OKLAHOMA
State Department
of Health

Delivery via email to: Rsuarez@concordiaseniorliving.com; Danny Eischen <deischen@concordiaseniorliving.com>

January 8, 2025

License Number: AL5529

Mr. Danny Eischen, Administrator
The Health Center At Concordia
7707 West Britton Road
Oklahoma City, OK 73132

Survey Event ID: ORIY11

Dear Ms. Nowlin:

On **December 23, 2024**, 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 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 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 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 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

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Health Center at Concordia**
Address: **7707 West Britton Rd**
City, State, Zip: **Oklahoma City, OK, 73132**
Facility ID: **AL5529**
Complaint #: **OK00067838**
Investigation Date(s): **12/23/24**

ALLEGATION
The center failed to ensure medications were administered as ordered by the physician.

An unannounced on-site investigation was initiated 12/23/2024 at 9:20 a.m.

A sample of four 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 center was conducted upon entrance and at other various times throughout the survey. CMA was observed viewing medications to be administered to residents on PCC.

Resident records were reviewed including physician orders, nursing notes, medication/treatment records, and hospital records. State reportable incidents and grievances were reviewed.

Residents were interviewed related to staff interactions with them and timeliness of medication administration.

Staff members were interviewed regarding documenting medications administered and following physician orders.

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: 12/26/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Health Center at Concordia**
Address: **7707 West Britton Rd**
City, State, Zip: **Oklahoma City, OK, 73132**
Facility ID: **AL5529**
Complaint #: **OK00074207**
Investigation Date(s): **12/23/24**

ALLEGATION(S)
The center failed to ensure staff administered medications as ordered by the physician
The center failed to ensure qualified staff administered medications as ordered by the physician.

An unannounced on-site investigation was initiated 12/23/2024 at 9:20 a.m.

A sample of four residents, including any identified residents, was 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 and at other various times throughout the survey. ACMA was observed viewing medications to be administered to residents on PCC.

Resident records were reviewed including physician orders, nursing notes, medication/treatment records, and hospital records. State reportable incidents and grievances were reviewed. Certifications of all three ACMA's for respiratory were verified as current.

Residents were interviewed related to staff interactions with them and timeliness of medication administration.

Staff members were interviewed regarding documenting medications administered, following physician orders, and what treatments they were permitted to provide.

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: 12/26/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS A complaint investigation (#OK00067838 and #OK00074207) was conducted on 12/20/24 Facility Census: 37 Listed below are abbreviations that will be used throughout this document. BMP - basic metabolic panel CMA - certified medication aide DON - director of nursing lab - laboratory LPN - licensed practical nurse MAR - medication administration record mcg - micrograms med - medication mg - milligrams mmol/L -milimoles per Liter tab - tablet	C 000		
C1921 SS=G	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the center failed to administer medication according to a physicians orders for two (#1 and #4) of four sampled residents reviewed for medication administration. The DON identified 37 residents resided in the	C1921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	C 12/23/2024

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THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

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C1921	Continued From page 1 center. Findings: A "Medication Administration" policy, revised 11/23/24, documented medications were to be administered only by a physician's order. It documented the person responsible for administering medications would personally prepare the dose, observe the swallowing of oral medications, and record the medication. It documented an accurate written record of medications administered would be maintained. 1. Resident #1 had diagnoses which included personal history of urinary tract infection. A "Combined Initial and Final Incident Report Form", dated 7/25/24, documented an allegation of certain injuries. It documented on 7/25/24 at approximately 9:30 a.m., the LPN on duty discovered Resident #1 had been administered a double dose of antibiotics for a period of five days. The physician's order was for levofloxacin (antibiotic medication) 500 mg once daily for 10 days. It documented the resident complained of being dizzy, nauseous, and lightheaded. It documented upon discovery of the medication error, the physician ordered a BMP for the following day. It documented the CMA was re-educated on the rights of administering medications. It documented the lab values indicated Resident #1's sodium level was significantly impacted and had a critically low value of 122 mmol/L. It documented on 7/26/24, CMA #1 was removed from the med cart and at approximately 9:08 p.m., the physician ordered Resident #1 to be sent to the emergency department. It documented Resident #1 returned to the center on 7/28/24. It documented an	C1921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

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C1921	Continued From page 2	C1921		

in-service for current CMA's and LPN's would be completed by 08/02/24 to provide re-education on administering medications safely which would include competency testing in order to prevent reoccurrence.

A review of Resident #1's July 2024 controlled drug receipt for levofloxacin 500 mg tablet by mouth once daily for 10 days documented CMA #1 had administered a second dose on 07/22/24, 07/23/24, and 07/24/24.

The July 2024 MAR did not document CMA#1 had administered any doses of levofloxacin.

On 12/23/24 at 11:15 a.m., the DON stated CMA #1 had not worked since July and was terminated after the 3-day suspension due to being witnessed passing medications without the computer on. The DON was unable to locate the in-service that was reported to be completed by 8/02/24.

2. Resident #4 had a diagnosis of hypothyroidism.

A review of Resident #1's November 2024 MAR documented levothyroxine 75 mcg give 1 tab by mouth one time a day was blank on 11/24/24, 11/26/24, and 11/29/24.

On 12/23/24 at 11:17 a.m., the DON stated if the medication administration record showed a blank, that would indicate that the medication was not given.

OKLAHOMA
State Department
of Health

Delivery via email to: Rsuarez@concordiaseniorliving.com; Danny Eischen <deischen@concordiaseniorliving.com>

January 21, 2025

License Number: AL5529

Mr. Danny Eischen, Administrator
The Health Center At Concordia
7707 West Britton Road
Oklahoma City, OK 73132

Survey Event ID: ORIY11

Dear Mr. Eishen:

On **December 23, 2024,** 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 **January 24, 2025**.

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

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	C 12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

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C 000	INITIAL COMMENTS A complaint investigation (#OK00067838 and #OK00074207) was conducted on 12/20/24 Facility Census: 37 Listed below are abbreviations that will be used throughout this document. BMP - basic metabolic panel CMA - certified medication aide DON - director of nursing lab - laboratory LPN - licensed practical nurse MAR - medication administration record mcg - micrograms med - medication mg - milligrams mmol/L -milimoles per Liter tab - tablet	C 000	Responses to the cited deficiencies do not constitute an admission or agreement by Concordia and Lutheran Senior Citizens, Inc. of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state and/or federal law. Refer to POC Template, Survey Event ID: ORIY11, ID Prefix Tag C1921	
C1921 SS=G	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the center failed to administer medication according to a physicians orders for two (#1 and #4) of four sampled residents reviewed for medication administration. The DON identified 37 residents resided in the	C1921		

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	AL5529	A. BUILDING: _____ B. WING _____	C 12/23/2024

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C1921	Continued From page 1 center. Findings: A "Medication Administration" policy, revised 11/23/24, documented medications were to be administered only by a physician's order. It documented the person responsible for administering medications would personally prepare the dose, observe the swallowing of oral medications, and record the medication. It documented an accurate written record of medications administered would be maintained. 1. Resident #1 had diagnoses which included personal history of urinary tract infection. A "Combined Initial and Final Incident Report Form", dated 7/25/24, documented an allegation of certain injuries. It documented on 7/25/24 at approximately 9:30 a.m., the LPN on duty discovered Resident #1 had been administered a double dose of antibiotics for a period of five days. The physician's order was for levofloxacin (antibiotic medication) 500 mg once daily for 10 days. It documented the resident complained of being dizzy, nauseous, and lightheaded. It documented upon discovery of the medication error, the physician ordered a BMP for the following day. It documented the CMA was re-educated on the rights of administering medications. It documented the lab values indicated Resident #1's sodium level was significantly impacted and had a critically low value of 122 mmol/L. It documented on 7/26/24, CMA #1 was removed from the med cart and at approximately 9:08 p.m., the physician ordered Resident #1 to be sent to the emergency department. It documented Resident #1 returned to the center on 7/28/24. It documented an	C1921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	C 12/23/2024

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C1921	Continued From page 2 in-service for current CMA's and LPN's would be completed by 08/02/24 to provide re-education on administering medications safely which would include competency testing in order to prevent reoccurrence. A review of Resident #1's July 2024 controlled drug receipt for levofloxacin 500 mg tablet by mouth once daily for 10 days documented CMA #1 had administered a second dose on 07/22/24, 07/23/24, and 07/24/24. The July 2024 MAR did not document CMA#1 had administered any doses of levofloxacin. On 12/23/24 at 11:15 a.m., the DON stated CMA #1 had not worked since July and was terminated after the 3-day suspension due to being witnessed passing medications without the computer on. The DON was unable to locate the in-service that was reported to be completed by 8/02/24. 2. Resident #4 had a diagnosis of hypothyroidism. A review of Resident #1's November 2024 MAR documented levothyroxine 75 mcg give 1 tab by mouth one time a day was blank on 11/24/24, 11/26/24, and 11/29/24. On 12/23/24 at 11:17 a.m., the DON stated if the medication administration record showed a blank, that would indicate that the medication was not given.	C1921		

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 1/16/2025** **Facility Name:** The Health Center at Concordia **License Number:** AL5529 **Survey Event ID:** ORIY11 **Date Survey Completed: 12/23/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1921	Based on: Based on record review and interview, the center failed to administer medication according to a physician's order for two (#1 and #4) of four sampled residents reviewed for medication administration.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Responses to the cited deficiencies do not constitute an admission or agreement by Concordia and Lutheran Senior Citizens, Inc. of the truth of the facts alleged or conlcusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared soley as a matter of compliance with State Law.

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?	The Physician was informed that Resident #1 receive an inappropriate does of medication. A lab test was ordered and showed some abnormalities and was rectified by physician orders. Resident #4 was not negatively affected by the lack of documentation on the MAR.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	There is a potential for all residents to be subject to inappropriate medication administration.
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?	All resident medications have been reviewed to ensure that the proper medications listed on the medication administration record as ordered by the physician are on hand and in the medication cart. All staff who administer medications have been re-education on the correct protocol for administering medications including; proper dose, proper time and all medications signed off at the time of administration. Staff who administer medications have had a check-off by the DON or designee that they have demonstrated proper medication administration.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	The DON or designee will audit the med cart weekly to ensure medications ordered on the MAR are available on the cart. The DON or designee will audit medication records weekly to ensure medications were given correctly. The DON or designee will complete a quarterly med-pass check off with each staff member who passes medications and ensure they can demonstrate proper medication administration.

	All audits will be reviewed in the monthly QA committee. Any issues noted in audits or check-off process will result in the staff member passing medications being removed from the med cart and re-educated.		
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?	1/24/2025		
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		**Date 1/16/2025**	
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

Delivery via email to: rnowlin@concordiaseniorliving.com; kstephenson@concordiaseniorliving.com

March 27, 2025

License Number: AL5529
Survey Event ID: ORIY12

Mr. Danny Eischen, Administrator
The Health Center At Concordia
7707 West Britton Road
Oklahoma City, OK 73132

Dear Mr. Eischen:

On **February 20, 2025**, a revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **December 23, 2024,** have now been corrected and your facility is in compliance with licensure standards effective **January 24, 2025**.

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	R-C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

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{C 000}	INITIAL COMMENTS A revisit was conducted on 02/20/25. Facility Census :35 Listed below are abbreviations that will used throughout this document. DON-director of nursing MAR-medication administration record mcg-microgram	{C 000}		
C1921 SS=D	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure a medication was administered according to physicians order for 1 (#2) of 3 sampled residents reviewed for medication administration. The DON identified 35 residents resided in the facility. Findings: A "Medication Administration" policy, revised 11/23/24, read in part," Procedure 1. b. The person responsible for administering medications will personally prepare the dose, observe the swallowing of a oral medications, and record the	C1921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1921	Continued From page 1 medication."..."C. I. The identity and signature of the person administering the medications." Resident #2 had a diagnoses which included hypothyroidism. Resident #2's physician order, dated 11/23/24, showed levothyroxine sodium (a hormone) oral tablet 75 mcg by mouth once a day at 6:30 p.m. The February 2025 MAR for Resident #2 did not show the 6:30 p.m. dose of levothyroxine sodium oral tablet 75 mcg was administered. There was no staff initial. On 02/20/25 at 4:20 p.m., the DON stated there was an empty space in Resident # 2's medication administration record for levothyroxine sodium oral tablet 75 mcg. The DON stated it should have been documented according to company policy and procedure. The DON stated certified medication aide #1 should have documented and initialed the MAR for Resident #2's levothyroxine sodium oral tablet 75 mcg 6:30 p.m. dose.	C1921		

OKLAHOMA
State Department
of Health

Delivery via email to: kstephenson@concordiaseniorliving.com;
deischen@concordiaseniorliving.com

CORRECTION/REPLACEMENT

April 9, 2025

License Number: AL5529

Mr. Danny Eischen, Administrator
The Health Center At Concordia
7707 West Britton Road
Oklahoma City, OK 73132

RE: Survey Event ORIY12

Dear Mr. Eischen:

This notice corrects and replaces the letter sent from the Department on **March 27, 2025**. A plan of correction is required in response to this complaint revisit.

Enclosed is the Assisted Living Center Licensure inspection deficiency report form, showing the summary of deficiencies noted during the revisit at your facility on **February 20, 2025**. These deficiencies remain uncorrected since your survey of **December 23, 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 a 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

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	R-C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	INITIAL COMMENTS A revisit was conducted on 02/20/25. Facility Census :35 Listed below are abbreviations that will used throughout this document. DON-director of nursing MAR-medication administration record mcg-microgram	{C 000}		
C1921 SS=D	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure a medication was administered according to physicians order for 1 (#2) of 3 sampled residents reviewed for medication administration. The DON identified 35 residents resided in the facility. Findings: A "Medication Administration" policy, revised 11/23/24, read in part," Procedure 1. b. The person responsible for administering medications will personally prepare the dose, observe the swallowing of a oral medications, and record the	C1921		

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C1921	Continued From page 1 medication."..."C. I. The identity and signature of the person administering the medications." Resident #2 had a diagnoses which included hypothyroidism. Resident #2's physician order, dated 11/23/24, showed levothyroxine sodium (a hormone) oral tablet 75 mcg by mouth once a day at 6:30 p.m. The February 2025 MAR for Resident #2 did not show the 6:30 p.m. dose on 02/08/25 of levothyroxine sodium oral tablet 75 mcg was administered. There was no staff initial. On 02/20/25 at 4:20 p.m., the DON stated there was an empty space in Resident # 2's medication administration record for levothyroxine sodium oral tablet 75 mcg. The DON stated it should have been documented, according to company policy and procedure. The DON stated certified medication aide #1 should have documented and initialed the MAR on 02/08/25 for Resident #2's levothyroxine sodium oral tablet 75 mcg 6:30 p.m. dose.	C1921		

OKLAHOMA
State Department
of Health

Delivery via email to: kstephenson@concordiaseniorliving.com; deischen@concordiaseniorliving.com; rsuarez@concordiaseniorliving.com

April 11, 2025

License Number: AL5529

Mr. Danny Eischen, Administrator
The Health Center At Concordia
7707 West Britton Road
Oklahoma City, OK 73132

Survey Event ID: ORIY12

Dear Mr. Eischen:

On **February 20, 2025,** a complaint investigation revisit 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 **April 15, 2025**.

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

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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	AL5529	A. BUILDING: _____ B. WING _____	R-C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

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Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator/CEO — (X6) DATE: 4-10-2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	R-C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/10/2025** **Facility Name:** The Health Center at Concordia **License Number:** AL5529 **Survey Event ID:** ORIY12 **Date Survey Completed: 12/23/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1921	Based on: record review and interview, the center failed to ensure a medication was administered according to physicians order for 1 (#2) of 3 sampled residents reviewed for medication administration.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Responses to the cited deficiencies do not constitute an admission or agreement by Concordia and Lutheran Senior Citizens, Inc. of the truth of the facts alleged or conlcusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared soley as a matter of compliance with State Law.

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?	The Physician was notified that the MAR did not show documentation that levothyroxine was administered on 2/8/2025 at 6:30am for Resident #2. Resident #2 was not negatively affected by the lack of documentation on the MAR.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	DON audited the MAR for all residents and no other residents were identified as having lack of documentation in the MAR.
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?	All staff who administer medications have been re-educated on the correct protocol for administering medications including; proper dose, proper time and all medications signed off at the time of administration. Staff who administer medications have had a check-off by the DON or designee that they have demonstrated proper medication administration.
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.	Enter methods to ensure corrections are sustained: The DON or designee will audit medication records weekly to ensure medications were given correctly. The DON or designee will complete a med-pass check off upon hire and quarterly with each staff member who passes medications to ensure they can demonstrate proper medication administration. All audits will be reviewed in QA committee. Any issues noted in audits or check-off process will result in the staff

			member passing medications being removed from the med cart, re-educated and/or provided disciplinary action.
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?			4/15/2025
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)			**Date 4/10/2025**
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

FINAL DETERMINATION NOTICE
USPS Tracking #7021 2720 0002 0354 1822

April 21, 2025

License Number: AL5529

Mr. Danny Eischen, Administrator
The Health Center At Concordia
7707 West Britton Road
Oklahoma City, OK 73132

Survey Event ID: ORIY13

Dear Mr. Eischen:

An offsite/paper revisit conducted **April 18, 2025**, revealed that your facility corrected deficiencies effective **April 15, 2025**.

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:

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	AL5529	A. BUILDING: _____ B. WING _____	R-C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 04/18/25. 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