Oklahoma State Department of Health
Creating a State of Health

March 2, 2020

License Number: AL5530

Ms. Andrea Pickett, Administrator
Arbor House Assisted Living Of Midwest City
9240 East Reno Avenue
Midwest City, OK 73110

RE: Survey Event ID: T8H111

Dear Ms. Pickett:

On **January 14, 2020**, agents from our office concluded a State Licensure survey along 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 January 14, 2020.

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

The second method is to prepare your plan on the Optional Plan of Correction Template (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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

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

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;

(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action 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) 271-6868 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

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

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

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

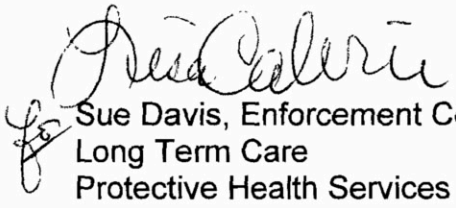
Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

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

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,



Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Arbor House AL of MWC**
Address: **9240 E Reno Ave**
City, State, Zip: **Midwest City, OK 73110**
Provider #: **AL5530**
Complaint #: **OK00054913**
Investigation Date(s): **01/11/2020 through 01/14/2020**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure mediations were properly administered.	**S**

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

An unannounced on-site investigation was initiated on 01/11/2020 at 4:23 a.m.

A sample of 9 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: The named resident's medication administration records were reviewed and staff was interviewed specific to the concern. A medication administration technician was disciplined for attempting to give the wrong medications to one of the residents. The center disciplined and provided training to prevent a reoccurrence. However, deficient practice was substantiated related to medication administration and accurate documentation of medication records. See the Statement of Deficiencies, State Form 2567, and Tag C1951 for details.

An investigation specific to medication administration, following physician's orders and accurate medication administration records was conducted.

Determination Summary and Follow-Up Action:

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

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

Thank you for bringing these concerns to our attention.

Melissa Swaim

Melissa Swaim RN

Date report completed: 01/15/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5530	A. BUILDING _____ B. WING _____	C 01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR HOUSE ASSISTED LIVING OF MIDWES	9240 EAST RENO AVENUE MIDWEST CITY, OK 73110

(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 re-licensure survey was conducted 01/11/2020 through 01/14/2020, in conjunction with complaint #OK 00054913. Resident census was 54. Deficient practice was cited as follows.	C 000		
C1951 SS=E	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure staff administered medication according to the physician's orders for 1 (#9) of 1 resident who depended on Certified Medication Aides (CMA) and Medication Administration Technicians (MAT) to administer their medications. The Medication Administration Records (MAR) were inaccurate and the amount of medication documented as administered did not reflect what was physician ordered or what dose was available in the center. This failed practice resulted in the potential for more than minimal harm at a pattern. Resident #9 Resident #9 moved in to the center 09/03/19 with diagnoses to include hypertension and diabetes. The January 2020 and December 2019	C1951		

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C1951	Continued From page 1 Physician's orders for Resident #9 documented the following orders: Amlodipine Tab 10 mg, (Generic for Norvasc), Take 2 (5 mg) Tablets = 10 mg by mouth daily Glipizide ER Tab 10 mg, (Generic for Glucotrol XL, Take 2 Tabs (20 mg) by mouth daily The November 2019 Physician's orders documented the following order for Amlodipine: Amlodipine Tab 10 mg, Take 1 Tablet by mouth daily. (This order was changed on the December physician orders.) The MAR for December 2019 and January 2020 documented the following: Amlodipine Tab 10 mg, Take 2 (5 mg) Tablets =10 mg by mouth daily The January 2020 MAR documented only 1 tablet of 5 mg Amlodipine was administered from January 1st through January 14, 2020. However, on January 6th, 2 tablets were documented as administered. The December 2019 MAR documented 2 tablets of Amlodipine was administered daily between December 1 through December 12, 2019 and 2 tablets were documented as administered on December 20th, 2019. Only 1 tablet was administered December 13 through December 31, except for December 20th, when the 2 tablets were documented as administered. It could not be determined what dose of Amlodipine Resident #9 was actually administered since there was no indication on the MAR the dosage was changed or the RN identified the tablets were being received in a dose other than 10 mg. Resident #9 could have received 10 mg or 20 mg if given 2 tablets or only 5 mg if given only one tablet,	C1951		

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C1951	Continued From page 2 depending on whether the tablets were 5 mg tablets or 10 mg as noted. On 01/14/2020 at 9:19 a.m. the resident stated there were different medication aides who would bring morning medications. Sometimes there were two tablets that looked alike and sometimes there was only one tablet. In addition, the December 2019 and January 2020 MAR's were not accurate and did not document how many tablets of Glipizide ER were being administered, when 2 - 20 mg tablets were ordered to be administered daily. At 11:08 a.m. during record review of December and January's MAR's, the LPN could not determine if resident #9 was administered the correct dose of Amlodipine from December 13, 2019 to December 31st., or from January 1 to January 14, 2020 since the MAR documented, "Amlodipine 10 mg, take 2 (5 mg) tablets to equal 10 mg by mouth daily." The medication cart had a bottle of 10 mg tablets of Amlodipine. There was a bottle of Amlodipine in the center's medication room that contained 10 mg tablets of Amlodipine to be given to the resident after the Amlodipine on the medication cart was completed. No 5 mg tablets were observed. A certified medication aide (CMA) stated at one time there were 5 mg tablets of Amlodipine, but the center had not kept the medication logs of refilled medication. The logs would have documented what dosage was received by the center and when they were received. The ACMA (advanced trained CMA), CMA's or MAT's were either documenting they were giving 1 tablet or 2 tablets, but it could not be	C1951		

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C1951	Continued From page 3 determined whether the resident was administered 5 mg, 10 mg or 20 mg of Amlodipine from 12/13/19 to 01/14/2020. The resident's blood pressure was monitored monthly. At 11:25 a.m. a medication count of the Amlodipine was conducted with the LPN. The medication card had a starting quantity of 90 tablets and there were 66 doses of 10 mg norvasc left on the card, indicating 24 doses had been administered. There was no documentation of when the Amlodipine medication had been ordered or received. The center's policy documented the following: "...At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented...Read medication label three (3) times before pouring...Identify resident before administering medication...Explain to resident the type of medication being administered...Medications must be administered according to physician's orders..." "...Medications must be administered according to physician orders...the medication nurse checks the resident's MAR or the physician's order for current information from the label on the medication container...medications are delivered to the appropriate nursing station...prior to administration, the medication and dosage schedule on the resident's MAR is compared with the medication label...An accurate written record of medications administered shall be maintained...Resident records shall be filed and stored to protect against loss, destruction or	C1951		

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C1951	Continued From page 4 unauthorized use..." "...Prepare and administer meds for only one resident at a time...Use only the medication labeled for that particular resident...Remember to comply with the 7 Rights of Medication Administration...Right Drug...Right Resident...Right Dose...Right Time...Right Route...Right Documentation...Right Form..." "...Check each dose at least three times READ, READ, READ...Minimize interruptions...The secret to medication safety is to READ. Read the residents name, Read All of the directions on the MAR (medication name, dose, time) and Read the prescription label..."	C1951		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL5530	ARBOR HOUSE ASSISTED LIVING OF MIDWEST CITY

Type of Survey (select all that apply)

2	3			

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

Extent of Survey (select all that apply)

A				

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

SURVEY TEAM AND WORKLOAD DATA

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

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. MD 34460	01/11/2020	01/14/2020	1.00	3.00	18.25	0.00	7.25	2.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

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

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

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

MAR 0 2 2020

Oklahoma State Department of Health
Creating a State of Health

March 5, 2020

License Number: AL5530

Ms. Andrea Pickett, Administrator
Arbor House Assisted Living Of Midwest City
9240 East Reno Avenue
Midwest City, OK 73110

RE: Survey Event T8H111

Dear Ms. Pickett:

On January 14, 2020, a Licensure inspection 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 **March 20, 2020**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

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

SD/cn

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 3/2/2020** **Facility Name:** Arbor House Assisted Living of Midwest City **License Number:** AL5530 **Survey Event ID:** T8H111 **Date Survey Completed: 1/14/2020**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1951	Based on: Based on interview and record review, it wasdetermined the center failed to ensure staffadministered medication according to thephysician's orders for 1 (#9) of 1 resident whodepended on Certified Medication Aides (CMA)and Medication Administration Technicians (MAT)to administer their medications. The MedicationAdministration Records (MAR) were inaccurateand the amount of medication documented asadministered did not reflect what was physicianordered or what dose was available in the center.This failed practice resulted in the potential formore than minimal harm at a pattern.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Submission of the POC is not an admission of guilt, but rather a fulfilment of the requirements by the State Health Department.

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?	Notification to the Physician was sent that the physician ordered medication was not administered consistently per order. Clarification was made and 2 tablets of 5 mg was listed on EMAR to be administered. This was highlighted for all of the Medication Aides to see.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents have the potential to be affected. During the weekly med cart ordering process and medication cart audits, a verification between the EMAR and the acutal medication are compared. If there is a discrepancy, the med aide shall bring it to the DON attention.
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?	During the weekly med cart ordering process and medication cart audits, a verification between the EMAR and the acutal medication are compared. If there is a discrepancy, the med aide shall bring it to the DON attention.
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.	A med cart audit shall be completed by the DON periodically to ensure the designated person ordering medications is following the med order process and the med cart audit process. A med cart audit shall be completed by the DON periodically to ensure the designated person ordering medications is following the med order process and the med cart audit process. During the monthly CQI meetings, the medication cart audits shall be reviewed to see if there is any trend regarding medications being ordered correctly.

	During the monthly CQI meetings, the medication cart audits shall be reviewed to see if there is any trend regarding medications being ordered correctly.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	3/20/2020
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F) Administrator signature required. Andrea Pickett	**Date** Enter a date of signature. 3-2-2020

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: APickett@arborhouseliving.com

April 23, 2021

License Number: AL5530

Andrea Pickett, Administrator
Arbor House Assisted Living Of Midwest City
9240 East Reno Avenue
Midwest City, OK 73110

RE: Survey Event T8H112

Dear Ms. Pickett:

On **November 17, 2020,** an offsite/paper revisit was conducted with your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **January 14, 2020,** have now been corrected effective **March 20, 2020.**

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

Sincerely,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2021.04.23 15:05:15 -05'00'

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

LC/

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5530	A. BUILDING: _____ B. WING _____	R-C 11/17/2020

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ARBOR HOUSE ASSISTED LIVING OF MIDWEST CITY	9240 EAST RENO AVENUE MIDWEST CITY, OK 73110

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{C 000}	INITIAL COMMENTS An Offsite/Paper Revisit was completed on 11/17/20. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE