometimes declined services. They stated the resident used a walker for ambulation. On 09/24/24 at 3:08 p.m., CMA #1 stated staff were responsible for cleaning resident rooms, emptying trash, and changing linens among other duties. On 09/24/24 at 3:10 p.m., CMA #1 stated trash was to be removed from resident rooms every shift and as needed when the trash can was full. On 09/24/24 at 3:11 p.m., CMA #1 stated they had not been in the resident's room yet. They stated they rarely went into the resident's room because their usual schedule was the night shift. They stated the last time they took out the resident's trash may have been on 09/18/24. On 09/24/24 at 3:12 p.m., CMA #1 stated they could not tell when the last time trash was removed from the resident's room or when the room was cleaned. On 09/24/24 at 3:14 p.m., CMA #1 stated Resident #2's trash service was scheduled on the	C1304		

Oklahoma State Department of Health

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C1304	Continued From page 3 task for every shift and to remove dirty clothes from their room this shift. On 09/24/24 at 3:17 p.m., CMA #1 made observations of Resident #2's room. They asked the resident if they wanted their linens changed tonight. The Resident stated, "No." CMA #1 did not ask the resident if they wanted their trash removed or room cleaned. On 09/24/24 at 3:18 p.m., CMA #1 stated Resident #2's room had a significant amount of trash and dirt that needed to be cleaned. They stated the room could be more organized and their clothes picked up. They stated they had not taken out the trash from the big trash can in the living room, but did empty other trash cans before. CMA #1 was asked if the trash was emptied recently or on the last shift. They stated, "At least not on the last shift." They stated housekeeping and trash service was on the list to be done. On 09/24/24 at 3:23 p.m., CMA #1 was asked what housekeeping task entailed. They stated they were not sure. They stated it just stated housekeeping. There was no documentation Resident #2 declined trash service on the 6:00 a.m. to 2:00 p.m. shift on 06/24/24. On 09/24/24 at 3:25 p.m., the RCC stated housekeeping and trash removal were service planned. They stated the care staff were responsible for performing the task. On 09/24/24 at 3:27 p.m., the RCC stated Resident #2 was to have housekeeping and trash	C1304		

Oklahoma State Department of Health

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C1304	Continued From page 4 service everyday on the day shift.	C1304		
C1512 SS=D	310:663-15-1 & 63 OS 1-1918(B)(12) RESIDENT RIGHTS - Abuse/Neglect 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)(12) (12) Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statutes, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such emergency; Title 43A O.S. 10-103. Definitions 8. "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to	C1512		

Oklahoma State Department of Health

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C1512	Continued From page 5 occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult; 10. "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest. b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure a resident was free from abuse for one (#3) of three residents sampled for abuse. The administrator identified 22 residents resided in the center. The RCC identified 10 residents resided in the memory care unit. Findings: The "ABUSE, NEGLECT, AND EXPLOITATION" policy, dated 07/16/24, read in part, "The resident has a right to be free from verbal, sexual, physical and mental abuse."	C1512			

Oklahoma State Department of Health

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C1512	Continued From page 6 Resident #3 had diagnoses which included senile degeneration of brain and unspecified dementia. A resident assessment form, dated 07/05/24, documented the resident was confused and had poor judgement related to diagnosis and impaired safety awareness. An "Initial State Reportable Incident" form, dated 07/28/24, documented an investigation of possible inappropriate sexual contact between two residents with dementia was in progress. It was documented Resident #9 (perpetrator) would be under 24 hour watch while the facility was exploring treatment and further placement options. A nurses note, dated 07/28/24 at 10:24 p.m., documented the nurse stated to Resident #3 a staff member told them they had a visitor earlier and if they could tell them about their visitor. Resident #3 replied, "Oh it was an old [gender withheld]." It was documented the resident was walking kind of slow when they came into the room and they looked around to see if anyone else was present. They asked Resident #3 if a man touched or hurt them. Resident #3 stated, "No, they didn't grab me or touch me, but my heart was pounding so hard, and I was going to just hit them, and if that didn't stop them, I was just going to pray. They were looking around trying to find a tool or weapon or something and I just prayed to God and told [him/her] I would start coming to mass every Sunday if [he/she] would just help me so I wouldn't be dead." A nursing note, dated 07/28/24 at 11:03 p.m., documented staff reported Resident #9 was observed attempting to undress in the company of another resident. Resident #9 was sent to the	C1512		

Oklahoma State Department of Health

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C1512	Continued From page 7 hospital for psych eval and further placement assistance. An undated witness statement with no name or signature, documented they heard Resident #3 yell for help. It was documented they were at the other end of the hall and ran to Resident #3's room. It was documented they observed Resident #9 standing in front of Resident #3's chair. It was documented Resident #9 had hold of their pants on their hip area and Resident #3's pants were down to their hip area. It was documented Resident #3 was pulled down in their chair with their bottom down by the foot area. It was documented Resident #9 stated they were trying to talk to Resident #3 and give them something. It was documented Resident #9 was told to get out several times. It was documented staff yelled for the other staff to help. It was documented other staff came and helped pull Resident #3 up in their chair and got Resident #9 away. It was documented Resident #3 told staff Resident #9 was going to rape them and they upset. It documented neither resident was exposed. A witness statement, dated 07/28/24, documented CMA #3 heard a resident screaming very loudly and to please help. It was documented CMA #2 ran to Resident #3's room and they could hear CMA #2 tell Resident #9 to get away from Resident #3. It was documented CMA #3 was called to come help. It was documented CMA #3 observed Resident #3 with their pants pulled halfway down and they were pulled to the foot of the recliner. It was documented Resident #9 had their pants pulled down to their knees. It was documented CMA #3 took Resident #9 to their room and helped pull Resident #3 up in their chair.	C1512		

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C1512	Continued From page 8 An administrator's interview with Resident #3, dated 07/28/24, documented the resident stated CMA #2 saved their life. It was documented Resident #3 stated Resident #9 said to them "you want me", and the resident replied, "no I don't and you need to leave." It documented Resident #9 did not leave and stated to Resident #3 "you'll like it when you feel it." It was documented Resident #3 stated two men came from outside and hit Resident #9 in the head with a log from the fireplace. A "Final State Reportable Incident" form, dated 07/29/24, documented Resident #9 was sent to an emergency psychiatric hospital for evaluation and treatment of sexual behaviors. It was documented upon completion of the investigation it was undetermined if genitalia were exposed by [Resident #9]. It was documented more likely than not genital of [Resident #3] was never visually exposed during the situation. On 09/25/26 at 12:36 p.m., ACMA #4 stated Resident #9 was aggressive and had exhibited inappropriate sexual behaviors towards staff. They stated they received an in-service after the incident between the two residents, but was not sure of the date of the inservice. On 09/25/26 at 12:39 p.m., ACMA #5 stated Resident #9 had exhibited inappropriate sexual behaviors towards them. They stated they reported the incident to the administrator and documented it. They stated they received an in-service after the incident between the two residents, but was not sure of the date of the in-service. On 09/26/24 at 11:22 a.m., the administrator	C1512			

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C1512	Continued From page 9 stated they did all that they could to prevent the incident from occurring. They stated they did medication changes, sporadic one on one as needed, family assistance, and sent Resident #9 to geri-psych prior to the incident. They stated after the incident they did in-service and addressed it in quality assurance.	C1512			
C5015 SS=D	63 O.S. 1-890.8(F)(1-2) Care and Services - Plan of Accommodation If a resident of an assisted living center develops a disability or a condition that is consistent with the facility's discharge criteria: 1. The personal or attending physician of a resident, a representative of the assisted living center, and the resident or the designated representative of the resident shall determine by and through a consensus of the foregoing persons any reasonable and necessary accommodations, in accordance with the current building codes, the rules of the State Fire Marshal, and the requirements of the local fire jurisdiction, and additional services required to permit the resident to remain in place in the assisted living center as the least restrictive environment and with privacy and dignity; 2. All accommodations or additional services shall be described in a written plan of accommodation, signed by the personal or attending physician of the resident, a representative of the assisted living center and the resident or the designated representative of the resident;	C5015			

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C5015	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure a plan of accommodation was signed by the physician for one (#3) of two sampled residents reviewed for plan of accommodation. The administrator identified 22 residents resided in the center. The RCC identified two residents with a plan of accommodation. Findings: A plan of accommodation, dated 07/10/24, documented Resident #3 had a specific need for accommodation regarding hospice care. There was no documentation the resident's physician signed the written plan of accommodation. On 09/26/24 at 11:17 a.m., the RCC stated the process was to have the family, hospice, physician, administrator, and themselves sign the plan of accommodation as soon as possible.	C5015		

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C5015	Continued From page 11 They were not sure of the specific timely to obtain all party signatures. On 09/26/24 at 11:18 a.m., the RCC stated there was no physician signature. They stated it should have been obtained.	C5015			



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 10/7/2024

Facility Name: Homestead of Del City

License Number: AL 5520

Survey Event ID: VCCE11

Date Survey Completed: 9/26/2024

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1304

Based on: observation, record review and interview, the center failed to ensure trash service was provided per service plan for one (#2) of five resident rooms observed.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

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

REQUIRED ELEMENTS OF A PLAN

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 ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The center will ensure residents are offered and receive trash services. The center will closely monitor any refusals of service and discuss with resident. This will be implemented by 10/12/24

The center will closely monitor refusal of trash service will address individually with the resident and or POA. This will be implemented by 10/12/24

The center will conduct periodic audits of refusal of trash service, to ensure that the deficient practice has not continued. This will be completed by 10/12/24

a. The center will conduct periodic audits of refusal of trash service, to ensure that the deficient practice has not continued. This will be completed by 10/12/24

Enter methods to evaluate for effectiveness:

b. The results of audits will be entered into QA and trended for necessary improvements. This will be ongoing practice.

c. The results of the audits will be entered into the QA binder.

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

Date Enter a date of signature.

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
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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 10/7/2024

Facility Name: Homestead of Del City

License Number: AL 5520

Survey Event ID: VCCE11

Date Survey Completed: 9/26/2024

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1512

Based on: observation, record review and interview, the center failed to ensure a resident was free from abuse for one (#3) of three residents sampled for abuse

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

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

REQUIRED ELEMENTS OF A PLAN

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 Enter a date of signature.

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: 10/7/2024

Facility Name: Homestead of Del City

License Number: AL 5520

Survey Event ID: G6QY11

Date Survey Completed: 9/26/2024

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C5015

Based on: observation, record review and interview, the center failed to ensure a plan of accommodation was signed by the physician for one (#2) of two sampled residents reviewed for plan of accommodation.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

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

REQUIRED ELEMENTS OF A PLAN

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 Enter a date of signature.

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.](#)

Apartment Cleaning Checklist

TASK	SUN	INIT.	MON	INIT	TUES	INIT	WED	INIT	THUR	INIT	FRI	INIT	SAT	INIT	REVIEWER
VACCUM															
MOP															
LINEN CHANGE															
KITCHENETTE TIDY															
SHOWER CLEAN															
TRASH REMOVED															
CLOTHING PUT AWAY															
LAUNDRY	IND		IND		IND		IND		IND		IND		IND		
ROOMS TIDY															

PLEASE FOLLOW THE DIRECTIONS AS LISTED FOR COMPLETING THIS FORM.

Y=YES N=NO R=REFUSED IND=Independent/does it himself.

PLEASE INDICATE IN EACH SQUARE ACTION COMPLETED. RESIDENT IS TO INITIAL WHEN COMPLETED.

RETURN COMPLETED AND SIGNED FORM TO MARY FOR REVIEW AND TO BE ADDED TO HIS CHART.

WEEK ENDING: _____

BEHAVIOR MONITORING

PERIODIC AUDIT

[illegible]

PLAN OF ACCOMMODATION AUDIT

PERIODIC

[illegible]

Delivery via email to: mshrum@homesteadofdelcity.com

October 21, 2024

License Number: AL5520

Ms. Mary Shrum, Administrator
Homestead Of Del City
5020 Southeast 44th Street
Oklahoma City, OK 73135

RE: Survey Event VCCE12

Dear Ms. Shrum:

On **October 16, 2024**, an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey with complaint investigation on **September 26, 2024**, have now been corrected effective **October 12, 2024**.

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

Respectfully,



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

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/16/2024
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF DEL CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 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 conducted on 10/16/24. The facility was in substantial compliance.	{C 000}		

Oklahoma State Department of Health

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

TITLE

(X6) DATE